



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
14 OCTOBER 2020**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R A Renshaw, M A Whittington and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Mark Brassington (Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Tim Fowler (Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Clair Raybould (Chief Operating Officer (South Locality), Lincolnshire Clinical Commissioning Group), Shona Brewster (Head of Transformation & Delivery (South West Locality), Lincolnshire Clinical Commissioning Group) and Andy Rix (Chief Operating Officer (South West Locality), Lincolnshire Clinical Commissioning Group).

County Councillor Dr M E Thompson (Executive Support Councillor NHS Liaison and Community Engagement), Adam Cocks (Chief Operating Officer, Lakeside Healthcare), Councillor Gloria Johnson (South Kesteven District Council and Deputy Mayor Stamford Town), Andrew Nebel (Chairman of Lakeside Healthcare at Stamford Participation Group) and William Turner, (Mayor of Stamford Town) were also in attendance and participated in the meeting.

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Apologies for absence were received from Councillors Mrs R Kayberry-Brown (South Kesteven District Council), R J Kendrick, C Matthews and G Scalese (South Holland District Council).

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

24 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs S Harrison (East Lindsey District Council) wished it to be noted that in relation to agenda Item 7 – Community Pain Management – Update, she was a patient with Connect Health.

25 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 16 SEPTEMBER 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 September 2020 be agreed and signed by the Chairman as a correct record.

26 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated prior to the meeting.

The supplementary announcements provided information on the following:

- East Midlands Ambulance Services NHS Trust – High Level Winter Briefing;
- Transitional Protocol between Child and Adolescent Mental Health Services and Adult Mental Health Services; and
- Lincolnshire Partnership NHS Foundation Trust – Acting Chief Executive.

RESOLVED

That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 17 to 20 of the report pack be noted.

27 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FIRST QUARTERLY REVIEW FOLLOWING TEMPORARY CONVERSION OF GRANTHAM HOSPITAL TO A COVID-19 GREEN SITE MODEL

The Committee was advised that item 5 could be found on pages 21 to 81 of the agenda pack.

The Chairman advised the Committee that on 6 October 2020, the Board of United Lincolnshire Hospitals NHS Trust (ULHT) had approved the recommendations as shown on pages 57 and 58 of the agenda pack.

The Chairman invited Mark Brassington, Director of Improvement and Integration and Deputy Chief Executive, ULHT and Simon Evans, Chief Operating Officer, ULHT to present the report, which provided the Committee with first quarterly review following the temporary conversion of Grantham Hospital to a Covid-19 'green site'.

Detailed at Appendix A to the report was a copy of the report which had been considered and approved by ULHT Board of Directors on 6 October 2020.

The Committee was advised that the overarching objective of the proposal was to address the requirements for urgent care in response to Covid-19; and to address the need to re-establish and maintain access to elective care for the benefit of all patients across Lincolnshire.

It was highlighted that the establishment of the 'green site' was one element of the Trust's overall Covid-19 Strategy and recovery plan. Having the 'green site' had enabled planned surgery to resume to a level which maintained the current waiting list; restore public confidence and reduce the risks to patient's post-operative; and for cancer patients to receive their treatment in a Covid-19 free environment. Details of the strategic aims and priorities of the 'green site' model were shown on pages 25 and 26 of the report.

The Committee noted that the operating model had minimised hospital transmission of Covid-19, by protecting patients and staff; it had reduced the risks associated with delays in treatment; and had provided extra resilience to the services provided.

It was highlighted that the establishment of two surgical wards at Grantham with fully functioning theatres had helped restore elective surgery for a range of specialities at Grantham. It was noted that theatre capacity would be increasing.

It was highlighted further that the 'green site' had been successful in providing service provision for cancer surgery and for providing chemotherapy treatment for patients across Lincolnshire, with the exception of cases where a patient required acute inpatient care with oncology teams.

The Committee was advised that in addition to the outpatient activity run at Grantham hospital itself, extra capacity had been introduced at the Health Centre and Gonerby Road Health Clinics, which had increased the number of services being offered locally in Grantham.

It was also noted that attendance at the Grantham Urgent Treatment Centre (UTC) was continuing to increase since it had opened. It was noted further there was now an 8% increase in the number of patients attending the UTC, which indicated that the UTC services had been well received by local residents.

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It was noted that to understand the impact of the temporary service change, an initial patient survey (110 responses received) had indicated that patients had confidence in attending the site, and in the service they were receiving.

In conclusion, the Committee was advised that the Trust Board had approved the continuation of the temporary service changes for the duration of Covid-19 to at least 31 March 2021. It was noted that this timescale would be subject to a system wide review of the full next quarter's activity, which would be available in early January 2021 for the Trust Board's consideration in February 2021.

During discussion, the following points were raised:

- Thanks were extended to the ULHT for the quarterly progress report, and to the progress made for the treatment of cancer patients;
- It was highlighted that the increased activity to the Grantham UTC was because people were unable to get an appointment at their GP surgery. The Committee was advised that at the present time there was not a definitive answer as to why there had been an increase. It was noted that there had been an increase in attendance at other UTCs as well; and that this issue was being examined with the Lincolnshire Clinical Commissioning Group to see why this was so;
- A question was asked why the ophthalmology service at Grantham Hospital was not available, and as a result local residents had to travel to Boston for treatment. The Committee was advised that a decision had been taken not to operate the service as its use would pose a risk; as the unit was often used by elderly patients, who often required frequent visits; and that this was not compatible for the integrity of the 'green site'. It was noted that provision had been extended at Louth and Gonerby Road Health Clinics to increase service capacity;
- Confirmation was sought whether the extra theatres would be mobile. The Committee was advised that the extra two theatres were mobile.
- Clarification was also sought as to what level ULHT were currently operating on. The Committee noted that the ULHT were operating on national response level three. Some reference was also made to the winter pressure and increasing number of Covid-19 cases. Confirmation was given that winter pressures presented a challenge to the phase three plan, along with managing Covid-19. Confirmation was given that there was not a separate winter plan. Reassurance was given that NHSE/I had indicated that the ULHT plans were robust enough to take into account the challenges posed;
- Testing staff for Covid-19 – Confirmation was given that there would be more regular testing for staff;
- A question was asked whether Grantham would remain permanently as a 'green site'. Whether it was possible to create a 'green site' at either Pilgrim Hospital Boston or the

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Lincoln County sites in the event of further pandemic challenges. Confirmation was given that Grantham was not a permanent 'green site'. The Committee were reminded that this had been a temporary change in place up to 31 March 2021, which would be reviewed quarterly. Depending on what happened with regard to the pandemic, this period maybe required to be extended. The Committee noted that the configuration at Pilgrim Hospital, Boston or Lincoln County Hospital did not provide for a self-contained zone. Reassurance was given that further pandemic challenges had been evaluated, and if required in the future would be given further consideration;

- Whether surgery activity levels were likely to increase over the coming months; and whether any increase would impact the timescale for reverting back to normal activities on 31 March 2021. The Committee was advised that it was expected that surgery levels would increase and that having two additional semi-mobile theatres would increase flexibility, and increase the number of cases on offer at Grantham Hospital. It was highlighted that some cases were more complex and would need more resource and time. Also, the level of personal protection equipment (PPE) needed to be worn was also taking more time per day, which increased the downtime for theatres. The Committee was advised that the situation to revert back would be reviewed at that time;
- Reference was made to page 43 of the report which stated that it had not been possible to quantify the proportion of patients being displaced to other trusts. What measures were being taken to include these and in turn give clearer picture of the situation? Some concern was expressed to the number of patients that had been displaced to Pilgrim Hospital, Boston and Lincoln County. The Committee was advised that the Trust was in contact with other bordering Trusts on a weekly basis to ensure that any displaced patients were not significant; and if another trust was to become overwhelmed, the temporary model would be reconsidered. It was highlighted that there was not a significant number of patients going to other trusts. The Committee noted that this data would be included in future reports; and
- Page 51 and 52 of the report listed the additional expenditure to offer services closer to home due to the current arrangements at the hospital. In response to a question on funding, the Committee was advised that funding had been secured from a national funding allocation in response to Covid-19. Confirmation was given that the temporary arrangements would not have any effect when it was time for services to be reinstated.

The Chairman on behalf of the Committee extended thanks to the presenters for their update.

RESOLVED

1. That the Trust and its staff be commended on the increased number of oncology, haematology, urology and maxilla-facial patients being treated at Grantham Hospital 'green site'.

2. That the Committee put on record its view that the reviews of the Grantham Hospital 'green site' by the Trust should be more frequent than quarterly, given that the green site is operating 29% below predicted capacity; and also the expected in Covid-19 cases in the coming months.
3. That future reports to the Committee include information on the displacement of patients to other trusts.

28 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Chairman welcomed Tim Fowler, Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group (LCCG) to the meeting and invited him to present the report to the Committee.

The item as detailed on pages 83 – 89 of the agenda pack enabled the Committee to receive an update from NHS LCCG on the Non-Emergency Patient Transport Service (NEPTS).

The Committee was reminded that the last update from NEPTS had been considered at the February 2020 meeting.

The report presented covered the key period of Covid-19, including the period of 'lockdown' and the start from September 2020 of the restoration of NHS Services to pre-Covid-19 levels.

The Committee was advised that Covid-19 had caused a significant number of issues for patient transport services. It was noted that the approach to managing Covid-19 in Lincolnshire had resulted in much closer working between TASL, hospitals, the CCG and other transport providers. It was noted additional support from Ambicorp to support discharges at Boston Pilgrim and Lincoln County Hospitals had continued during the peak Covid-19 period, and as with TASL had generally worked well.

The Committee noted that as a result of the restoration of elective services, there had been an increase in journey distances for patients travelling from across Lincolnshire, for example to receive their treatment at Grantham Hospital. It was noted that to support this, the CCG had put in place additional elective patient transport arrangements to and from Grantham outside of the TASL contract.

Appendix A to the report provided the Committee with a summary of the Activity and Key Performance Indicator (KPI) position for the TASL Contract for the period to August 2020. It was highlighted that TASL had achieved contracted level of performance for 2 out of 15 KPIs. The Committee noted that the report also included three new KPIs relating to 're-beds' and the timeliness of return journeys for outpatients.

The Committee noted that the CCG was starting to work up options and planning for the patient transport service once the current TASL contract ended. The Committee was advised that the current contract had been let on an initial term of five years to

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30 June 2022, with an option for a two year extension to 20 June 2024. The Committee was advised further that the option to extend the contract with TASL would not be exercised. Details of the proposed outline planning and procurement timeline was set out on page 86 of the report.

In conclusion, the Committee noted that TASL had generally responded well during the peak of Covid-19. However, the KPI performance for TASL had continued to be below contracted levels

The Committee noted further that the assessment of risk of termination on the contract remained as previously reported.

During discussion, the Committee raised the following issues:

- Changes to the eligibility criteria – The Committee was advised that the CCG was not aware of any changes to the eligibility criteria and agreed to look into a particular case outside of the meeting;
- What the current market was for patient transport. The Committee was advised the contract would be for all Lincolnshire registered patients. The Committee was advised that there were other patient transport providers;
- Success of the voluntary car scheme in Lincolnshire and the need to maintain such a scheme. The Committee was advised that the CCG was working with TASL to encourage them to put in extra capacity. It was highlighted that the reduction in the number of voluntary car drivers was a national issue as well;
- Whether it was possible for the new contract to be split to suit smaller operators and create a more flexible arrangement, and more control, than having just one provider. The Committee was advised that this was an option that could be considered. It was however noted that this might cause some issues, as patient transporters would need to have a call centre, there would then be multiple call centres with different telephone numbers. In relation to vehicles, the Committee noted that TASL provided their own vehicles. The Committee noted further that the CCG would want to make sure that there was sufficient time for mobilisation from one provider to another. Some concern was expressed that the current arrangements had left the CCG with little control and that it was essential to plan for the next contract to avoid a repeat of the situation;
- Cost to the CCG for having to provide third party providers; and whether the cost was being recovered by imposing penalties on TASL for their poor performance. The Committee was advised that the money for the third party provider was coming from the CCG;
- Clarification was sought as to whether the KPI's presented were separated from those third parties that were now offering additional support. Confirmation was given that the KPIs presented related to TASL; and
- Concern was expressed that there had been little or no improvement for service users since the contract had been awarded to TASL. The CCG was asked what they were doing differently. The Committee was advised that the CCG had been working with TASL throughout the three years; and there had been some improvements. The issue for TASL was keeping sustainable improvement month on month. It was highlighted that TASL may well submit

a tender for the new contract and that Procurement Rules stated that no account should be taken of prior knowledge; it was therefore important to ensure that questions for potential contractors were treated equally. It was noted that with the help of the CCG, TASL had put in processes to improve the service and it was noted further that there had been fewer complaints from patients and hospitals. The main issue with TASL was not meeting the contract KPI's.

The Chairman on behalf of the Committee extended his thanks to the Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group (LCCG) for his presentation.

RESOLVED

1. That although the current challenging circumstances are recognised, the Committee's continuing concerns with the performance of Thames Ambulance Service Limited, the non-emergency patient transport service provider in Lincolnshire, be noted.
2. That Lincolnshire Clinical Commissioning Group's decision not to offer an extension for the contract to Thames Ambulance Service Limited beyond July 2022 be supported and the Clinical Commissioning Group be urged to make every effort that the lessons learned from the existing contract are implemented as part of the procurement for the new contract, due from 2022.
3. That a further update on the non-emergency patient transport be received in six months.

29 COMMUNITY PAIN MANAGEMENT - UPDATE

The Chairman invited Tim Fowler, Assistant Director of Contracting and Performance, Lincolnshire CCG and Sarah-Jane Mills, Chief Operating Officer (West Locality), Lincolnshire CCG to update the Committee on the Community Pain Management Service.

The report for the item was shown on pages 91 to 95 of the report pack.

The Committee was reminded that the service had been awarded in November 2018 to Connect Health and that the service had commenced on 1 April 2019. The service was commissioned as an end to end chronic pain management service throughout the pain pathway from GP referral through assessment and treatment to discharge. It was highlighted that in accordance with best practice the service had also moved away from a traditional model of pain management largely focussed around injections to a 'holistic bio psychosocial' model of care.

The Committee noted that Covid-19 had presented a significant number of challenges to the pain management service. These challenges were generally well

responded to and a number of actions had been put in place to allow the service to continue during Covid-19 i.e. virtual appointments.

The Committee noted further that the most significant issue had been the suspension of hospital based elective pain management treatment, which during Covid-19 had been largely cancelled in line with national guidance. It was highlighted that patient's whose assessment or treatment had been cancelled were being kept under review by Connect Health.

It was reported that Connect Health had now restored all services and were working to reduce the backlog of assessments and treatments, and that plans were in place to have normalised waiting times to those pre-Covid-19 by the end of December 2020.

The Committee noted that patient satisfaction with the service had been largely positive; and that comments received from patients whether positive or negative had been reviewed with Connect Health. Some negative comments received were contained on page 93 of the report.

Appendix A to the report provided the Committee with a KPI Performance Summary - April 2020 to August 2020. It was noted that performance across the KPIs was variable, with some indicators showing good performance despite Covid-19 impact. Reassurance was given that action was being taken to consistently improve performance where below target levels.

During discussion, the Committee raised the following points:

- Patient expectations not being met. The Committee noted that this was a complicated issue as to what meets the needs of an individual. The contracted service was the nationally recommended approach to help people manage their pain; and for a significant number of people that approach helped; and enabled some patients to come off their medication. However, there were some individuals who needed their medication, and the service provided a person centred approach;
- Some concern was expressed that the transfer of some patients to the service had not been managed as well as it could have been and that going forward there needed to be reassurance that patients' needs were dealt with in a sympathetic way. The Committee noted the service was all about working with an individual to find out what was right for them as an individual; and in some cases the patient needed to continue with their medication. Reassurance was given that an injection was never ruled out, but this was part of an assessment process with a pain consultant. Representatives from the CCG invited feedback from the Healthwatch representative regarding the pain management service;
- How much progress had been made by Connect Health in establishing sites on the East Coast for patients unable to access the Internet. The Committee noted that during Covid-19 there had been a scaling back on the East Coast. Connect Health was starting to re-open sites and was currently looking for new sites;

- Page 93 of the report pack advised that the CCG was working with Connect Health to address a series of negative comments, such as long waiting times. The CCG was asked to explain what measures had been put in place by Connect Health. The Committee was advised that the CCG had lots of discussion with Connect Health regarding the long waiting times; Connect Health had recruited extra staff; and the CCG was regularly monitoring the situation. It was noted that in June 2020 there had been 700 on the 'long waiters' list; this was now down to 300; and confirmation was given that this would be back to normal by December 2020; and
- KPI performance on Page 95 highlighted poor performance on KPI 4 and 5. A question was asked as to what the reasons were for this, and what actions were going to be taken to improve them. The Committee was advised that initial assessments were improving with additional capacity and by the use of virtual appointments where appropriate. For the service users starting treatment, there would be a dip in figures as long waiters were treated, but this would improve as this was linked into the action plan for improvement for December 2020;
- Reference was made to page 92 which stated that some patients would be expected to travel further for face to face appointments during the pandemic. The Committee was advised that where patients were eligible they would have been able to use patient transport, as the eligibility criteria had been suspended during Covid-19. The Committee noted further details could be provided for members of the Committee;
- The Committee requested being able to see a copy of the friends and family test results. The CCG advised that this would be made available to members of the Committee.

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That the Lincolnshire Clinical Commissioning Group be urged to continue its work with Connect Health, the provider of the community pain management service in Lincolnshire, on reducing negative comments from patients.
2. That information on the Friends and Family test, the sites being used by Connect Health in the east of the county; and the number of patients using the service be provided to the Committee.
3. That a further update on the Community Pain Management Service be received in 6 months.

30 LAKESIDE HEALTHCARE AT STAMFORD - PROPOSAL TO CLOSE ST MARY'S MEDICAL CENTRE

The Chairman advised the Committee that the item could be found on pages 97 to 108 of the agenda pack.

The Committee was advised that the Chairman had received three requests from members of the public to speak regarding the item; and that these would be heard first prior to the presentation, and that each speaker would be given three minutes.

The Chairman invited the first speaker to address the Committee: Mr Andrew Nebel, Chairman of Lakeside Healthcare at Stamford Patient Participation Group (PPG).

Mr Nebel advised the Committee that the proposed closure of St Mary's Medical Centre on the 1 December 2020 had not been communicated to patients or to the PPG and had only been confirmed by Lakeside when the PPG learnt of it on 26 August 2020.

The Committee was advised that patients had been disadvantaged by a lack of openness and poor communication; and that the practice had not worked with the PPG.

Concern was expressed that a full consultation process had not taken place prior to the decision to close the surgery and to whether a statutory Equality Impact Assessment had been completed.

The Committee was advised that based on the significant feedback received from patients the PPG opposed the closure.

In conclusion, the Committee was advised that PPG believed that it was possible to negotiate an affordable extension of the lease at St Mary's, which would allow for a review of the town and surrounding villages' growing primary care needs.

The Chairman invited Mr William Turner, Mayor of Stamford to address the Committee:

Mr Turner echoed the concerns of the previous speaker with regard to lack of consultation, and whether an Equality Impact Assessment had been completed.

Concern was also expressed to the parking provision at the Sheepmarket Surgery and to time consuming telephony system currently operated by the surgery.

The Chairman invited Councillor Gloria Johnson, South Kesteven District Council and Deputy Mayor of Stamford Town Council to address the Committee.

Councillor Johnson provided the Committee with her personal patient perspective of the St Mary's Surgery.

The Committee was advised that Councillor Johnson had been a patient at the surgery for some forty years; and that the service provided to patients had deteriorated when Lakeside had taken over the surgery. Reference was also made to time taken get through to the surgery by phone (an average of 45 minutes); and patients not being able to get a face to face appointments. Concern was also expressed whether the Sheepmarket Surgery would be able to accommodate the patients from St Mary's.

The Chairman extended his thanks to the three members of the public for their input.

The Chairman advised that the following presenters were in attendance for the item. They were: Adam Cocks, Chief Operating Officer, Lakeside Healthcare, Andy Rix, Chief Operating Officer (South West Locality) Lincolnshire CCG and Sarah-Jane Mills, Chief Operating Officer (West Locality) Lincolnshire CCG.

The Committee was advised that the St Mary's Medical Centre had been closed to patients since the start of the Covid-19 pandemic, with all face to face appointments taking place at the Sheepmarket Surgery.

The Committee noted further that the PPG had contacted the CCG and had raised with their concerns at the Annual Public Meeting. The CCG had encouraged all residents to participate in the consultation. Copies of documents issued by Lakeside Healthcare at Stamford were attached as Appendices A, B and C for the Committee's consideration.

The Committee was advised that the CCG was currently having conversations with Lakeside and the landlord for St Mary's Medical Centre, with a view to St Mary's remaining open for the foreseeable future. It was confirmed that these conversations had been positive so far, but were not fully concluded.

The Chief Operating Officer from Lakeside confirmed that the surgery was currently having conversations with the CCG. The Committee was advised that primary care had been under pressure for the last four years, and like the rest of the country, the surgery had experience a shortage of GP's.

The Committee was advised there was an acknowledgement that the telephone system was not up to standard, and that work was on-going with the surgeries current telephony supplier to improve telephone access and to ensure there was sufficient capacity in place at Sheepmarket Surgery to accommodate any increase in call volume.

Confirmation was also given that there would be no change in patient parking capacity. Reassurance was also given that there would not be a reduction in service for Lakeside patients; and that the expected growth of the Stamford population had been incorporated into Lakeside Healthcare's service plans. The Committee was advised further that the Sheepmarket site was a more suitable building, which also provided disability access.

In conclusion, the Chief Operating Officer (West Locality) Lincolnshire CCG advised the Committee that as previously mentioned earlier in the presentation, active discussions were taking place with all parties, and that an update would be provided in due course.

The Committee were also reminded that an item relating to GP services was due to be considered by the Committee at the 11 November 2020 meeting.

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The Chairman acknowledged that discussions were continuing on extending the lease of St Mary's Medical Centre, but advised the Committee they needed to consider the item as if were a proposed closure.

During discussion, the following points were raised:

- Concern was expressed to the lack of communication and engagement and to the lateness of the consultation and the position of Lakeside healthcare as the sole provider of GP provision in Stamford. A further concern was made to the accessibility of the on-line process. The Committee noted that there was some fragility in Primary Care, and that some practices were closing; others were merging to ensure there was resilience in their locality by working in a more integrated way. Assurance was also given that the points raised would be looked into;
- Whether Sheepmarket Surgery had the provision to cater for the extra patient capacity. The Committee was advised that the survey was due to complete on 25 October 2020; following which there would be full evaluation of stakeholder and patient feedback. It was highlighted that work was actively on-going with all parties to find a resolution to the issue;
- Support was extended to the residents of Stamford; and that residents needed to be made aware of all the facts concerning the closure. Reassurance was given that feedback was actively being listened to and that it was hoped that a solution would be reached;
- Concern was expressed on the reference in Appendix C Communication and Engagement Timeline to the CCG Primary Care Commissioning Committee Wednesday 11 November 2020 approving the branch closure application. It was agreed that this would be looked at after the meeting;
- One member enquired as to how serious the search for alternative accommodation in Stamford had been. It was noted that an alternative site had been considered, but due to archaeological issues, this had not been proceeded with. Again, the point was reiterated regarding the life discussions and that there was a high degree of confidence that the St Mary's site would be retained; and
- Reference was also made to page 106 of the report pack which stated that Lakeside had contacted the CCG initially in 2018 for help to locate to an alternative site in Stamford for St Mary's, which indicated that then there was a need for two sites, why had the view changed?. The Committee was advised that the issue would be addressed.

Concern was expressed by the Committee to the proposed closure; and to the unavailability of an equality impact assessment and demand and capacity information; and to the level of engagement with the residents of Stamford.

RESOLVED

1. That the Chairman be authorised to write to Lakeside Healthcare, recording the Committee's opposition to the proposal to close St Mary's Medical Centre in Stamford.

2. That the Chairman be authorised to write to the Chairman of the Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee urging that full account is taken of the views of Stamford residents when it makes a decision on the proposed closure of St Mary's Medical Centre.
3. That the equality impact assessment; information on demand and capacity modelling; and the response of the patients to the survey on the proposal be circulated to the Committee when this is available.

31 VALE MEDICAL GROUP - PROPOSAL TO CLOSE BRANCH PRACTICE
IN WOOLSTHORPE

The Chairman invited Clair Raybould, Chief Operating Officer (South Locality) Lincolnshire CCG, Shona Brewster Head of Transformation & Delivery (South West Locality) Lincolnshire CCG and Sarah- Jane Mills, Chief Operating Officer (West Locality), Lincolnshire CCG to present the item to the Committee.

The Committee noted that this item could be found on pages 109 to 118 of the report pack.

The Committee was advised that the Vale Medical Group was undertaking an engagement exercise on its proposal to permanently close its branch surgery in Woolsthorpe. It was noted that the engagement exercise was due to close on 27 October 2020.

The Committee was advised that the Vale Medical Group's Stackyard Surgery (in Croxton Kerrial) had approximately 3,370 registered patients (as of 1 September 2020); and this included approximately 1,648 patients based in Woolsthorpe. It was noted that the Vale Medical Group was also proposing to make an administrative change, moving Stackyard Surgery from Lincolnshire Clinical Commissioning Group (CCG) into East Leicestershire and Rutland CC. It was noted further that this was a separate issue on which East Leicestershire and Rutland would be leading.

It was reported that from the beginning of the Covid-19 pandemic, Woolsthorpe Surgery including its dispensary had been temporarily closed, with all face to face consultations taking place at the Stackyard Surgery. This was because it had not been possible to maintain social distancing at the Woolsthorpe Surgery.

Attached at Appendix A to the report was a copy of the letter sent from the Vale Medical Group to patients; and Appendix B provided details of frequently asked questions for the Committee to consider.

That Committee was advised that to date 120 surveys had so far been returned, which had provided a range of feedback. The Committee was advised further that on the 27 October 2020 the Lincolnshire CCG would start analysing the responses received. The Committee noted that the matter would then be considered by the Lincolnshire CCG's Primary Care Commissioning Committee.

During discussion, the following comments were raised:

- Concern was expressed on the proposed closure as a lot of residents attending the Woolsthorpe Branch Surgery were elderly; and did not have access to public transport to the Stackyard Surgery; especially when patient transport did not cover GP appointments. The Committee was advised that during the pandemic safer and more efficient ways of delivering primary care had been introduced, which had included internet, telephone and video consultations, therefore a larger number of patients had been dealt with virtually; and those needing face to face appointments had been seen by a GP. For those patients with a genuine medical need, a home visiting service was still in place;
- Would patients continue to receive same medications/procedures with East Leicestershire and Rutland CCG. Reassurance was given that medications and procedures would remain the same;
- Had the proposed closure had an equality impact assessment? Confirmation was given that a equality impact assessment had been undertaken, as had a demand and capacity modelling exercise and that this information would be available on the website;
- Why in 2017 when Stackyard Surgery and Woolsthorpe merged, it was said that Woolsthorpe would not close, why was it a proposal now? The Committee was advised there had been no intention to close the building; however, the Covid-19 pandemic had resulted in unprecedented and unanticipated changes to the health service, particularly in how primary care services were provided.

The Committee expressed their concerns to the proposal and agreed that further information needed to be made readily available to the Committee; and that a full account needed to be taken of the views of Woolsthorpe residents prior to a decision being made concerning the proposal.

RESOLVED

1. That the Chairman be authorised to write to Vale Medical Group, recording the Committee's opposition to the proposal to close the Woolsthorpe Branch Surgery.
2. That the Chairman be authorised to write to the Chairman of the Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee, urging that full account is taken of the views of Woolsthorpe residents when it makes a decision on the proposed closure of the Woolsthorpe Branch Surgery.
3. That the equality impact assessment; information on demand and capacity modelling; and the response of patients to the survey on the proposal be circulated to the Committee when this is available.

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee. The Committee noted that the report was detailed on pages 119 to 121 of the report pack.

The Committee was advised that a patient survey had been launched on the continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres between 10pm and 8am until at least 31 March 2021.

The Committee was advised further that at the next meeting there would be an update from Lincolnshire Community Health Services NHS Trust (LCHS) on integrated urgent care. It was proposed that the Committee should make arrangements to respond to the survey, which was due to close on 13 November 2020.

Some concern was expressed regarding the continuing closure, especially when caravan sites along the east coast were remaining open over the winter period. This was also accentuated by the fact that in both Skegness and Louth residents were visiting UTCs, as it was easier than getting a GP appointment. It was also highlighted that the Committee had pushed for 24/7 walk-in access to both Skegness and Louth UTCs in response to the Healthy Conversation engagement.

The Committee extended their support for the need to respond to the patient survey and that the LCHS should be encouraged to publicise the survey as widely as possible, so that residents of Louth and Skegness had the opportunity to respond.

RESOLVED

1. That arrangement be made at the Committee's next meeting on 11 November 2020, for responding to the patient survey by Lincolnshire Community Health Services NHS Trust, on an extension of the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10.00pm and 8.00am until 31 March 2021.
2. That Lincolnshire Community Health Services NHS Trust be urged to make every effort to publicise the patient survey, so that as many residents of Louth, Skegness and the surrounding areas as possible respond.

33 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee. The item was detailed on pages 123 to 131 of the report presented.

The Committee requested that an explanation should be sought regarding the local NHS's proposals for managing winter.

RESOLVED

That the Work Programme as presented be agreed.

The meeting closed at 2.02 pm