		<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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**In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.**

**A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 11 November 2020 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams**

Access to the meeting is as follows:

Members of the Health Scrutiny Committee for Lincolnshire and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link:  
<https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5539&Ver=4>  
where a live feed will be made available on the day of the meeting.

## **MEMBERS OF THE COMMITTEE**

**County Councillors:** C S Macey (Chairman), C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

**District 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), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (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 Health Scrutiny Committee for Lincolnshire meeting held on 14 October 2020</b>	3 - 18

Item	Title	Pages
4	<b>Chairman's Announcements</b>	19 - 28
5	<b>Integrated Urgent Care in Lincolnshire (Provided by Lincolnshire Community Health Services NHS Trust)</b> <i>(To receive a report from Lincolnshire Community Health Services NHS Trust (LCHS), which provides the Committee with an update on LCHS's urgent care services. Maz Fosh, (Chief Executive, Lincolnshire Community Health Services NHS Trust) and Tracy Pilcher, (Director of Nursing and Deputy Chief Executive, Lincolnshire Community Health Services NHS Trust) will be in attendance for this item)</i>	29 - 36
6	<b>Primary Care Services</b> <i>(To receive a report from the Lincolnshire Clinical Commissioning Group, which provides the Committee with information on primary care services. Sarah-Jane Mills, (Chief Operating Officer, Lincolnshire Clinical Commissioning Group) will be in attendance for this item)</i>	37 - 78
7	<b>Covid-19 Update</b> <i>(To receive a report from Derek Ward, (Director of Public Health, Lincolnshire County Council), which provides the Committee with a summary of the outbreak management arrangements in Lincolnshire. An overview of the latest Covid-19 data for Lincolnshire will be provided at the meeting)</i>	79 - 82
8	<b>Louth and Skegness Urgent Treatment Centres Patient Survey - Arrangements for the Committee's Response</b> <i>(To receive a report from Simon Evans, (Health Scrutiny Officer), which enables the Committee to make arrangements for its response to the patient survey, following consideration of the information presented by Lincolnshire Community Health Services NHS Trust on integrated urgent care)</i>	83 - 84
9	<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 forthcoming work programme)</i>	85 - 94

Debbie Barnes OBE  
Chief Executive  
3 November 2020



## 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.

### 23 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
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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 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 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 spilt 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 LAKE SIDE 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 to get through to the surgery by phone (an average of 45 minutes); and patients not being able to get a face to face appointment. 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.

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.

32     LOUTH AND SKEGNESS URGENT TREATMENT CENTRES -  
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST  
PATIENTS SURVEY

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.

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

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

# Agenda Item 4

 <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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Chairman's Announcements</b>

## 1. NHS Response to Covid-19 Measures Announced on 31 October 2020

In response to the Prime Minister's statement on coronavirus on 31 October 2020, the NHS Medical Director, Professor Stephen Powis, issued the following statement on 1 November 2020:

*Daily hospital Covid-19 admissions are now higher than on 23 March 2020 when the Prime Minister announced the first national lockdown. NHS doctors and nurses in many areas of England – including Liverpool, Lancashire and Nottinghamshire – are now treating more Covid-19 patients than at the peak of the first wave.*

*The NHS has learned a lot since the start of the pandemic and has used the summer to prepare further while also restarting services that were disrupted by the first Covid-19 wave. We have new life-saving Covid-19 treatments such as dexamethasone, trialled and tested here in the NHS. We better understand the type of oxygen therapies patients need and the best ways in which to care for them to aid recovery.*

*Fourteen day survival rates in intensive care have improved from 72% to 85% since the pandemic began. Capital investment is helping hospitals boost their A&E capacity and treat patients safely by separating Covid-19 and non-Covid-19 general and critical care beds. We also announced that three of the Nightingales in the North of England are ready to mobilise with Manchester taking its first patients this week.*

*However, it takes around a fortnight for today's infections in the community to result in hospital Covid-19 admissions – so what happens over the next two weeks is partly baked in. But the measures announced today will help reduce the number of admissions beyond that, preventing more people contracting this debilitating and sometimes fatal disease for which there is currently no cure or vaccine.*

*Throughout the first wave, care was available to everyone who needed it and the NHS continued to treat thousands of people with and without Covid-19. Doctors, nurses and all NHS staff are determined to do the same throughout this second wave.*

## **2. East Midlands Ambulance Service NHS Trust**

The Committee was due to receive a report from the East Midlands Ambulance Service (EMAS) at this meeting. Owing to pressures from the Covid-19 pandemic, this item has been deferred and provisionally listed for the Committee on 16 December 2020.

The EMAS Board meeting took place on 3 November 2020, with its agenda and reports available at the following link:

<https://www.emas.nhs.uk/about-us/trust-board/next-board-meeting/>

The EMAS Board papers report EMAS activity for the East Midlands as a whole. For example, in the year up to 22 October 2020, EMAS received on average 2,212 calls per day, with daily responses averaging 1,911. The mean response time to Category 1 calls (life-threatening calls) was seven minutes and two seconds, just slightly over the national standard of seven minutes.

## **3. Meeting of the Primary Care Commissioning Committee – 11 November 2020**

At its last meeting, the Committee agreed to make responses to the proposed closures of St Mary's Medical Centre in Stamford and the Woolsthorpe Branch Surgery, near Grantham. The Committee's responses were sent on 21 October 2020 and are attached to these announcements:

Appendix A – Letter to Dr Gerry McSorley (21 October 2020), enclosing letter to Lakeside Healthcare.

Appendix B – Letter to Dr Gerry McSorley (21 October 2020), enclosing letter also Vale Medical Group.

Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee (PCCC) is due to consider and determine these two proposals at its next meeting on 11 November 2020. The papers for the meeting will be circulated to the Committee, when they are available.

Dr Gerry McSorley  
Chair of Lincolnshire CCG Primary Care  
Commissioning Committee

(via email to: [S.Bates@nhs.net](mailto:S.Bates@nhs.net) – Deputy Secretary,  
Lincolnshire Clinical Commissioning Group)

21 October 2020

Dear Dr McSorley

**ST MARY'S MEDICAL CENTRE STAMFORD - PROPOSED CLOSURE**

On 14 October 2020, the Health Scrutiny Committee for Lincolnshire authorised me as its chairman to write to you on the proposed closure of St Mary's Medical Centre in Stamford, which is due to be considered by the PCCC on 11 November 2020.

The Health Scrutiny Committee acknowledges the decision-making role of Lincolnshire CCG's PCCC, which is summarised by the following extract from a statement issued by the CCG on 23 September 2020:

- "10. *The CCG's Primary Care Committee ... will require details of the engagement with patients that has taken place, the concerns and issues that have been expressed and the mitigations and response to these concerns.*
- "11. *It will be for the Committee to review the application and evidence presented before it can determine its position in relation to the proposal from Lakeside Stamford."*

Further to this statement, I strongly urge that the PCCC takes full account of the views expressed by patients, together with the submissions made by the Health Scrutiny Committee for Lincolnshire (enclosed with this letter), and any received from South Kesteven District Council and Stamford Town Council. The Health Scrutiny Committee looks forward to the PCCC making a decision in the best interests of patients in Stamford and the surrounding area.

Yours sincerely,



**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
(Email: [CllrC.Macey@lincolnshire.gov.uk](mailto:CllrC.Macey@lincolnshire.gov.uk))

Professor Robert Harris  
Chief Executive Officer  
Lakeside Healthcare

Andy Rix, Chief Operating Officer (South Locality)  
Lincolnshire Clinical Commissioning Group

21 October 2020

Dear Professor Harris

### **ST MARY'S MEDICAL CENTRE, STAMFORD - PROPOSED CLOSURE**

I am grateful for the attendance and participation of Lakeside's Chief Operating Officer, Adam Cocks, at the Health Scrutiny Committee for Lincolnshire on 14 October 2020.

I am setting out the Health Scrutiny Committee's response to the patient engagement exercise. The Committee opposes the proposed closure of St Mary's Medical Centre, as the Committee is not convinced that this proposal is in the best interests of the patients in Stamford and the surrounding area. The reasons for reaching this conclusion are set out below:

#### Capacity and Demand Analysis and Equality Impact Assessment

As you know, Lakeside Healthcare at Stamford is the largest GP practice in Lincolnshire, with almost 32,000 patients registered. Lakeside's capacity and demand analysis as to how it would operate from the Sheepmarket premises alone is not publicly available. Without this, it is not possible to reach any satisfactory conclusion on how patient consultations would be managed by Lakeside, if St Mary's were to close on a permanent basis. The Committee understands that this will be made available to the CCG's Primary Care Commissioning Committee, together with the equality impact assessment.

## Changing Approaches to the Delivery of GP Services

Temporary changes to the way patients access primary care have necessarily occurred as a result of the Covid-19 pandemic, with more telephone and video-calls replacing face-to-face consultations. The extent of patient satisfaction with these new approaches is not fully known. It seems reasonable to assume that there will always be patients for whom a telephone or video-call appointment will not provide adequate reassurance that their medical needs are being met.

Lakeside's Q&A document states that:

*"After the closure of St Mary's, working with the Patient Participation Group, we will commit additional resources to seeking and assessing patient feedback and, where appropriate, make further improvements to our service model as we move forward."*

Aside from Lakeside implying that a decision has already been made to close St Mary's, the Committee believes that seeking patient feedback on new ways of working should occur before bringing forward any substantial proposal for change.

## Covid-19 Pandemic

This proposal has been brought forward during the Covid-19 pandemic. The Health Scrutiny Committee fully understands the reasoning for the temporary arrangements in place since March 2020, for the safety of both patients and staff. However, the Committee is not convinced that this is the right time to propose such a significant permanent change to service provision.

## Lease of St Mary's Medical Centre

Discussions on the lease for the St Mary's premises are rightly confidential, but it is clear that the lease expires on 1 December 2020. There is conflicting evidence on the extent of Lakeside Healthcare's commitment to continuing the lease, and its engagement with other parties about its continuation. I refer to Lakeside's statement in its Q&A document: *"There is currently no feasible option to extend the lease on St Mary's..."* The Committee questions this statement, as it is aware of discussions taking place with interested parties on its extension.

## Decision Making Process and Timing

As you are aware, the CCG's Primary Care Commissioning Committee (PCCC) is the decision making body on this proposal. The PCCC is due to consider the proposal on 11 November 2020, fewer than three weeks prior to the lease expiry date. The Health Scrutiny Committee cannot support a timetable, where public engagement is launched on 14 September and closes on 25 October, for a decision on 11 November, with a notional implementation date of 1 December. This timetable appears unrealistic and does not provide sufficient time to take account of the views of patients in a meaningful way.

I look forward to Lakeside Healthcare taking full account of the views of the patients in Stamford and the surrounding area, together with those of the Health Scrutiny Committee for Lincolnshire.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Carl Macey', with a stylized flourish at the end.

**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
(Email: [CllrC.Macey@lincolnshire.gov.uk](mailto:CllrC.Macey@lincolnshire.gov.uk))



County Offices, Newland,  
Lincoln, LN1 1YL  
[www.lincolnshire.gov.uk](http://www.lincolnshire.gov.uk)



Dr Gerry McSorley  
Chair of Lincolnshire CCG Primary Care  
Commissioning Committee

(via email to: [S.Bates@nhs.net](mailto:S.Bates@nhs.net) – Deputy Secretary  
Lincolnshire Clinical Commissioning Group)

21 October 2020

Dear Dr McSorley

#### **WOOLSTHORPE BRANCH SURGERY - PROPOSED CLOSURE**

On 14 October 2020, the Health Scrutiny Committee for Lincolnshire authorised me as its chairman to write to you on the proposed closure of Woolsthorpe Branch Surgery, which is due to be considered by the PCCC on 11 November 2020.

When the PCCC makes its decision on Woolsthorpe Branch Surgery, I strongly urge that the PCCC takes full account of the views expressed by patients, together with the submissions made by the Health Scrutiny Committee for Lincolnshire (attached to this letter).

The Health Scrutiny Committee looks forward to the PCCC making a decision in the best interests of patients in Woolsthorpe.

Yours sincerely,

**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
(Email: [CllrC.Macey@lincolnshire.gov.uk](mailto:CllrC.Macey@lincolnshire.gov.uk))

Vale Medical Group  
Stackyard Surgery  
1 The Stackyard  
Croxtan Kerrial  
NG32 1QS

Clair Raybould, Chief Operating Officer (South West  
Locality), Lincolnshire Clinical Commissioning Group

21 October 2020

Dear Colleague

### **WOOLSTHORPE BRANCH SURGERY - PROPOSED CLOSURE**

On 14 October 2020, the Health Scrutiny Committee for Lincolnshire considered the Vale Medical Group's proposal to permanently close the Woolsthorpe Branch Surgery. The Health Scrutiny Committee concluded that it is not convinced that this proposal is in the best interests of patients in Woolsthorpe, and thus opposes the permanent closure. The reasons for reaching this conclusion are set out below:

#### Access and Public Transport

As you know Woolsthorpe is an isolated village in the Vale of Belvoir. There is no direct bus service which would enable Woolsthorpe patients to travel to the Stackyard Surgery in Croxtan Kerrial, which is at least three miles away by road. Added to this, the Practice's plan to relocate from Lincolnshire CCG to East Leicestershire and Rutland CCG will lead to further access difficulties, if patients are required to access community health and other services from Leicestershire, rather than from Lincolnshire.

The engagement materials issued by Vale Medical Group make no reference to any mitigation for the impact on those Woolsthorpe patients, who rely on public transport, either for their travel to Croxtan Kerrial or in the future to other parts of Leicestershire for community health and other services. This is a significant concern for the Health Scrutiny Committee.

### Facilities at Woolsthorpe Surgery

There is reference in the engagement documents to the size of the Woolsthorpe premises and its unsafe car park. The Health Scrutiny Committee believes more information is required before it can accept this rationale. For example, are there any options for making the car park safe for both patients and practice staff? Is there any way the building could be adapted internally to make it safe for patients and practice staff?

### Capacity and Demand Analysis and Equality Impact Assessment

The Health Scrutiny Committee understands that the capacity and demand analysis and the equality impact assessment will be made available to the CCG's Primary Care Commissioning Committee, when it makes a decision on the proposal, but these have not yet been published. Without these documents, it is not possible to reach any satisfactory conclusion on how patient consultations would be managed by the Vale Medical Group.

### Changing Approaches to the Delivery of GP Services

Temporary changes to the way patients access primary care have necessarily occurred as a result of the Covid-19 pandemic, with more telephone and video-calls replacing face-to-face consultations. The extent of patient satisfaction with these new approaches is not fully known. It seems reasonable to assume that there will always be patients for whom a telephone or video-call appointment will not provide adequate reassurance that their medical needs are being met.

### Covid-19 Pandemic

This proposal has been brought forward during the Covid-19 pandemic. The Health Scrutiny Committee fully understands the reasoning for the temporary arrangements in place since March 2020, for the safety of both patients and staff. However, the Committee is not convinced that this is the right time to propose a permanent change to service provision.

I look forward to Vale Medical Group taking full account of the views of the patients in Woolsthorpe, together with those of the Health Scrutiny Committee for Lincolnshire.


Yours sincerely,



**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
(Email: [CllrC.Macey@lincolnshire.gov.uk](mailto:CllrC.Macey@lincolnshire.gov.uk))

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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 Community Health Services NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Integrated Urgent Care in Lincolnshire (Provided by Lincolnshire Community Health Services NHS Trust)</b>

## Summary

On 22 July 2020, the Committee considered a report on integrated urgent care, which focused on the services provided by Lincolnshire Community Health Services NHS Trust (LCHS). The Committee requested a further update on LCHS's urgent care services at this meeting.

This report focuses on the Clinical Assessment Service (CAS) and the urgent treatment centres (UTCs) and minor injuries units (MIUs) provided by LCHS.

## Action

To consider the information presented on the integrated urgent care services delivered by Lincolnshire Community Health Services NHS Trust.

### 1. Urgent Care

Urgent care includes services where the treatment required is not life threatening, but is required on the same day for well-being, patient satisfaction and quality of life. This differs from emergency care, where the need is more acute or life-threatening, which is provided by accident and emergency departments.

This paper focuses on the integrated urgent care services provided by LCHS:

- The Clinical Assessment Service
- Urgent Treatment Centres and Minor Injuries Units

## **2. Clinical Assessment Service**

Where Lincolnshire patients call NHS 111, and their call is categorised as suitable for LCHS services, they are transferred to the Clinical Assessment Services (CAS). The CAS is well established and operates 24/7 365 days a year, providing phone-based clinical advice and guidance. Where a patient is assessed as needing additional support, the CAS clinician has a range of options available and will ensure the best option is provided to the patient. These options include:

- video consultation;
- same day direct booking into general practice;
- same day booked appointment into a UTC;
- home visit; or
- onward referral to our community nursing teams.

A full workforce review including the development of the advanced clinical practitioner role has been carried out to ensure we have the number of staff, with the right skills in the right place to meet the demand, now and future for our community. E-consultations (video conferencing) have also been introduced within the CAS for those that wish to access them.

### Cases Handled

Between 1 April 2019 and 31 January 2020, 97,431 cases had been handled by the CAS, which represented an average number of 9,741 cases per month, peaking at 12,096 in December 2019. Between 1 February 2020 and 20 October 2020, a total of 83,757 cases were handled, representing an average of 9,306 cases per month, peaking at 11,018 in March 2020

### Call-Back Times

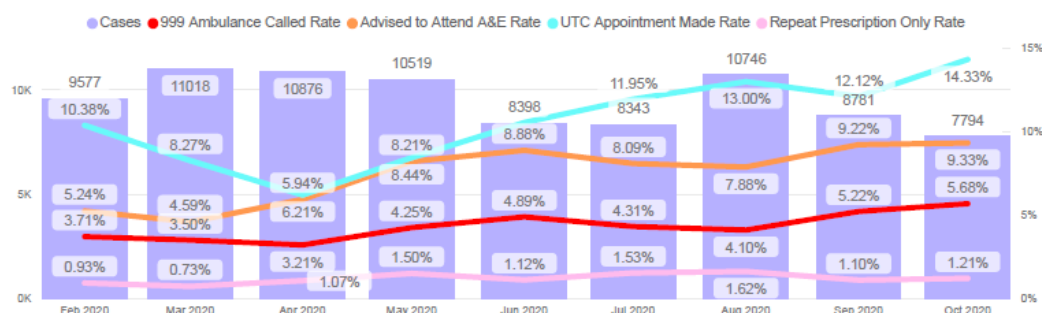
As reported to the Committee in July 2020, the average call-back wait was 56 minutes for all cases and 36 minutes for emergency and interim cases. This had represented an improvement on the previous year. In the last three months, the average call back wait has reduced to 41 minutes. However, in the past 30 days this has reduced further to 27 minutes. The average call back for interim cases in the past 30 days is 19 minutes and for emergency cases is 17 minutes.

## Cases Closed by the CAS

In July 2020, 60% of cases were closed with no referral to any other service. This figure represents the percentage of cases closed by the CAS as self-care and does not include those passed to primary care centres, home visiting or other health care professional. This figure has increased to 67% of cases closed with no referral to any other service. The proportion of cases closed without being referred to emergency care remains at 90%.

## CAS Monthly Performance Report

Month	Cases Handled	Average Call Back Wait (mins)	% Diverted from ED	999 Ambulance Called Rate	Advised to Attend A&E Rate	UTC Appointment Made Rate	Repeat Prescription Only Rate
February 2020	9577	75.74	89.70%	3.71%	5.24%	10.38%	0.93%
March 2020	11018	80.58	90.82%	3.50%	4.59%	8.27%	0.73%
April 2020	10876	37.63	90.01%	3.21%	5.94%	6.21%	1.07%
May 2020	10519	29.31	86.49%	4.25%	8.21%	8.44%	1.50%
June 2020	8398	28.87	85.27%	4.89%	8.88%	10.55%	1.12%
July 2020	8343	35.94	86.16%	4.31%	8.09%	11.95%	1.53%
August 2020	10746	56.78	87.16%	4.10%	7.88%	13.00%	1.62%
September 2020	8781	39.93	84.59%	5.22%	9.22%	12.12%	1.10%
October 2020	7794	28.69	84.15%	5.68%	9.33%	14.33%	1.21%
Total	86052	46.61	87.38%	4.24%	7.35%	10.38%	1.20%



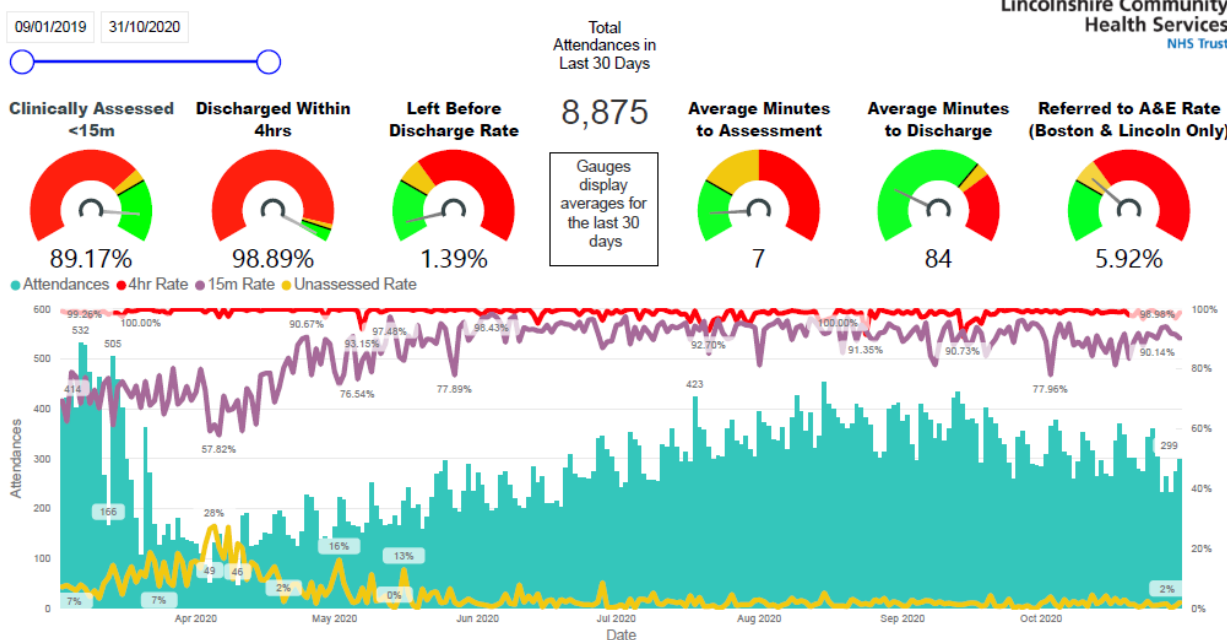
## 3. Urgent Treatment Centres and Minor Injuries Units

As reported to the Committee in July 2020, there had been 123,697 attendances at MIUs and UTCs over the prior twelve months, which represented an 18% increase in attendances compared to the previous year. A further 32,588 attendances at UTCs have occurred throughout August, September and October 2020.

The Committee was advised that in July 2020 that 97% of patients had been seen within four hours in the twelve month period up to July 2020. Over the past three months this performance level has risen to 98.89%.

## UTC/MIU ATTENDANCE & PERFORMANCE - ALL SITES

31 October 2020



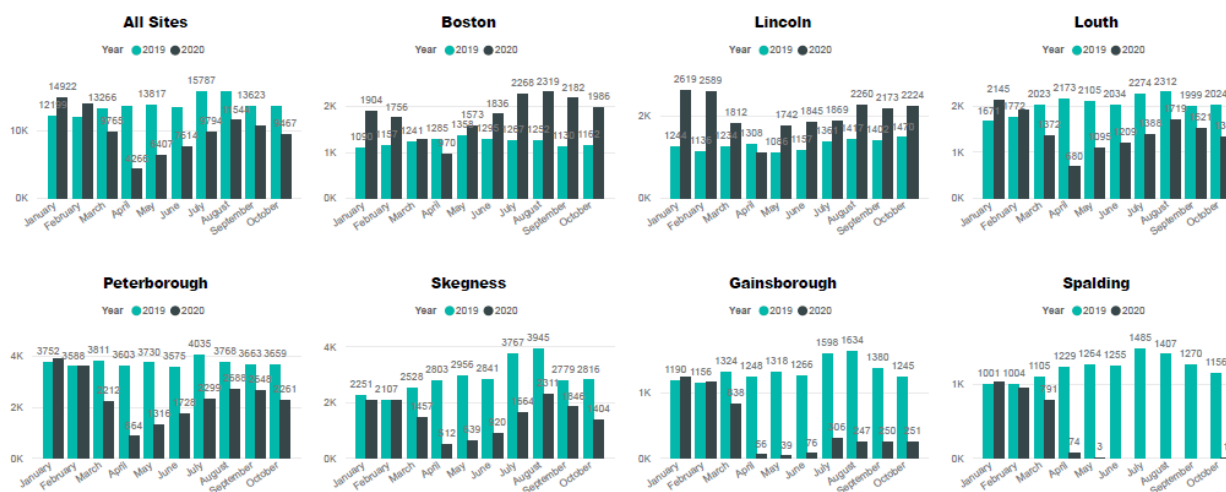
Set out in the table below is a site by site summary of the services provided by LCHS, and the changes during since the Covid-19 pandemic.

Site by Site Summary of Services Provided by LCHS		
Site	Arrangements Prior to Covid-19	Temporary Changes Covid-19
Boston	UTC, launched in December 2019, is co-located with Pilgrim Hospital A&E, and provides 24/7 walk-in and bookable appointment access.	None
Gainsborough	MIU provided walk in services seven days per week between 8am and 8pm. On 2 November 2020 the site launches as a UTC.	MIU suspended its walk-in access on 8 April 2020. These services were reinstated on 8 September 2020.
Grantham	A&E [Operated by United Lincolnshire Hospitals NHS Trust until 21 June 2020]	Since 22 June 2020, 24/7 walk-in access UTC has been in operation.
Lincoln	UTC, launched in December 2019, is co-located with the Lincoln County Hospital A&E, and provides 24/7 walk-in and bookable appointment access.	None



Site by Site Summary of Services Provided by LCHS		
Site	Arrangements Prior to Covid-19	Temporary Changes Covid-19
Louth	UTC was opened in October 2019, providing 24/7 walk-in and bookable appointment access.	Since 23 March 2020 walk-in services have been suspended between 10 pm and 8 am. Urgent care services can be accessed through 111. Clinical Assessment service and home visiting service operating outside of these hours
Skegness	UTC was opened in October 2019. It provides 24/7 walk-in and bookable appointment access	Since 23 March 2020 walk-in services have been suspended between 10 pm and 8 am. Urgent care services can be accessed through 111. Clinical Assessment service and home visiting service operating outside of these hours.
Spalding	MIU provided walk in services seven days per week between 8am and 8pm.	MIU suspended its walk-in services on 7 April 2020.

### Activity Profiles by site for 2019 and 2020



(Note: LCHS also provides a UTC services at Peterborough City Hospital.)

## Boston

Boston UTC is co-located with the A&E, within the acute footprint. There is a LCHS Clinical navigator who identifies patients whose needs can be met within the UTC, and therefore navigates appropriate patients away from the A&E department. This ability to navigate patients to alternative urgent care services enables the A&E to see those patients with life threatening illness and injuries as quickly as possible.

The re-build of Boston UTC is continuing. This is linked to the Government funding which has been secured by United Lincolnshire Hospitals NHS Trust for this specific purpose.

## Gainsborough

By the end of March 2020, activity at Gainsborough MIU saw a reduction in 90% of attendances, reducing from a daily average of 40 attendances to only four attendances per day. On 8 April 2020 walk-in services were temporarily suspended. Gainsborough reopened these services on 8 September 2020, with average attendances at seven patients per day.

From 2 November 2020, the Gainsborough site will operate as an urgent treatment centre, open from 8am to 8pm, as it can meet the national criteria for a UTC. By operating as a UTC this means that patients have access to a range of diagnostic and care services operating on the site. Urgent treatment centres (UTCs) are GP led, open at least 12 hours a day, every day, which offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A and E for.

The main benefits of UTCs are therefore:

- To make it easier for patients to see the right professional at the right time in the right place
- To provide a standardised service
- To offer greater flexibility for patients, and
- To offer greater value for money

## Grantham

LCHS has been providing a temporary UTC on the Grantham and District Hospital site since 22 June 2020. The decision to introduce a temporary UTC was taken by the United Lincolnshire Hospitals NHS Trust Board of Directors on 11 June 2020, as part of plans to provide a Covid-19 free 'green' site at Grantham.

As part of this transition of service, it has led to the integration of a ULHT and LCHS workforce providing the community a 24/7 walk in model. This has allowed temporary changes to clinical pathways to support ULHT in their efforts of creating a green site. Under LCHS operational management, Grantham will receive similar care as delivered at our other outstanding UTC sites and we are actively working with our stakeholders within primary care and the East Midlands Ambulance Service.

In the previous three months, Grantham UTC has seen 4,116 patients, with an average of 98% being seen within four hours.

At its last meeting on 14 October 2020, the Committee considered a report from United Lincolnshire Hospitals NHS Trust, reviewing the arrangements for the Grantham Hospital green site. This report included information on the Grantham UTC. *See pages 43-46 of the Committee's agenda pack for 14 October 2020, which is available at the following link:*

<https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5538>)

### Lincoln

Lincoln UTC is co-located with the A&E, within the acute footprint. This essentially acts as a 'streaming service' to signpost patients away from A&E, if their needs can be met by the UTC. This ability to stream to alternative urgent care services enables the A&E to see those patients with life threatening illness and injuries as quickly as possible.

Modular building work has commenced at the Lincoln UTC site and is expected to be completed in January 2021, leading to an increase in room availability to allow more patients to be seen in the department and help increase the flow. The design has been completed to ensure a Covid-19 'safe' environment. Additionally the UTC will have live data for patients to understand the department journey.

### Louth

Since 23 March 2020 walk-in services at Louth UTC have been suspended between 10 pm and 8 am. Louth UTC attendances were reduced by 82% with average daily attendances going from 67 to twelve. Between 10 pm and 8 am patients continue to be triaged via 111 and signposted to ensure appropriate care is provided. Patients may be signposted to alternative service providers as appropriate. Attendances have increased to 41 per day, they are still not as high as before the start of Covid-19.

### Skegness

Since 23 March 2020 walk-in services at Skegness UTC have been suspended between 10 pm and 8 am. Skegness UTC attendances were reduced by 84% with average daily attendances reducing from 69 to 12 daily. Between 10 pm and 8 am patients continue to be triaged via 111 and signposted to ensure appropriate care is provided. Patients may be signposted to alternative service providers as appropriate. Skegness UTC attendances have risen to an average of 42 per day. They are still not as high as before the start of Covid-19.

### Spalding

Activity at the Spalding MIU during the Covid-19 peak saw a reduction of 82% in attendances, from a daily average of 34 to 6 attendances by the end of March 2020.

Patients continue to be able to access full range of services. However any person requiring a face to face (not virtual) consultation or an x-ray examination is signposted to an alternative venue, which will not be in Spalding. Any patient with additional needs continues to be able to access appropriate services. Staff have been redeployed into alternative services or aligned to work in the CAS to maximise resources in this area of service.

### **Other Urgent Care Services in Lincolnshire**

In addition to the urgent care services provided by LCHS, the following urgent care services are also provided in Lincolnshire:

- **NHS 111** – This is delivered by DHU Healthcare.
- **Stamford and Rutland Hospital MIU** – This is operated by North West Anglia NHS Foundation Trust (NWAFT). This MIU has been closed since the beginning of the Covid-19 pandemic and NWAFT has confirmed it will remain closed throughout the winter of 2020-21.

### **5. Consultation**

This is not a direct consultation item.

### **6. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

This report supports the objectives of the Lincolnshire Joint Health and Wellbeing Strategy.


### **7. Conclusion**

The Committee is requested to consider the information on integrated urgent care, as delivered by Lincolnshire Community Health Services NHS Trust.

### **8. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

# 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 Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Primary Care Services</b>

## Summary

This report provides the Committee with information on primary care services, including an overview of the following:-

- The national requirements from primary care during Phases 1, 2 and 3 of the response to Covid-19.
- The current arrangements and plans for continuing to ensure local people can access primary care services.
- Future development of primary care services as part of the wider integrated care offer from health and care.

## Action

To consider the information presented in the report on GP primary care services in Lincolnshire and provide feedback, as requested in paragraph 7.5 of this report.

### 1. Introduction

1.1 This report provides an overview of the following:-

- The national requirements from primary care during Phases 1, 2 and 3 of the response to Covid-19.

- The current arrangements and plans for continuing to ensure local people can access primary care services.
- Future development of primary care services as part of the wider integrated care offer from health and care.

## **2. Establishing Primary Care Networks**

- 2.1 There are currently 85 GP practices in Lincolnshire. 84 of these are members of one of the 14 Lincolnshire Primary Care Networks (PCNs). The 85th is part of a PCN in Leicestershire and Rutland and will be making an application to be re-aligned to the Leicestershire and Rutland CCG in the coming year.
- 2.2 The first chapter of the NHS Long Term Plan (January 2019) recognised the need for “A new service model for the 21st century” and that the role of Primary Care was central to achieving this. In introducing Primary Care Networks, the long term plan signalled a real and tangible commitment by the NHS to change the nature of the relationship between primary care and the wider health and care community. In addition to acknowledging the strong links with provision of clinical services, the establishment of the Clinical Director role also recognised the vital contribution that they can make to leadership across health and social care. In Lincolnshire, our PCNs have come together to form a PCN Alliance and attached is a copy of their first annual report (Appendix 1).

## **3. Response to National Guidance to Manage Covid-19**

- 3.1 On 30 January 2020, the first phase of the NHS’s preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident.
- 3.2 The NHS guidance issued on 17 March 2020 (referred to as Phase 1) initiated a far reaching re-purposing of NHS services, staffing and capacity. Our local Primary Care teams responded promptly to this new guidance by:-
- Expediting plans to introduce the use of remote consultations to reduce the number of patients required to attend the practice for an appointment.
  - Continuing to offer face to face appointments for people where this was clinically indicated.
  - Updating PPE requirements and Infection Prevention and Control (IPC) arrangements in place, to ensure that patients attending the practice were not at increased risk.
  - Working together as a PCN to establish hot sites so that patients who had Covid-19 symptoms but needed to be seen, could access face to face appointments.
  - Working together as a PCN to refresh business continuity plans to reflect the risks associated to service disruption due to Covid-19 related issues.
  - Paused routine health checks.
  - Working with colleagues across the wider health and care community to ensure that arrangements were in place to support the most vulnerable members of our communities.

- In partnership with colleagues from Social Care and LINCA, establishing arrangements to ensure that people living in care and residential homes had good access to primary care support. This included introducing the roll out of technology that enabled care home teams to provide vital information to primary care and community colleagues, to ensure residents could access treatment whilst minimising the number of people visiting the home.
- 3.3 On 29 April 2020, the NHS issued further guidance (referred to as Phase 2). The focus of this guidance was to ensure that we maintained effective IPC arrangements; the ability/flexibility to respond to any increase in Covid-19 related demand but also to begin re-establishing activity that had been paused during Phase 1. For primary care this involved:-
- Maintaining arrangements to reduce the number of patients required to attend the practice for face to face appointments.
  - Reviewing the use of hot sites and stepping these down when they were no longer required.
  - Re-starting routine health checks and other activities that had been paused during Phase 1.
  - Raising awareness with the public that practices were open, that they had arrangements in place to ensure patients were safe and encouraging patients not to delay contacting their GP if they had symptoms that might suggest a serious illness. Of specific concern was the reduction of patients presenting with symptoms that might be cancer.
- 3.4 Phase 3 guidance of the NHS response to Covid-19 was published on the 31 July 2020. This identified a shared focus on accelerating the return to near normal levels of non-Covid-19 health services.

#### **4. Practice Access Arrangements**

- 4.1 The most significant change that patients have experienced in recent months has been the accelerated introduction of remote consultation. The purpose of this change was to facilitate the reduction of people attending GP practices. Appendix 2 provides a list of all practices and the arrangements that they have adopted to facilitate this. Currently there are 3 methods being used by GP practices across Lincolnshire and these are:

##### Telephone Consultation

- 4.2 The patient contacts the practice to book an appointment for a primary care clinician to contact them.
- The consultation takes place over the phone.
  - Following the consultation, the clinician will agree with the patient the next steps.
  - The outcome of the consultation might include:
    - A face to face appointment
    - Arranging diagnostic tests and agreeing follow up arrangements;

- Prescribing treatment
- Giving advice on how to manage the symptoms the patient describes.
- If ongoing care is required, the clinician will agree with the patient the arrangements for this, which might include:
  - Face to face consultation
  - Video consultation
  - Telephone consultation
  - Email or Text response

### E-Consult

4.3 Patients wanting advice from their GP, self-help information or an administrative request can access this by using a link on the practice website. E-Consult is additional to the practice's appointment system so patients may continue to contact the practice via telephone for an appointment, which at this time will initially be a telephone consultation.

- Well established online consultation platform.
- E-Consult allows patients to consult with their GP by completing a quick online form.
- A screening tool is used to direct the query to the right place to self-help, pharmacy advice and local self-referral services, where appropriate.
- The vast majority of requests go through to the practice where they are reviewed and passed on to the appropriate clinician for response.
- The response can be:
  - Face to face consultation
  - Video consultation
  - Telephone consultation
  - Email or Text response
  - This, in part, will be down to a patient's preferences

### Ask My GP

4.4. Ask My GP is a web-based service. All patients' contacts are managed through Ask My GP.

- Majority of patients will request advice/support through the Ask My GP link on the GP practice website.
- Patients that do not have access to, or prefer not to use the internet, are supported by telephone by reception staff, who enter details onto Ask my GP.
- All demand is managed through the same system.
- Initially patients are asked to provide a brief description of their problem and then as they go through the questions, provide additional information.
- A clinician reviews all of the contacts.
- The response will be determined by the outcome of the clinician's assessment and patient's preference but can be:
  - Face to face consultation



- Video consultation
- Telephone consultation
- Email or Text response

4.5 Ask My GP provides a very different way for patients to contact their practice. Prior to Covid-19, a number of practices across the Lincolnshire community had opted to pilot the use of this software as it provided increased flexibility for people wanting to contact the practice. This also provided scope for the practice team to manage the demand, particularly where they provide services over more than one site and for practices within a PCN to be able to support each other if there were pressure in any one practice. Our original plan was to complete an evaluation of the use of the Ask My GP tool, in order to inform the future development of on line consultation systems across Lincolnshire. Feedback from an early case study (Appendix 3 attached), highlights that adopting a web based system for all contacts would require continuous review and development both for clinicians and for patients using the system.

## **5 Supporting Vulnerable People.**

5.1 One of the core services provided by GPs is to support patients who are vulnerable because of a current acute illness, one or more long terms conditions, a disability, frailty or because the person has been identified as approaching the end of their life.

5.2 Given the increased risk associated with Covid-19 for patients who are known to be vulnerable; primary care teams have worked with colleagues across health, care and in communities to ensure that the needs of individuals have been met. During Phase 1 & 2, people who were identified in any of these groups were asked to shield.

5.3 Some examples of the type of additional support arranged include:-

- Review of care/treatment plans and advice to the individual.
- Remote consultations and home visits when a person required a face to face consultation.
- Home delivery of medications.
- Outreach contacts from wellbeing services & volunteers.
- Additional support from neighbourhood teams.
- Roll out of telemedicine to all care homes – Whzan

5.4 Whilst vulnerable people were advised in August that they no longer needed to shield, practices have continued to work with partners to ensure that the individual needs of patients are considered and the appropriate care/treatment plans are in place to meet the individual needs. For example:

- Children whose parents were advised that their child should shield have been contacted by the practice with advice to contact the child's specialist or the practice to discuss whether the child should return to school.
- All care homes were assigned a clinical lead who ensured that arrangements were in place for weekly 'check ins' with the care home to

determine whether any resident required a routine review of their care and treatment.

- If a routine review was indicated then the person conducting the weekly review would contact the relevant clinical team.
- This support is in addition to the on the day/urgent advice for residents either directly with the GP practice or out of hours via the Clinical Assessment service.

## **6 Support to Primary Care**

6.1 Following the announcement that the NHS had declared a national level 4 incident, the CCG established a Primary Care Cell. The team, led by the West locality - Chief Operating Officer, includes:

- The 4 CCG Clinical Leads
- Staff from the 4 localities
- Representatives from the STP team including:
  - a lead for digital, workforce and communication;
  - a lead to co-ordinate and work with NHSE/I to ensure strong links were maintained for community pharmacy, optometrists and dental services;
  - Medicine Management Team;
  - Neighbourhood leads from across the county.

6.2 In addition, the team has been supported by the Lincolnshire Local Medical Committee and partners and colleagues from the wider health and care community and the Lincolnshire Resilience Forum. This team is well established and will remain in place in the coming months. It will continue to work with GP practices and PCNs to respond to issues as they arise and to support the continued improvement and development of arrangements so that local people are able to access the support they require from primary care.

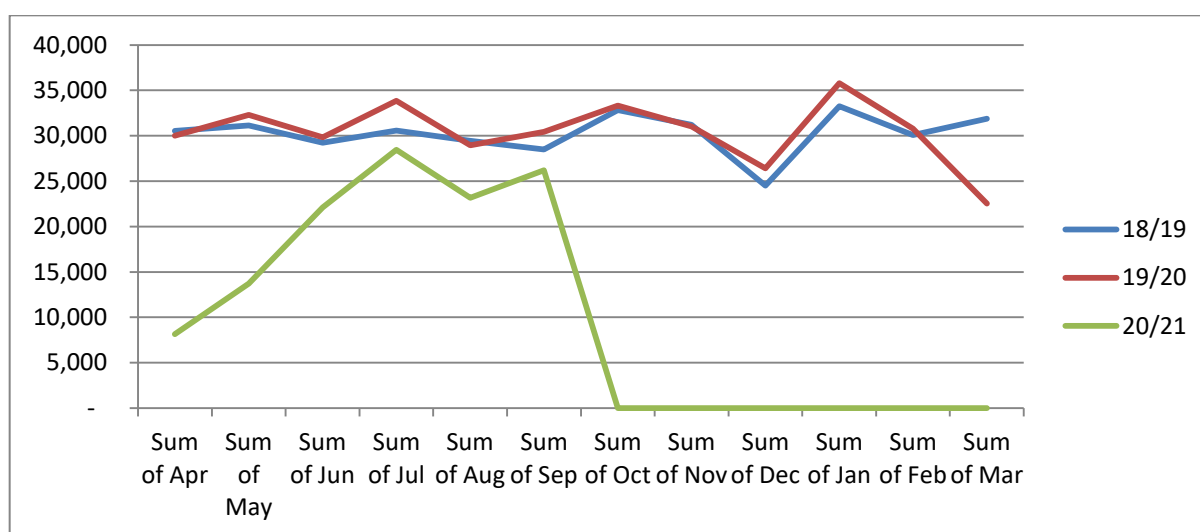
6.3 The role of the Primary Care Cell has been to:-

- Provide direct support to GPs and primary care colleagues.
- Co-ordinate the response to the national request.
- Rapidly assist practices to manage local issues as they arise and work with the wider system to ensure that information flows between the different teams and agencies involved in managing the current situation.

6.4 The team meet on a regular basis to ensure that issues are dealt with promptly. During Phase 1; the team met Monday to Friday and had an 'on call' arrangement for the weekend. Currently, the team meet three times a week. In addition to gathering feedback, the team also has access to data and information that helps us understand how things are working or where there are issues that require attention.

6.5 For example, the following chart includes data regarding the number of tests processed by practices since April 2020. It shows that in April, in line with the Phase 1 actions, all routine tests were paused however, as we moved through

Phase 2, practices began to re-instate routine appointments, whilst the pattern of tests is consistent with that of 19/20 the actual number is lower – this reflects the additional time taken for appointments because of increased IPC.



## 7 Review and Planning for the Coming Months

- 7.1 Primary Care Services are the foundation of the NHS. Across Lincolnshire there are, on average, 15,000 contacts every day which equates to 90% of all health care contacts. Primary Care across Lincolnshire has rapidly responded to both the national asks outlined in the 3 phases of the NHS response to Covid-19 and to local issues.
- 7.2 The majority of the changes primary care has made are in line with developments and ambitions outlined in the National and Local Long Term Plan. In some instances the pace of change required to ensure that primary care could continue to deliver services was such that there was not the opportunity to engage, plan and test new ways of working. This has meant that there has been mixed feedback from patients – some really liking the new ways of working whilst others are finding them difficult to navigate or frustrating to use. We recognise this and will continue to work with practices to address issues that have been highlighted.
- 7.3 In other areas the urgency to respond has accelerated some really great work, for example:-
- PCNs working together to establish Hot Sites and provide support to maintain services when these might have been disrupted because of reduced staff availability due to self-isolation.
  - The introduction of telemedicine to support residents in care homes.
  - The strengthened links between agencies and teams across our communities to expand neighbourhood working and support our most vulnerable patients.
  - Joint working with secondary care to review pathways so as to minimise delays for accessing urgent diagnostic tests i.e. Endoscopy.
  - Use of technology to support multi-disciplinary working and the establishment of joint MDTs with secondary care.

- 7.4 It is well recognised that as we move into the winter months, a period of high demand for health and care services, re-instate services that were paused during Phase 1 and ensure that patients who were not seen during this time have their routine reviews and manage the unpredictability of Covid-19, that primary care will continue to be required to respond and adapt. This will inevitably mean that patients will experience further changes including:-
- Being asked to access services in different ways.
  - Have consultations with new members of the primary care team.
  - Have the choice to use other ways to communicate with their clinicians i.e. by text, e-mail.
  - Attend appointments at sites other than their usual GP practices.
- 7.5 The pace of change will be rapid and in some instances there may be limited opportunity to plan, engage and test new ways of working. We recognise that whilst there will be some great examples where the changes bring with them improvement for patients, there will be others where the change will not work as well. We would welcome feedback and the support of the Health Scrutiny Committee to help us spread the following messages to local people:-
- Look after yourself, eat healthy food and get active.
  - Visit a Pharmacist before a GP for minor illnesses.
  - Contact the GP if you have any symptoms that require urgent investigation because they could be an early sign of cancer.
  - Check the practice website for details of local access arrangements and use on line tools to contact the practice.
  - Provide as much information as you can when requesting an appointment as this ensures that you will be directed to the person best able to meet your needs.
  - Maintain routine appointments.
  - Be patient with primary care colleagues if they need to rearrange an appointment or ask you to attend a different site.
  - Take the advice of your GP or a hospital team so that you can attend diagnostic and/or other appointments.
  - Call or visit 111 online before attending an urgent treatment centre or A+E.
  - Provide feedback so that we can continue to improve and develop primary care provision.
- 7.6 GP practices have all reviewed their business continuity plans to reflect the learning from the last few months. Whilst our collective aim is to maintain the full range of Primary Care Services, we do anticipate that primary care will be required to continue to quickly react to manage issues as they arise. We also recognise that the nature of issues that will require this flexibility could include:-
- Issues we can anticipate – for example an increased prevalence of Covid-19 that requires us to re-instate Hot Sites – plans are already in place to support this.

- Issues identified from our review of the last few months that require our attention; for example: communication about changes at a practice i.e. the opportunity to use e-Consult or the fact that the practice is temporarily introducing a change because a number of staff have to self-isolate.
- Issues in other areas of the health and care system; for example: changes in the acute hospital that require patients to access their appointment at a different place i.e. Grantham hospital as a designated Green site.
- Issues that we cannot predict; for example: the disruption to the supply of reagents to our local labs that has meant that routine appointments in the last few weeks have been postponed or the delay in delivery of additional flu vaccinations that means that practices have had to pause their flu vaccination plans.

7.7 The Primary Care Cell will continue to work with practices to plan for and respond to issues as they arise.

## **8 Ongoing Development of Primary Care Services**

8.1 In addition to being responsive to issues as they arise, the Primary Care Team will continue to support GP practices as they increasingly work together as PCNs and with other agencies to develop service provision arrangements. These changes will enable them both to respond to the unpredictability of the current circumstances and also progress the ambitions and improvements detailed in the National and Local Long Term Plan. These developments will introduce new arrangements both with regards the way that people access and use primary care services. For example:-

- In October all care homes were aligned to a PCN which, in turn, enables the PCN to ensure that all care home residents receive regular reviews via a multi-disciplinary team which is made up of colleagues from across Primary Care and Community Services.
- PCNs will be introducing new roles that will provide support to patients registered with any of its member practices. These roles might include:
  - Clinical pharmacists
  - Social Prescribers
  - First Contact Practitioners
  - Care Co-ordinators
  - Occupational Therapists
  - Paramedics
  - Mental Health Practitioners
- Further strengthening links with other health and care providers, for example:
  - Developing multi-disciplinary teams attended by specialists from secondary care
  - Mental health transformation
  - Supporting people with Learning Disabilities to access their annual health checks
  - Continuing to develop neighbourhood working to support wrap around care for the most vulnerable members of our community
  - Increasingly using digital solutions to improve access to information

- Developing palliative and end of life care services

## **7. Consultation**

This is not a direct consultation item.

## **8. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

This report supports the objectives of the Lincolnshire Joint Health and Wellbeing Strategy.

## **9. Conclusion**

Primary Care services are, and continue to be, available to people across Lincolnshire. GP practices have been dynamic and responsive to both the national requirements and local issues both within their local communities and in practices themselves. To do this, the pace of change has been rapid and we have been extremely grateful both to the teams across primary care and the public for their patience and tolerance in adapting to these changes.

We are aware that the accelerated introduction of remote consultations did not, in some instances, give us the time to work with practices or their patients to understand how best to use these new facilities. However, we know from the feedback from practices and patients that were using these arrangements pre-Covid-19 that they can be very effective. We are also aware the infrastructures, particularly some telephone systems, are insufficient to deal with the increased level of demand.

The Committee is requested to consider the information on Primary Care Services provided across Lincolnshire by General Practice. The Committee is also asked to support the Primary Care Team by providing feedback and sharing our key messages and information about the changes to Primary Care Services required to support the response to Covid-19, winter and enable recovery and the ongoing development of local service provision.

## **10. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

## **11. Appendices**

Appendix 1	Lincolnshire Primary Care Network Alliance – Annual Report 2019-20
Appendix 2	Primary Care Access Arrangements
Appendix 3	Case Study regarding the Introduction of Ask My GP

This report was written by Sarah-Jane Mills, NHS Lincolnshire CCG, who can be contacted as follows: Telephone 01522 515381, email: [sarah-jane.mills1@nhs.net](mailto:sarah-jane.mills1@nhs.net)





Lincolnshire  
Primary Care Network Alliance



Annual Report 2019-20



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# Introduction

Welcome to the 2019-2020 Annual Report for the Lincolnshire Primary Care Network Alliance. This report gives us the opportunity to provide you with some insight as to the work of the Alliance and what we have done over the past 12 months, including a number of areas we are particularly keen to highlight.

The Alliance is about clinical leadership from working GPs with links into every GP practice in Lincolnshire. **Our focus is on population health management.** The Alliance is general practice's unified voice at a system level, ready to fully integrate with the local health and care system and be a core member of a future Integrated Care System (ICS).

***“ With over 90% of care delivered in general practice, this level of integration will be vital to the future success of our system and to improve the health and wellbeing of our population.”***

By working as a Lincolnshire-wide Alliance we have a stronger voice to influence new pathways, service delivery and workforce development that will bring investment in to general practice and integration between existing larger organisations and the newly formed primary care networks (PCNs).

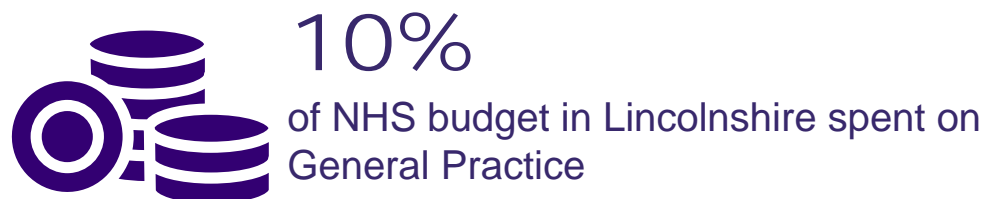
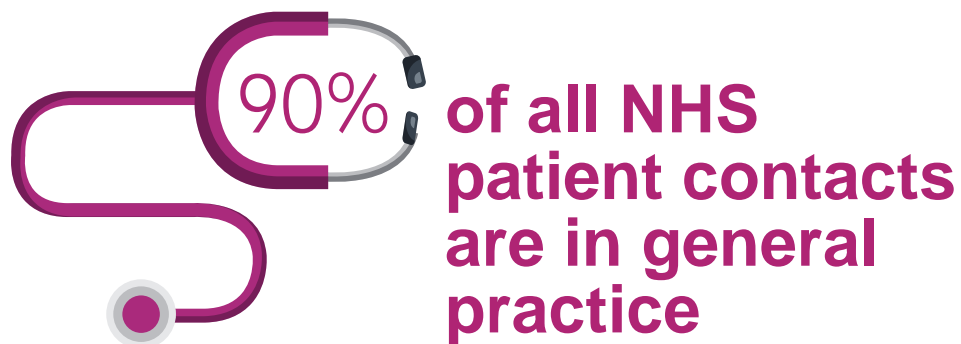


Dr Sunil Hindocha



Dr Sadie Aubrey

# General Practice in Lincolnshire



## Who we are

- Established in July 2019.
- Membership consists of all of the PCN Clinical Directors in Lincolnshire.
- All Clinical Directors are GPs who work directly with patients in GP practices in Lincolnshire.
- A combined and cohesive voice for general practice in Lincolnshire with reach into every practice.
- Engaged with other health and care providers, local government and Clinical Commissioning Groups (CCGs) to work at the forefront of the Lincolnshire health and care system.
- Provide clinical leadership for co-design and innovation in developing new models of care.

## How we can help

- We work with commissioners and local health and care providers to meet our population's needs.
- We do this by co-designing services with a focus on population health management and integration between organisations.
- For CCGs and health and care providers in Lincolnshire, it means dealing with one Alliance rather than 14 PCNs or 84 GP practices - a frustration we have heard repeatedly in the past.





## Why work with us

- We aim to work with system partners on the co-design of services.
- Involve us in any new pathways or services that affect our populations.
- No one is closer to knowing patients than their GPs as over 90% of care is delivered in general practice.
- Opportunity to build integrated person centred care rather than silo working.
- We are the voice of primary care, already working closely with the Lincolnshire Medical Committee (LMC) and NHS Lincolnshire Clinical Commissioning Group (CCG).

### Example of how it might work:

The mental health needs of the population are not always being met by existing services, and low level mental health presents overwhelmingly to general practice.

Because GPs have to refer to a different organisation with a waiting list, patients are at risk of deterioration, where some immediate mental health expertise within general practice could have provided the support they needed and prevented deterioration.

The PCN Alliance can work with commissioners and mental health providers to redesign the mental health pathway/provision so that population health needs are met.



# Population Health Management

**Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing, we are living longer with more multiple long-term conditions like asthma, diabetes and heart disease and the health inequality gap is increasing.**

As set out in the NHS Long Term Plan, local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through Integrated Care Systems (ICS).

Therefore Population Health Management (PHM) is the critical building block for ICS's and enables PCNs to deliver with their local partners true Personalised Care (PC). Together, the three Ps (PHM, PCNs, PC) form a core offer for local people which ensures care is tailored to their personal needs and delivered as close to home as possible.

PHM enables systems and local teams to understand and look for the best solutions to people's needs – not just medically but also socially – including the wider determinants of people's health.

Many people need support with issues such as housing, employment, or social isolation – all of which can affect their physical and mental health – these solutions are often already available through, or better designed with, local people, the local council or a voluntary organisation.

Better partnership working using PHM to join up the right person with the right care solution helps us to improve outcomes, reduce duplication and use our resources more effectively. Health and care services are more proactive in helping people to manage their health and wellbeing, provide more personalised care when it's needed and that local services are working together to offer a wider range of support closer to people's homes.

# Primary Care Networks

**PCNs are groups of GP practices working together with other local organisations, such as community, mental health, social care, pharmacy, hospital and voluntary services. They will support the needs of a population that has grown, is living longer, and may need to access local health services more often.**

Our GP practices have been working together for a number of years, through federations, networks, clusters and partnerships. The NHS Long Term Plan and the five-year framework for the GP contract, make this more formal without creating new statutory bodies.

In practice, PCNs will build on the work already undertaken and the current services offered by GP practices. It will mean greater provision of proactive, personalised and coordinated care, as well as more integration between health and social care. This will provide clear benefits for patients and GPs.

In Lincolnshire, PCNs are based on GP registered lists and serve communities between 29,000 to 77,000. They are designed to still provide the personalised care valued by patients, but be big enough to have impact and economies of scale through closer working.





# Case Studies



## Development of Clinical Pharmacists

**Clinical Pharmacists (CPs) focus on patient medication and prescribing to help improve quality of care for people in Lincolnshire. CPs are a valuable asset to the primary care system in the county, working in General Practice, Care Homes and Urgent Care Centres.**

There are currently 30 employed in primary care, carrying out a number of tasks, including refining prescribing policy, conducting patient medicine reviews and assisting GPs in extended access provision and out of hours surgeries.

As independent prescribers, CPs can also support some patients with long term conditions such as diabetes or coronary heart disease and provide independent clinics and appointments.

CPs ensure patients are seen quicker by clinicians with the right skill set to provide the right care and at the same time free up GP time to see patients with the most acute needs. It can also help reduce medicine waste, producing millions of pounds of savings for the NHS in Lincolnshire.

## Supporting our care home residents

**We are working with Lincolnshire CCGs and health and care partners on designing a framework to meet the needs of the Lincolnshire care home population.**

An example of this already happening can be found in the south of Lincoln.

South Lincoln Healthcare PCN have been working in partnership with Lincolnshire Community Health Services NHS Trust (LCHS) and NHS Lincolnshire Clinical Commissioning Group (CCG) since December 2017 to provide the HomeHealth Care Home service.

The service ensures a dedicated team of Advanced Nurse Practitioners and an Occupational Therapist are providing care for the majority of their care home residents, with the support of the registered GP.

Key positive outcomes include closer working with care home staff and other community staff to provide joined up personalised care, advance care plans in place for more residents, 98% of residents achieving their first or second choice preferred place of death, 73% reduction in GP visits, 23% reduction in A&E attendances and 21% reduction in emergency admissions.\*

*\* These figures are for the whole PCN care home population with 13 out of 17 care homes now covered by the HomeHealth service.*



# Case Studies



## Social Prescribing initiatives

**With an estimated 1 in 5 GP visits not needing a clinical intervention Social Prescribing is available across our PCN's.**

The service is delivered in partnership with Voluntary Centre Services and Lincolnshire Community Voluntary Service.

The county now hosts a team of 31 Link Workers employed to offer 1:1 support and advice to individuals that helps them to connect with their community, reducing social isolation and improving their health and wellbeing.

Over the Covid-19 lockdown period, Social Prescribing Link Workers carried out almost 11,000 support activities ranging from telephone calls, liaison with services, online MDTs, on ward signposting to services as the NHS GoodSam befriending service.

To learn more about Social Prescribing and service available, please visit:

<https://www.voluntarycentreservices.org.uk/social-prescribing/>  
<http://www.lincolnshirecvs.org.uk/>

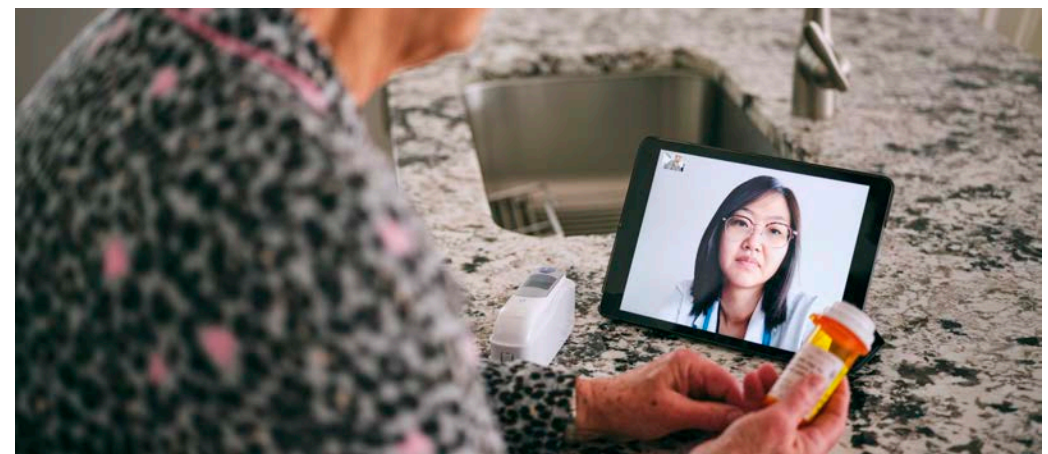
## Embracing digital technology

**Prior to the Coronavirus pandemic, Lincolnshire was already leading the way with embracing digital technology within general practice. However, the pandemic has enabled our PCNs to accelerate the use of technology to provide safer and more efficient ways of delivering primary care.**

With internet, telephone, and video consultations up and running in all of our PCNs, some of our GP practices are reporting that they have been able to deal with about 80-90% of all patient contacts remotely without patients having to attend a face to face assessment.

Behind the scenes, technology is evolving also, with all our GP practices recently upgrading onto a more robust HSCN (Health & Social Care Network) connection. This has provided greater network availability, increased security, and faster internet speeds.

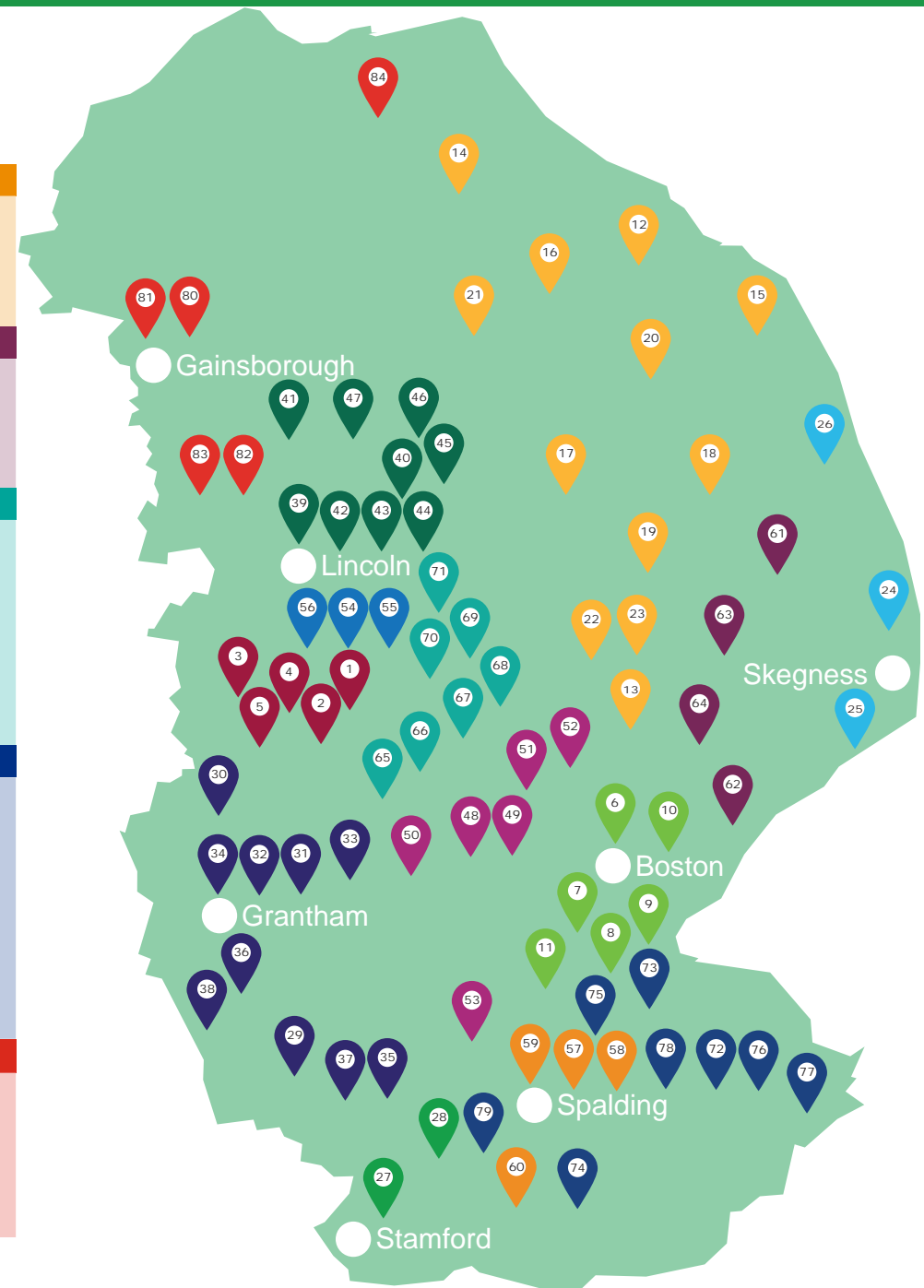
Perhaps the most recognised technology advancement in Lincolnshire is The Care Portal, which has given staff working in primary care greater access to patient information contained in different health and care systems. This is already proving a success with staff being able to access information in a more timely manner, providing patients with quicker access to diagnosis and treatment.





# Lincolnshire PCNs

APEX	Grantham and Rural	Market Deeping & Spalding
1 Newark Road Surgery	29 Colsterworth Surgery	57 Munro Medical Centre
2 Richmond Medical Centre	30 Long Bennington Surgery	58 Beechfield Medical Centre
3 Birchwood Medical Practice	31 St Johns Medical Centre	59 Deepings Practice
4 Boultham Park Medical Practice	32 St Peters Hill Surgery	60 Spalding GP Surgery
5 Woodland Medical Practice	33 The Harrowby Lane Practice	<b>SOLAS</b>
Boston	34 The Vine Street Surgery	61 Merton Lodge Surgery
6 Liquorpond Surgery	35 Market Cross Surgery	62 Old Leake Medical Centre
7 The Sidings Medical Centre	36 Swingbridge Surgery	63 The Spilsby Surgery
8 Greyfriars Surgery	37 The Glenside Country Practice	64 Stickney Surgery
9 Kirton Medical Centre	38 The Welby Practice	<b>South Lincoln Health Care</b>
10 Parkside Surgery	IMP	65 Church Walk Surgery
11 Swineshead Medical Group	39 Abbey Medical Practice	66 Cliff Villages Medical Practice
East Lindsey	40 Glebe Park Surgery	67 Basingham Surgery
12 North Thoresby Practice	41 Willingham-by-Stow Surgery	68 Branston & Heighington FP
13 The New Coningsby Surgery	42 Cliff House Medical Practice	69 The Heath Surgery
14 Caistor Health Centre	43 Lindum Practice	70 Brant Road & Springcliffe Surgery
15 Marsh Medical Practice	44 Minster Practice	71 Washingborough Surgery
16 Binbrook Surgery	45 Nettleham Medical Practice	<b>South Lincs &amp; Rural</b>
17 The Wrabgy Surgery	46 Welton Family Health Centre	72 Holbeach Medical Centre
18 East Lindsey Medical Group	47 Ingham Surgery	73 Sutterton Surgery
19 Horncastle Medical Group	Sleaford	74 Abbeyview Surgery
20 James Street Family Practice	48 Millview Medical Practice	75 Gosberton Medical Centre
21 Market Rasen Surgery	49 Sleaford Medical Group	76 Littlebury Medical Centre
22 Tasburgh Lodge Surgery	50 Ancaster & Caythorpe Surgery	77 Long Sutton Medical Centre
23 Woodhall Spa New Surgery	51 Ruskington Surgery	78 Moulton Medical Centre
First Coastal	52 Billingham Medical Practice	79 Bourne Galletly Practice Team
24 Beacon Medical Practice	53 The New Springwells Practice	<b>Trent Care Network</b>
25 Marisco Medical Practice	Marina	80 Caskgate Street
26 Hawthorn Medical Practice	54 Brayford Medical Practice	81 Cleveland Surgery
Four Counties	55 Portland Medical Practice	82 Glebe Practice
27 Lakeside HealthCare Surgery	56 University Health Centre	83 Trent Valley Surgery
28 Hereward Practice (Lakeside)		84 Hibaldstow Medical Practice



# Lincolnshire PCNs: Profiles

## APEX

**Location:** West Lincoln

**No. of GP Practices:** 5 (Birchwood Medical Practice; Boultham Park Medical Centre; Newark Road Surgery; Richmond Medical Centre and Woodland Medical Practice)

**Population Coverage:** 52,710

**Population Profile:** Apex's population and deprivation profiles are very similar to the Lincolnshire average.

### What is the PCN currently doing?

Apex PCN Management Board meet monthly with both clinical and non-clinical representation from each practice.

Apex is already providing Extended Hours and Improved Access (with Marina PCN) and sharing Clinical Pharmacists and a Social Prescribing Link Worker across the PCN using a Hub dashboard approach to facilitate access to the PCN's patients.

During the year, one of the Apex practices, Richmond Medical Centre, integrated the transferred patients and employees of a nearby practice which had been put into special measures by CQC to provide stability and continuity of service for those patients.

Apex were early adopters of Clinical Pharmacists and already have a team of three, who have demonstrated their value by taking on a range of duties to save GP time and improve patient experience.

When Covid-19 struck all practices moved to a telephone triage model and adopted several on-line consultation and video consultation models across the PCN which allowed them to continue to deliver primary care services remotely. They also embraced the use of MS Teams for their own continued virtual communication.

### What are the PCN's future priorities?

Apex's immediate priority is to implement the service requirements of the PCN DES for this year as well as extending their team of Clinical Pharmacists and recruiting First Contact Practitioners and a Care Co-ordinator to support the Enhanced Health in Care Home service.

All Apex practices have either adopted or are in the process of adopting the same clinical templates which should facilitate shared working particularly for the CPs and FCPs and there will be a continued drive towards using digital technology to support the delivery of their services and improving communication between the practices within the PCN.

Apex will also look at opportunities to improve collaborative working with the Neighbourhood teams and the wider healthcare system particularly with regards to the management of the frail, elderly housebound patients.

Planning for Winter and a potential second Covid-19 wave will also be in sharp focus for the Apex team to ensure they can continue to deliver safe services to their patients and protect their workforce.





# Lincolnshire PCNs: Profiles

## Boston

**Location:** Boston

**No. of GP Practices:** 6 (Greyfriars Surgery, Liquorpond Surgery, Kirton Medical Centre, Swineshead Medical Group, The Sidings Medical Practice, and Parkside Medical Centre)

**Population Coverage:** 78,000

**Population Profile:** Overall deprivation within Boston is higher than the Lincolnshire average with 22.9% of the population in the most deprived quintile.

### What is the PCN currently doing?

Boston PCN is a forward thinking organisation that understands the importance of trusted relationships to provide a platform for communication with all parties to ensure the safe, efficient and effective delivery of care to the population.

In response to the recent COVID-19 pandemic, practices within the PCN have evolved with the use of virtual patient consultations including Qdoctor, E-Consult and AccrX. Whilst the practices have established the use of virtual consultations they also realise the need to offer consulting means to support and meet the needs of all patient cohorts and continue to see patients face to face or via telephone where necessary to ensure a personalised approach and equality of access.

Whilst the need for virtual consultations has ensured all patients continue to be provided efficient care the PCN has invested time to work in partnership with providers to co-design Information Sharing Agreements, which are sustainable post the pandemic, to ensure safe, legal and timely access to information to support better outcomes for the registered population.

At present the PCN offers a Clinical Pharmacist who offers proactive and responsive support to practices with electronic repeat prescribing, medicines optimisations and prescribing governance for not only the practices but the wider network. There are also two (generic) social prescribers supporting people with their health and wellbeing by linking in with groups and activities in our local community.

Boston PCN has committed to deliver the NHS England EHCH framework with the main focus being the provision of proactive care that is based on the needs of care home residents, their families and care home staff.

### What are the PCN's future priorities?

Pre COVID the PCN had initiated work on our Mission, Vision and Values to support strategic objective development. This had paused, however the PCN recognises the need to restore this work to help with the branding and marketing of the PCN to our stakeholders and particularly our local population see this as key to support the shift in culture and behaviour as we co-design, test and implement new models of integrated care delivery and the changing roles of clinical and non-clinical workforce to develop a local resilient compassionate community.

It is anticipated that our valued and trusted relationship with the Neighbourhood Team will continue to grow and will be a fundamental enabler for delivery of our key objectives and support continued improvement and population health management in collaboration.



# Lincolnshire PCNs: Profiles

## East Lindsey

**Location:** Lincoln in the West, Grimsby in the North and stretching South-East towards Boston

**No. of GP Practices:** 11 (North Thoresby Practice, The New Coningsby Surgery, Caistor Health Centre, Marsh Medical Practice, Binbrook Surgery, The Wrabgy Surgery, East Lindsey Medical Group, Horncastle Medical Group, James Street Family Practice, Market Rasen Surgery, Tasburgh Lodge Surgery, and Woodhall Spa New Surgery)

**Population Coverage:** 85,215

**Population Profile:** We cover a mainly rural area with a sparsely spread population. We have only a few towns or sizeable communities. This presents a challenge to provide and maintain sustainable access to services for our population.

### What is the PCN currently doing?

- Provision of clinical pharmacists for all practices to ensure primary care prescribing is safe, effective, and represents the best possible value for money without any compromise on quality. Achieved through implementation of Local Prescribing Schemes focused on medicine management & optimization.
- Provision of extended hours by all practices across the PCN, thus improving access for our patients.
- Creation of extended access hub for the locality to further improve access for patients outside of core working hours i.e. evenings, weekends and bank holidays.
- Provision of First Contact Physiotherapists to improve rapid access to Musculoskeletal advice and treatment.
- Provision of Social Prescribing Link Workers for the locality to help reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing.
- Pilot telehealth system in Care Homes including provision of appropriate training. Implement online consultation across the locality to enhance the experience of care for patients and support general practice in managing time and workloads, as well as improving access and sustainability.
- Pilot Care Home Visiting service across the patch.
- Working at scale and collaborative to align delivery of services, bringing care closer to home for our patients (i.e. pilot One-Stop Dermatology Clinic in General Practice) and improving overall quality of care and patient experience.
- Working closely with neighbourhood teams to improve co-ordination of care so as

to meet individual patient needs. Launch of project ECHO to improve end of life care for patients in East Lindsey.

### What are the PCN's future priorities?

- Provision of enhanced health in care homes by multidisciplinary teams.
- Early cancer diagnosis.
- Provision of first contact paramedics.
- Provision of mental health practitioners.
- Provision of care co-ordinators.
- Forging closer relationship with neighbouring PCNs in Lincolnshire East (Skegness & Coast and Boston) to tackle the unique challenges that we face in our region.
- Working in partnership with external organizations to deliver optimal personalised care for the population that we serve.





# Lincolnshire PCNs: Profiles

## First Coastal

**Location:** East Coast of Lincolnshire

**No. of GP Practices:** 3 (Beacon Medical Practice, Hawthorn Medical Practice, Marisco Medical Practice)

**Population Coverage:** 53,000

**Population Profile:** Population swells during the summer months due to the tourism industry, which impacts severely on the health infrastructure in this area.

### What is the PCN currently doing?

First Coastal PCN was formed on 1st July 2020, following the split of the original Skegness & Coast PCN. It is, therefore, very much in its infancy but already has key projects underway.

This includes:

- Recruitment of Clinical Pharmacist.
- Recruitment of Social Prescribing Link Worker.
- Development of a Care Home Visiting Service to incorporate the input of a Geriatrician.
- Reviewing the pathway of cancer referral within each individual practice and look at establishing a PCN process.
- Using the principles of Neighbourhood MDT working to develop anticipatory, escalation and advance care planning. This will support personalisation and the palliative care schedule requirements.
- Working closely with the Communities Team of East Lindsey District Council, who are an integral part of our PCN Board.
- Supporting the development & working with partners on the Towns Fund bids for Mablethorpe & Skegness as part of Connected Coast Board.

### What are the PCN's future priorities?

The three practices in the First Coastal PCN share the same challenges of deprivation and health inequalities that have been prevalent along the East Coast for many years. Working with partners, the PCN is supporting the development of the Towns Fund bids for Mablethorpe & Skegness as part of the connected coast board.

From the health information we have, it has been noted that Mablethorpe and Skegness are ranked as the first and third most deprived towns in England and Wales

respectively, and first and second as having being affected most by Covid-19 in terms of socio-economic deprivation.

Workforce, recruitment and retention is an ongoing concern. However through integration, collaborative working and system support there is a desire to use innovation and creative thinking to address the present barriers. First Coastal PCN is also working with Whole System Partnership on demand and capacity to support future workforce solutions.

As well as endeavouring to achieve the requirements of the PCN DES as part of the Five Year Plan, First Coastal PCN will be working with key stakeholders to address the challenges that our patient population face and try to raise health awareness and drive down health inequalities, whilst developing the appropriate services for our very unique population.



# Lincolnshire PCNs: Profiles

## Four Counties

**Location:** Stamford and part of Bourne

**No. of GP Practices:** 2 (Lakeside Hereward and Lakeside Stamford)

**Population Coverage:** 44,174

### What is the PCN currently doing?

4Counties has grown out of the Primary Care Home in Stamford, the precursor to PCNs, through which we began our collaborative journey in 2016.

We have now joined up with Hereward in Bourne and our emphasis is to build on the model to bring the care and services around citizens in these communities.

This history gives us the benefit of close working and an advisory board whose membership includes a whole range of healthcare providers; local authorities and county councils; volunteer sector; public health; CCG; STP and GP practices. This plan is that this group will be repurposed into the 4Counties PCN Executive Board as trust and relationships continue to grow.

We are keenly focused on our communities and as locally embedded organisations are best placed to lead on the transformation around neighbourhood working. Our communities need to be trusted and encouraged to explore how to feel they can flourish. Through engagement with people, local charities and other organisations we have already begun work around how we might reshape the way we think about and care for mental health and wellbeing of our local citizens. Indeed the model developed in 4Counties has been taken on as the basis of the transformation plan for the whole County.

There are also ongoing plans to collaborate with neighbouring PCN's to develop an Extended Health in Care Homes proposition based on the model grown on our patch and extend it to a wider area.

### What are the PCN's future priorities?

- The development of a workforce to support the growing health and care requirements for the local population, this will include more pharmacists, physiotherapists and expansion of our home visiting team for those who need care provided in their own home.

- Locally we have the beginnings of a model to change the culture and ways we manage mental health. The PCN in collaboration with the voluntary sector, LPFT and other stakeholder groups are keen to develop this and become an exemplar of how to best support citizens wellbeing and those suffering with mental ill health.
- We will create forum events focused on certain areas that require a 'population health' approach including frailty, mental health and children and families. We will try to get anyone who has a stake in these arenas to come, share ideas and listen to those of others to shape how the future looks.
- Working with public health to truly embed prevention in how health is approached locally. We have already become a partner of Connect Stamford an organisation promoting active travel and look forward to the development of a green wheel in the town.





# Lincolnshire PCNs: Profiles

## Grantham and Rural

**Location:** Grantham and surrounding areas

**No. of GP Practices:** 10 (Colsterworth, Long Bennington, Market Cross, St John's, St Peter's Hill, Swingbridge, Glenside, Harrowby Lane, The Welby practice, and Vine Street)

**Population Coverage:** 74,539

### What is the PCN currently doing?

In collaboration with the Sleaford PCN, we form part of the K2 Federation. We have:

- Recruited and employed a team of Community Pharmacists.
- Initiated First Contact Physio Service in partnership with LCHS and LPFT.
- Care Coordination Service supporting frail people at home and in care homes.
- Set up Red site and home visiting service to deal with patients with COVID-19 symptoms at Grantham hospital.
- Mental Health Transformation with new staff integrated into the Neighbourhood Team and a new community centre in Grantham town pending doors opening.
- Developed Community Diabetes model in partnership with LCHS and ULHT.
- Discharge to Assess development programme with the Neighbourhood Leads and responding to the changes at Grantham Hospital due to COVID-19.
- Online Consulting, implementing askmyGP service to improve patient access.
- Extended Access and Extended Hours delivered at a central hub in Grantham and supported by local delivery at every member practice.
- Adopting the use of Ardens templates to improve and standardise the quality of referrals, pathways, collecting information and reporting.
- Internal internet for sharing information, Learning Management System and records management.
- Management of the GOS-18 Ophthalmology Gateway service.

### What are the PCN's future priorities?

- To further bolster our workforce by developing new services in partnership with other delivery partners and recruiting. This will include introducing a Community Paramedic scheme with EMAS following a successful pilot in Sleaford.
- A leadership programme for our board and member practices and to support the development of a population health approach to help us mature as a network.
- To roll out more services into collaborative working with secondary care and community health closer to, and more convenient for our patients, including:

Community Phlebotomy Services, Community Respiratory Services, Community Dermatology Services, Community Diabetes, and Community Mental Health.

- Focus on supporting people with Learning Disabilities, starting initially with a programme to improve LD Health Checks.
- Continuing to support Neighbourhood Working with particular focus on working with community nursing and therapy solutions for frail and vulnerable people.
- Working closer with the community and voluntary sector as a fundamental part of our Neighbourhood Team. Implement Care Navigation and signposting as an integral part of our member practice and neighbourhood operating model.
- To assist practices with managerial and clinical support where required, including the potential for shared administrative services.
- We intend to develop a new Primary care site in Grantham in response to forecast population growth.



# Lincolnshire PCNs: Profiles

## IMP

**Location:** North of Lincoln

**No. of GP Practices:** 9 (Abbey Medical Practice, Cliff House Medical Practice, Glebe Park Surgery, Lindum Medical Practice, Minster Medical Practice, Nettleham Medical Practice, The Ingham Practice, Welton Family Health Centre, and Willingham-By-Stow Surgery)

**Population Coverage:** 67,000

**Population Profile:** Ranging from some of the least deprived areas in Lincolnshire to some of the most deprived wards (top 10) in the East Midlands.

### What is the PCN currently doing?

The PCN is actively involved in a number of projects. It is currently working with a fellow PCN (Marina), LPFT, Lincoln City Council, YMCA Nomad and other organisations to support the Homeless Population of Lincoln. It is also developing an enhanced Care Home Service to better support the care home population.

The PCN has got a number of clinical pharmacists working across its area via a sub-contract with Lincolnshire Co-Op. These pharmacists are working with GP practices to improve medicines management. The PCN is expanding the pharmacy team further.

In addition the PCN offers a social prescribing service provided by VCS. Over the last few months these have also been used to support isolated and vulnerable individuals during the pandemic.

The PCN is currently enhancing its workforce through further recruitment of First Contact Practitioners, Pharmacy Technicians, a care co-ordinator, Occupational Therapist and in the future Paramedics and Mental Health Practitioners. In order to support this working groups have been set up with representation from the PCN, practices and LCHS. These groups are currently expanding to take in other stakeholders as required.

Practices and the PCN have worked together to successfully established a hot site to deal with Covid positive patients.

Imp is also in the process of developing an MSK service and an Asthma Review service to provide better quality of care to its patients. The PCN is also working on reducing unnecessary secondary care activity, in particular looking at utilising existing skills within the PCN area.

### What are the PCN's future priorities?

- Recruiting to the additional roles
- Delivery of the elements within the Network DES
- Continuing to work with fellow PCNs on projects e.g. Homeless service
- Continue to engage with other PCN through the alliance and with the wider system
- Start building partnerships with other organisations
- Planning our approach to population health management





# Lincolnshire PCNs: Profiles

## Sleaford

**Location:** Sleaford and surrounding areas

**No. of GP Practices:** 6 (Ruskington, Ancaster and Caythorpe, Sleaford Medical Group, New Springwells, and Millview Medical Centre)

**Population Coverage:** 56,678

### What is the PCN currently doing?

In collaboration with the Grantham & Rural PCN, we form part of the K2 Federation. We have:

- Recruited and employed a team of Community Pharmacists.
- Initiated First Contact Physio Service in partnership with LCHS and LPFT.
- Care Coordination Service supporting frail people at home and in care homes.
- Set up Red site and home visiting service to deal with patients with COVID-19 symptoms at Grantham hospital.
- Mental Health Transformation with new staff integrated into the Neighbourhood Team and a new community centre in Grantham town pending doors opening.
- Developed Community Diabetes model in partnership with LCHS and ULHT.
- Discharge to Assess development programme with the Neighbourhood Leads and responding to the changes at Grantham Hospital due to COVID-19.
- Online Consulting, implementing askmyGP service to improve patient access.
- Extended Access and Extended Hours delivered at a central hub in Grantham and supported by local delivery at every member practice.
- Adopting the use of Ardens templates to improve and standardise the quality of referrals, pathways, collecting information and reporting.
- Internal internet for sharing information, Learning Management System and records management.
- Management of the GOS-18 Ophthalmology Gateway service.

### What are the PCN's future priorities?

- To further bolster our workforce by developing new services in partnership with other delivery partners and recruiting. This will include introducing a Community Paramedic scheme with EMAS following a successful pilot in Sleaford.
- A leadership programme for our board and member practices and to support the development of a population health approach to help us mature as a network.
- To roll out more services into collaborative working with secondary care and community health closer to, and more convenient for our patients, including:

Community Phlebotomy Services, Community Respiratory Services, Community Dermatology Services, Community Diabetes, and Community Mental Health.

- Focus on supporting people with Learning Disabilities, starting initially with a programme to improve LD Health Checks.
- Continuing to support Neighbourhood Working with particular focus on working with community nursing and therapy solutions for frail and vulnerable people.
- Working closer with the community and voluntary sector as a fundamental part of our Neighbourhood Team. Implement Care Navigation and signposting as an integral part of our member practice and neighbourhood operating model.
- To assist practices with managerial and clinical support where required, including the potential for shared administrative services.
- We intend to develop a new Primary care site in Grantham in response to forecast population growth.



# Lincolnshire PCNs: Profiles

## Marina

**Location:** Central Lincoln

**No. of GP Practices:** 3 (Brayford Medical Practice; Portland Medical Centre and the University of Lincoln Health Service)

**Population Coverage:** 31,125

**Population Profile:** Unusually over 50% of Marina's patient population is in the age group 15 – 29 years.

### What is the PCN currently doing?

Marina is already providing Extended Hours and Improved Access in conjunction with Apex PCN and sharing First Contact Physiotherapist; Social Prescribing Link Worker & Mental Health Practitioner resources across the PCN using a Hub Dashboard approach to facilitate access to the PCN's patients.

Marina is also actively collaborating with the wider healthcare system on a number of projects, one of which is the Holistic Health for the Homeless Team which is designed to improve the health of Lincoln's homeless population by offering enhanced primary care services with the support of other agencies such as LPFT, Lincoln City Council, CCG, Imp PCN and the Neighbourhood team.

Marina PCN Exec Board meet monthly and are participating in an Organisational Development programme.

The Practice Managers meet weekly to improve communication and develop joint working initiatives, which proved invaluable when they needed to work as a single team to adapt and change to maintain patient services when Covid-19 struck. They were able to work together to quickly introduce a telephone triage model utilising the Hub as well as adopting on-line consultation models and improved internal communication with the use of MS Teams.

### What are the PCN's future priorities?

Marina's immediate priorities are to implement the service requirements of this year's PCN DES and to extend their multi-disciplinary team to improve patient experience as well as saving GP time by establishing a Clinical Pharmacist team whilst they also continue to develop their collaboration with other healthcare providers across the wider system.

Develop the Marina Vision, Values and Strategy; a Population Health Model for 18 – 29 years age group; and a Workforce Plan to identify future resource requirements as well as a training needs analysis to ensure they develop and upskill their existing team to meet their future demands.

Ensure they have the appropriate resources, including digital technology, to prepare themselves for the challenges of Winter & a potential second Covid-19 wave in order to protect the safety and wellbeing of both their patients and team whilst being able to continue to deliver their services.

In the medium term, Marina wants to be an active participant within the Provider Alliance with strong foundations to provide excellent population health management.





# Lincolnshire PCNs: Profiles

## Market Deeping & Spalding

**Location:** Market Deeping & Spalding

**No. of GP Practices:** 3 (Munro Medical Centre, Beechfield Medical Centre, Deepings Practice. and Spalding GP Centre)

**Population Coverage:** 63,928

### What is the PCN currently doing?

The PCN is focusing on has made significant progress against some significant population health challenges when compared national and local Lincolnshire data and the future priorities for the PCN are all aimed at supporting residents and to improve these key areas, for example:

The PCN has an older than average population spread across two main towns and surrounding villages with an overall deprivation levels higher than average across the PCN.

The PCN will focus on reducing the emergency admission rate and improving prevalence rates of cancer, asthma, rheumatoid arthritis, depression, atrial fibrillation, heart failure, CHD and stroke which are historically higher than the Lincolnshire average.

The PCN has already embedded a team of care coordinators across the PCN which has been complimented by the introduction of additional roles including Occupational Therapists, Clinical Pharmacists, first contact physiotherapists, and social prescribing link workers this year.

### What are the PCN's future priorities?

As we move towards 20/21 the PCN will be focusing its delivering the requirements of the specific PCN services. This means that initially the focus will be on the delivery of:

- Medicine management and optimization.
- Enhanced Health in Care Homes.
- Early Cancer Diagnosis

The PCN will continue to deliver Extended Hours at evenings improving access to primary care.

This will be achieved through the PCN further developing its workforce and the introduction of additional:

- Clinical Pharmacists.
- First Contact Physiotherapists.
- Social Prescribing Link Workers

We will also be preparing for additional Mental Health Support from April 2021.



# Lincolnshire PCNs: Profiles

## South Lincoln Healthcare

**Location:** South side of Lincoln

**No. of GP Practices:** 7 (Church Walk Surgery, Cliff Villages Medical Practice, Bassingham Surgery, Branston & Heighington Family Practice, The Heath Surgery, Brant Road & Springcliffe Surgery, and Washingborough Surgery)

**Population Coverage:** 49,371

**Population Profile:** Higher percentage of older people and lower deprivation indicators than the Lincolnshire average. The leading cause of disability is musculoskeletal disorders followed by mental health.

### What is the PCN currently doing?

- HomeHealth Care Home service, in partnership with LCHS and Lincolnshire CCG, has been operational since December 2017. A dedicated team of ANPs and an OT provide care for the majority of our care home residents, with the support of the registered GP.
- Primary Care Occupational Therapy – an OT and student OT working directly with two out of seven practices (a pilot scheme funded by HEE), showing benefits for practices and patients.
- Social prescriber – has been actively supporting patients in our area in response to referrals from practices, the Neighbourhood Team and other community staff. The social prescriber, along with our Neighbourhood Lead and the OT have been supporting extremely vulnerable patients during the coronavirus pandemic.
- Improved Access – working together to provide evening and weekend appointments, with any patient across the 7 practices being able to book into appointments provided by other practices.
- ECGs, ambulatory BPs and ear irrigation – allowing patients to access these services at practices rather than having to attend hospital services.
- The coronavirus pandemic saw the PCN rising to the challenge of working collaboratively to support each other and ensure our population's needs were met during this challenging time.

### What are the PCN's future priorities?

- Our Therapy Team - The team will aim to provide both proactive and swift reactive care for our older frailer patients who are at risk of falls and admissions, including admission and discharge tracking and coordination of care. Identifying those at risk of frailty and providing interventions early to prevent progression will be a

priority.

- Clinical Pharmacists – recruitment to this role using the ARRS to support medicines management and structured medication reviews, providing expert medicines advice to patients and freeing up GP time.
- First Contact Practitioners – recruitment to this role using the ARRS to provide expert advice to patients with musculoskeletal conditions at first presentation.
- HomeHealth Service – continue to develop the service by forming a wider MDT with other community services in line with the PCN EHCH DES.
- Collaborative working – We plan to build on the work already started with GP Resilience Funding to enhance collaborative working between practices.
- Medicspot remote consultation kit – originally obtained for use in our COVID hot clinic, this is now due to be trialled in a branch site of one of our practices. This will allow patients to attend their preferred site and have a consultation with a clinician at another site, via a video link, with basic examination kit available for the patient to use guided by the clinician. This will be used by nurses doing long term condition/contraception reviews and by ANPs and GPs for consultations.





# Lincolnshire PCNs: Profiles

## South Lincs & Rural

**Location:** South Lincolnshire

**No. of GP Practices:** 8 (Gosberton Medical Centre, Moulton Medical Centre, Sutterton Surgery, Galletly Practice, Abbeyview Surgery (Lincolnshire practice of the year), Holbeach Medical Centre, Littlebury Medical Centre, and The Suttons Medical Group)

**Population Coverage:** 77,130

**Population Profile:** Older than average population in a highly rural area with associated health challenges and social isolation.

### What is the PCN currently doing?

The South Lincolnshire Rural PCN has made significant progress against some significant population health challenges when compared national and local Lincolnshire data and the future priorities for the PCN are all aimed at supporting residents and to improve these key areas, for example:

- The PCN has an older than average population in a highly rural area which and therefore the PCN will aim to support associated health challenges and social isolation.
- Compared to Lincolnshire as a whole overall deprivation levels are higher than average across the South Lincolnshire Rural PCN.
- The PCN will focus on reducing the emergency admission rate and improving prevalence rates of cancer, asthma, rheumatoid arthritis, depression, atrial fibrillation, heart failure, CHD and stroke which are historically higher than the Lincolnshire average.
- The PCN has embedded a team of care coordinators who are the heartbeat of the PCN activity and will be complimented over the year by further expansion of the Clinical Pharmacist team and first contact physiotherapists, social prescribing and health and wellbeing coaches.

### What are the PCN's future priorities?

During 20/21 the PCN is developing its strategy to support its local population though the immediate priority is the delivery of the requirements of the PCN DES. This means that initially the focus will be on the delivery of:

- Medicine management and optimization supported by our team of Clinical Pharmacists.
- Enhanced Health in Care Homes supported by our team of Clinical Pharmacists.

- Early Cancer Diagnosis and have established an in house ultrasound service that is available to all practices.
- Extended Hours delivery and preparation for a revised “access” model to improve access to General Practice.

This will be achieved through:

- The introduction of additional workforce including Clinical Pharmacists, First Contact Physiotherapists, and Social Prescribing Link Workers. This will build on the Care Coordinator model already established in the South of Lincolnshire to form a PCN workforce that is fully integrated into primary care.
- In addition the PCN has identified the need to Mental Health support and will be looking to accelerate recruitment into these roles prior to 2020/21.
- Continued emphasis on collaborative working across practices with the manager's forum developing clear work streams for prioritisation.



# Lincolnshire PCNs: Profiles

## Trent Care Network

**Location:** Saxilby, Gainsborough and Brigg

**No. of GP Practices:** 5 (Caskgate Street Surgery, Cleveland Surgery, Hibaldstow Medical Practice, The Glebe Practice, and Trent Valley Surgery)

**Population Coverage:** 39,936

**Population Profile:** Overall deprivation is similar to that of Lincolnshire with 20% of the population in the least deprived quintile. Our population is very similar to the Lincolnshire average for the size of networks. Our expected growth by 2025 is 3.1% and in 2035 is 6.6%.

### What is the PCN currently doing?

Not having previously been a Federation, our 5 practices came together in 2019 to form Trent Care Network, and since then we have developed some really good working relationships with a variety of care providers.

With PCN colleagues in Lincoln (West), we procured a social prescribing service with Voluntary Centre Services. The social prescribers and the Neighbourhood Team have been particularly helpful during Covid-19, contacting and supporting shielding and vulnerable patients.

Through joint working with the CCG, other PCNs and LCHs, we are working on a framework model to recruit to the First Contact Practitioner role. We anticipate doing something similar for the Paramedic role for 2021/22.

Pre Covid-19, we had started to implement online consultation, during the pandemic Nationally, digital ways of working such as remote working and total triage were expedited. Our PCN practices have implemented total triage tools, such as askmyGP and eConsult.

Our Network works closely with the Neighbourhood Team Lead. During Covid-19, NHS England made a request that primary care and community health and care services enhance support for care homes. The Neighbourhood Team Leads were asked to be the designated clinical leads for care homes. Our Network's Neighbourhood Team Lead is the designated clinical lead for our care homes and also South Lincoln Healthcare PCN's care homes. We have also aligned each of our care homes to a lead practice within our Network.

### What are the PCN's future priorities?

- Working towards delivering the PCN Network DES requirements
- Recruiting to the additional roles – Clinical Pharmacists, First Contact Practitioners and Occupational Therapist (Paramedic and Mental Health Practitioners in 2021/22)
- Continuing to engage with other PCNs and the PCN Alliance Clinical Directors
- Continuing to forge stronger working relationships with our local partners and the wider system to help improve patient care
- Engaging with the Mental Health Transformation Team to begin to deliver and integrate mental health services into the PCNs community
- Utilising the population health management data to help us to provide better care and improve physical and mental health outcomes, promote wellbeing and reduce health inequalities for the population

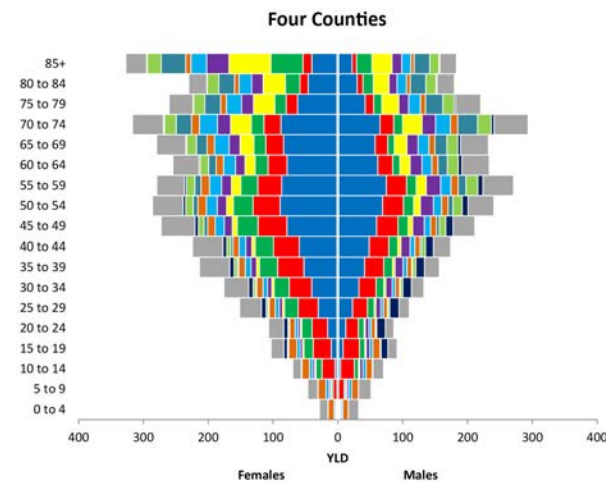
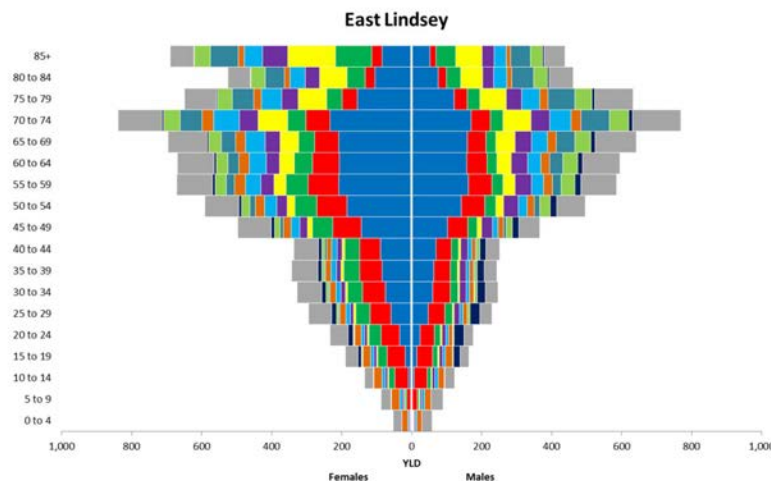
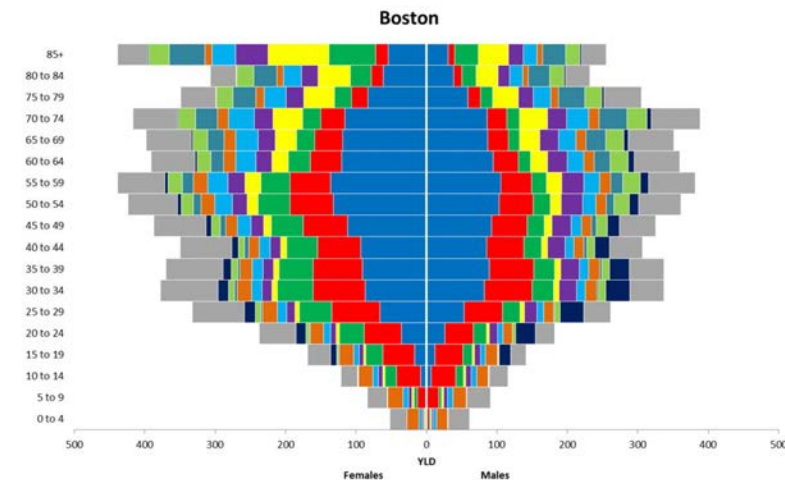
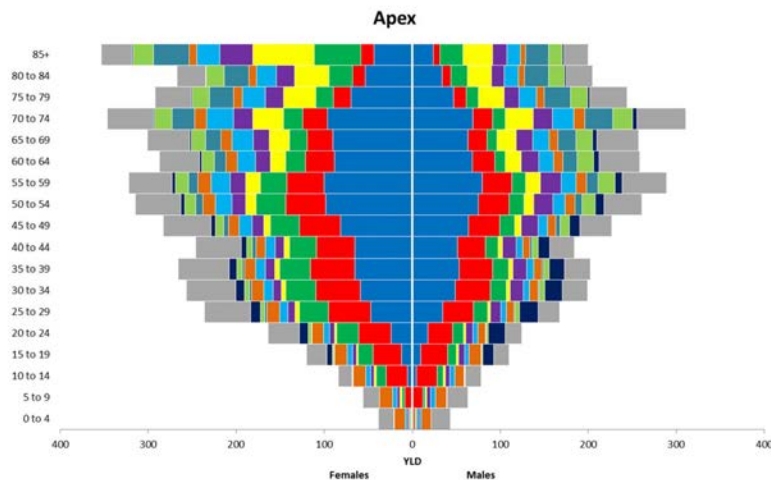




# Lincolnshire PCNs: Population breakdown

## Years with lived disability\*

\* This is just one example of the data available. Further information can be found at:  
[www.research-lincs.org.uk/area-profiles.aspx](http://www.research-lincs.org.uk/area-profiles.aspx)



■ Musculoskeletal disorders  
 ■ Sense organ diseases  
 ■ Skin and subcutaneous diseases  
 ■ Substance use disorders

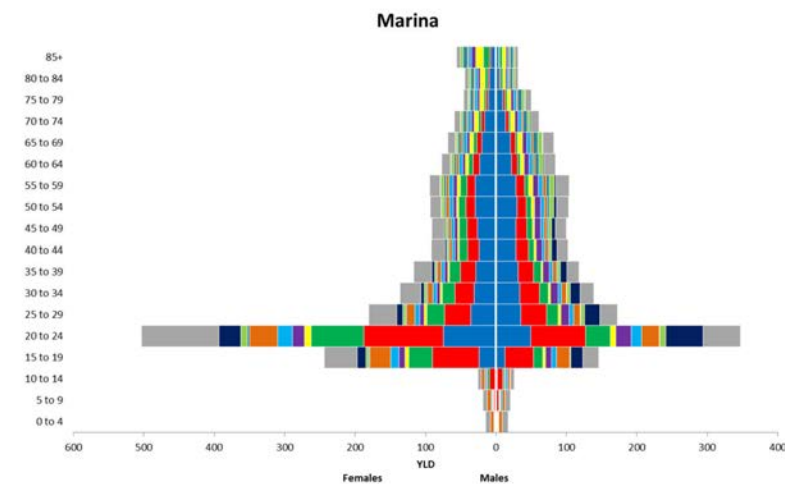
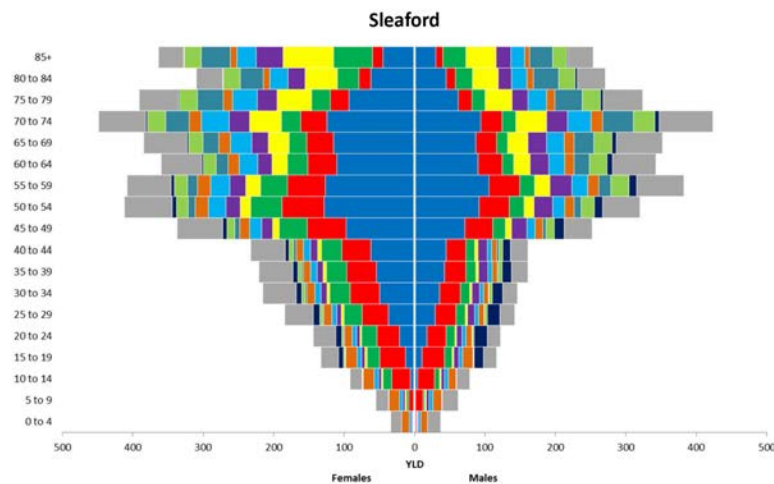
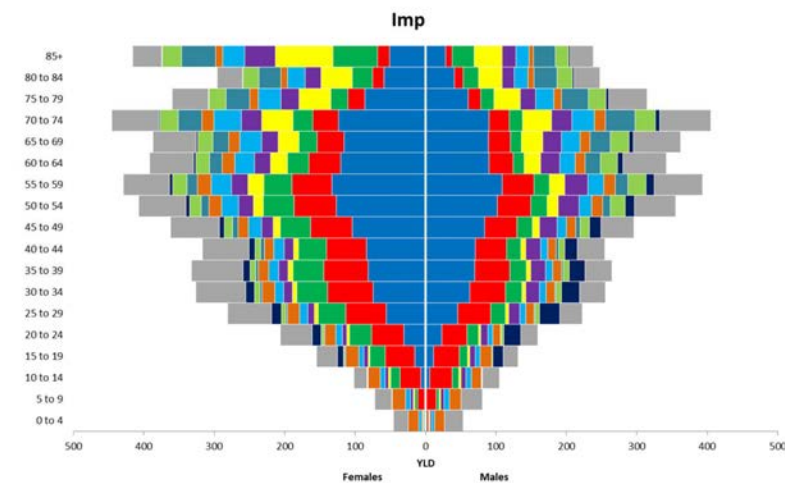
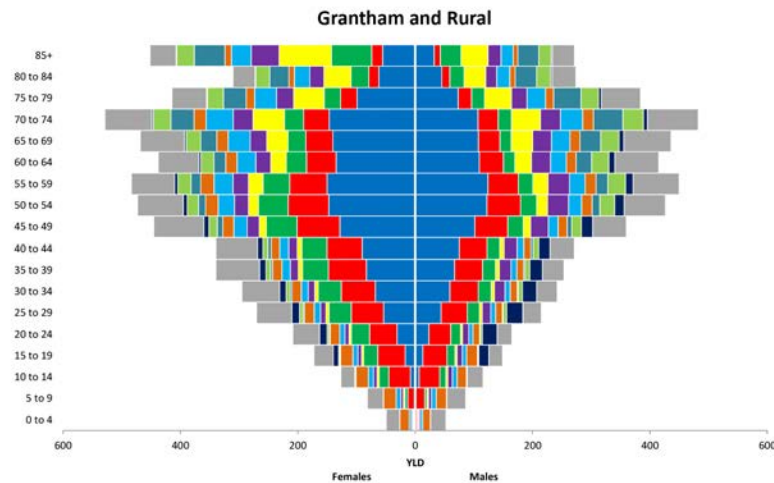
■ Mental disorders  
 ■ Unintentional injuries  
 ■ Cardiovascular diseases  
 ■ Other

■ Neurological disorders  
 ■ Chronic respiratory diseases  
 ■ Diabetes and kidney diseases

# Lincolnshire PCNs: Population breakdown

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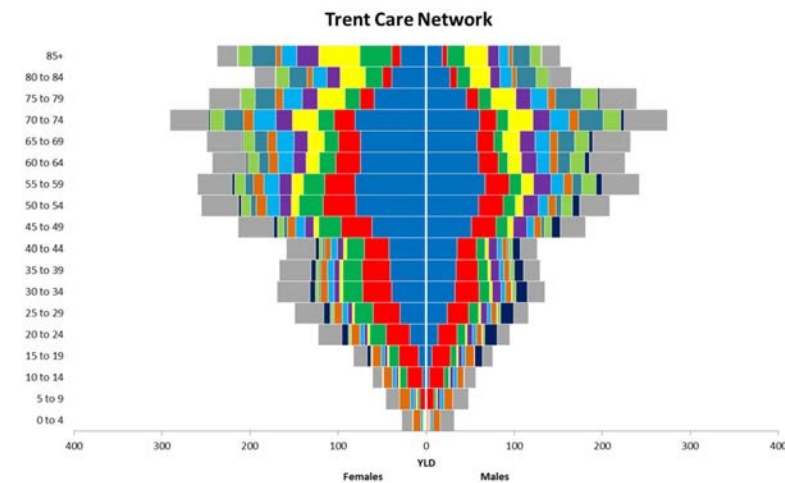
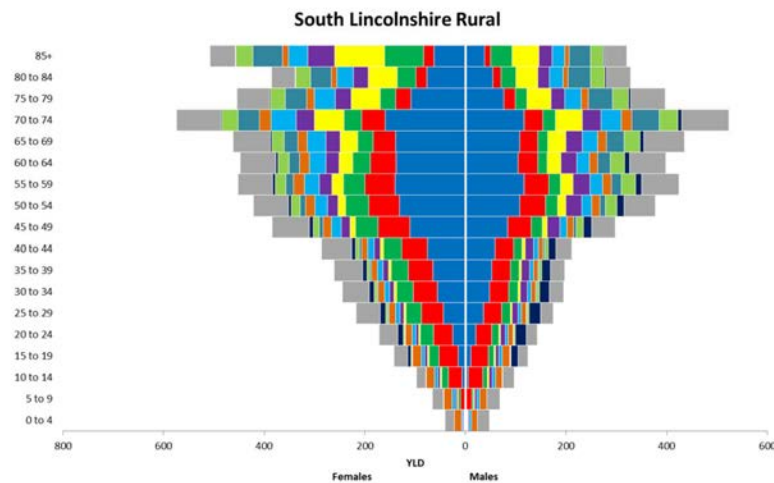
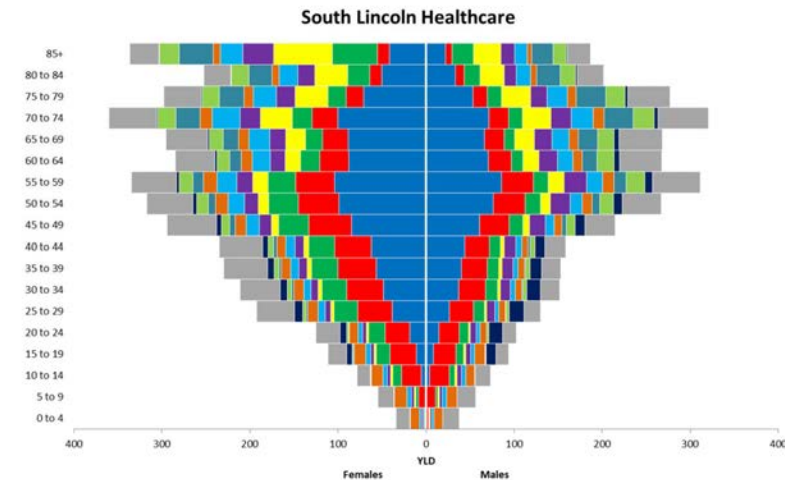
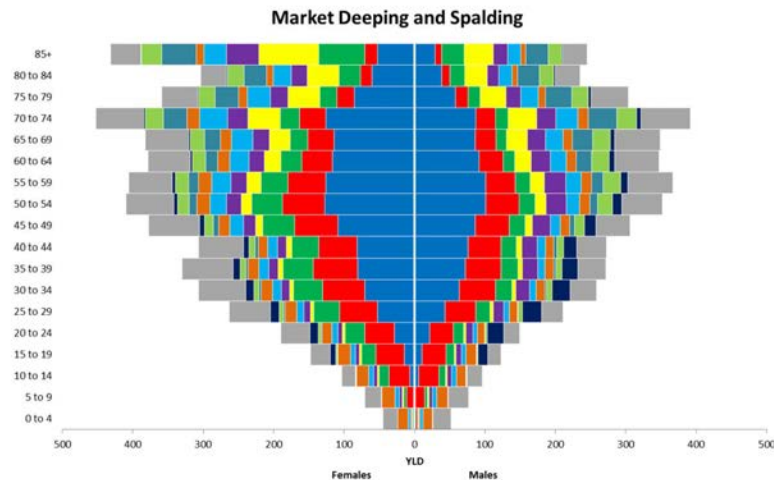
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■ Neurological disorders  
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■ Substance use disorders

■ Mental disorders  
■ Unintentional injuries  
■ Cardiovascular diseases  
■ Other

■ Neurological disorders  
■ Chronic respiratory diseases  
■ Diabetes and kidney diseases

# Lincolnshire PCNs: Contact Details

PCN	Clinical Directors	Email	PCN Manager	Email	Locality Lead	Email
<b>APEX</b>	Nick Smith Rama Mark	<a href="mailto:Nicholas.smith19@nhs.net">Nicholas.smith19@nhs.net</a> <a href="mailto:rama.mark@nhs.net">rama.mark@nhs.net</a>	Gary Burroughs	<a href="mailto:Gary.Burroughs@nhs.net">Gary.Burroughs@nhs.net</a>	Fiona Roche	<a href="mailto:Fiona.Roche@nhs.net">Fiona.Roche@nhs.net</a>
<b>Boston</b>	Craig Kelly	<a href="mailto:ckelly8@nhs.net">ckelly8@nhs.net</a>	Rachael Crown	<a href="mailto:rachael.crown@nhs.net">rachael.crown@nhs.net</a>	Eloise Thompson	<a href="mailto:eloisethompson@nhs.net">eloisethompson@nhs.net</a>
<b>East Lindsey</b>	Reid Baker Seng Ko Kevin Thomas Chris Hyde	<a href="mailto:Reid.Baker@nhs.net">Reid.Baker@nhs.net</a> <a href="mailto:sko@nhs.net">sko@nhs.net</a> <a href="mailto:kevin.thomas1@nhs.net">kevin.thomas1@nhs.net</a> <a href="mailto:christopher.hyde@nhs.net">christopher.hyde@nhs.net</a>	No formal post holder		Mickaela Crane	<a href="mailto:mickaela.crane@nhs.net">mickaela.crane@nhs.net</a>
<b>First Coastal</b>	Simon Lowe	<a href="mailto:ian.blakey@nhs.net">ian.blakey@nhs.net</a> or <a href="mailto:sarah.bell6@nhs.net">sarah.bell6@nhs.net</a>	Anne Bath	<a href="mailto:anne.bath@nhs.net">anne.bath@nhs.net</a>	Aaron Hall	<a href="mailto:aaron.hall2@nhs.net">aaron.hall2@nhs.net</a>
<b>Four Counties</b>	Dan Petrie	<a href="mailto:daniel.petrie@nhs.net">daniel.petrie@nhs.net</a>	Lyndsay Money	<a href="mailto:lyndsay.money@nhs.net">lyndsay.money@nhs.net</a>	Katherine Perrin	<a href="mailto:katherine.perrin@nhs.net">katherine.perrin@nhs.net</a>
<b>Grantham and Rural</b>	Adriaan Van Biljon	<a href="mailto:adriaan.vanbiljon@nhs.net">adriaan.vanbiljon@nhs.net</a>	Darren Altus	<a href="mailto:darren.altus@nhs.net">darren.altus@nhs.net</a>	Jennifer Rousseau	<a href="mailto:j.rousseau@nhs.net">j.rousseau@nhs.net</a>
<b>IMP</b>	Rama Srinivasan Katherin Fickling	<a href="mailto:rama.srinivasan@nhs.net">rama.srinivasan@nhs.net</a> <a href="mailto:k.fickling@nhs.net">k.fickling@nhs.net</a>	Craig Esberger	<a href="mailto:craig.esberger@nhs.net">craig.esberger@nhs.net</a>	Kate Robinson	<a href="mailto:Kate.Robinson4@nhs.net">Kate.Robinson4@nhs.net</a>
<b>Sleaford</b>	Gaspar Da-Silva	<a href="mailto:g.dasilva@nhs.net">g.dasilva@nhs.net</a>	Darren Altus	<a href="mailto:darren.altus@nhs.net">darren.altus@nhs.net</a>	Jennifer Rousseau	<a href="mailto:j.rousseau@nhs.net">j.rousseau@nhs.net</a>
<b>Marina</b>	Sunil Hindocha	<a href="mailto:sunil.hindocha@nhs.net">sunil.hindocha@nhs.net</a>	Sarah Harris	<a href="mailto:sarah.harris35@nhs.net">sarah.harris35@nhs.net</a>	Kate Robinson	<a href="mailto:Kate.Robinson4@nhs.net">Kate.Robinson4@nhs.net</a>
<b>Market Deeping &amp; Spalding</b>	Adeel Asim	<a href="mailto:adeelasim@nhs.net">adeelasim@nhs.net</a>	Kieran Harris	<a href="mailto:kieran.harris@nhs.net">kieran.harris@nhs.net</a>	Jennifer Rousseau	<a href="mailto:j.rousseau@nhs.net">j.rousseau@nhs.net</a>
<b>SOLAS</b>	Ben Moore	<a href="mailto:ben.moore1@nhs.net">ben.moore1@nhs.net</a>	Andy Hill	<a href="mailto:Andrew.Hill3@nhs.net">Andrew.Hill3@nhs.net</a>	Lisa Knowles	<a href="mailto:Lisa.Knowles2@nhs.net">Lisa.Knowles2@nhs.net</a>
<b>South Lincoln Healthcare</b>	Sadie Aubrey Jago Ridout	<a href="mailto:sadie.aubrey@nhs.net">sadie.aubrey@nhs.net</a> <a href="mailto:jagoridout@nhs.net">jagoridout@nhs.net</a>	Denise Bluck	<a href="mailto:denise.bluck@nhs.net">denise.bluck@nhs.net</a>	Alex Newton	<a href="mailto:alex.newton1@nhs.net">alex.newton1@nhs.net</a>
<b>South Lincs &amp; Rural</b>	Saleem Ajumal	<a href="mailto:saleem.ajumal@nhs.net">saleem.ajumal@nhs.net</a>	Kieran Harris	<a href="mailto:kieran.harris@nhs.net">kieran.harris@nhs.net</a>	Jennifer Rousseau	<a href="mailto:j.rousseau@nhs.net">j.rousseau@nhs.net</a>
<b>Trent Care Network</b>	Catherine Ash	<a href="mailto:catherine.ash@nhs.net">catherine.ash@nhs.net</a>	Amanda Martin	<a href="mailto:amanda.martin23@nhs.net">amanda.martin23@nhs.net</a>	Alex Newton	<a href="mailto:alex.newton1@nhs.net">alex.newton1@nhs.net</a>



## GP SERVICES ACCESS ARRANGEMENTS

Locality	Primary Care Network	Practice	Access Arrangements
East	Boston	Liquorpond Surgery	Telephone triage / e-Consult planned
		Greyfriars Surgery	
		Parkside Medical Centre	Telephone triage / e-Consult
		Swineshead Surgery	
		Kirton Medical Centre	
		The Sidings Medical Practice	
	East Lindsey	Marsh Medical Practice	Telephone triage
		Binbrook Surgery	
		The Wragby Surgery	
		Horncastle Medical Group	Ask My GP
		Market Rasen Surgery	
		East Lindsey Medical Group	
		North Thoresby Surgery	
		The New Coningsby Surgery	
		James Street Family Practice	
		Tasburgh Lodge Surgery	
		Woodhall Spa New Surgery	
		Caistor Health Centre	Telephone triage / e-Consult planned
	First Coastal	Beacon Medical Practice	Telephone triage / e-Consult planned
		Hawthorn Medical Practice	
		Marisco Medical Practice	Telephone triage / e-Consult
	SOLAS	Spilsby Surgery	Telephone triage
		Dr Sinha & Partners	
		Merton Lodge Surgery	Ask My GP
		Stickney Surgery	Telephone triage / e-Consult

Locality	Primary Care Network	Practice	Access Arrangements
West	Apex	Boultham Park Medical Practice	Telephone triage
		Birchwood Medical Practice	
		Richmond Medical Centre	Telephone triage / eConsult
		The Woodland Medical Practice	
		Newark Road Surgery	
	Imp	Lindum Medical Practice	Ask My GP
		Nettleham Medical Practice	
		Welton Family Health Centre	
		Abbey Medical Practice	
		The Ingham Surgery	
		Minster Medical Practice	
		Cliff House Medical Practice	
		Willingham-By-Stow Surgery	
		Glebe Park Surgery	
	Marina	Portland Medical Practice	Telephone triage / eConsult
		Brayford Medical Practice	
		University Health Centre	
	South Lincoln	Navenby Cliff Villages Surgery	Telephone triage / e-Consult
		Church Walk Surgery	
		Branston & Heighington Family Practice	Telephone triage / e-Consult planned
		The Bassingham Surgery	
		The Heath Surgery	Telephone triage
		Washingborough Surgery	
		Brant Road & Springcliffe Surgery	Ask My GP
	Trent Care	Cleveland Surgery	Ask My GP
		Hibaldstow Medical Practice	Telephone triage / e-Consult planned
		The Glebe Practice	Telephone triage
		Caskgate Street Surgery	
		Trent Valley Surgery	Telephone triage / e-Consult

Locality	Primary Care Network	Practice	Access Arrangements
South West	Grantham and Rural	The Welby Practice	Ask My GP
		Swingbridge Surgery	
		The Glenside Country Practice	
		St. Peters Hill Surgery	
		St. Johns Medical Centre	
		Colsterworth Surgery	
		Dr Longfield and Partners	
		Vine Street Surgery	
		The Harrowby Lane Surgery	
		Market Cross Surgery	
	K2 Healthcare Sleaford	Millview Medical Centre	Ask My GP
		Ruskington Surgery	
		Caythorpe & Ancaster Medical Practice	
		Sleaford Medical Group	
		Billinghay Medical Practice	
		The New Springwells Practice	
	Melton, Syston and Vale	Stackyard and Woolsthorpe Surgery	Engage
South	Four Counties	Lakeside Healthcare Stamford	Telephone triage / e-Consult
		Hereward Medical Centre	
	South Lincolnshire Rural	Gosberton Medical Centre	Telephone triage / e-Consult planned
		Moulton Medical Centre	
		The Suttons Medical Group	Telephone triage / e-Consult
		Bourne Galletly Practice Team	
		Holbeach Medical Centre	
		Littlebury Medical Centre	
		Sutterton Surgery	
		Abbeyview Surgery	
	Spalding & Market Deeping	Beechfield Medical Centre	Telephone triage / e-Consult
		Munro Medical Centre	
		The Deepings Practice	
		The Spalding GP Surgery	

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### **Ask My GP Case Study Brant Road Surgery – South Lincoln Health Care PCN**

Brant Road implemented askmyGP in January 2019. The practice list size 9,500.

At first shifting demand to same day meant that clinicians felt the demand more and whilst patient access improved significantly the new ways of working did not recognisably create the free time that was expected and savings on staffing. However the pressure from the initial change eased and as the system was embedded, demand became more predictable and a balance with resources to meet demand was reached . The new system has created previously unmet demand of many little queries trickling through, increasing the number of single queries and requests. The practice managed patient expectations by setting the response time to end of the day of enquiry.

At first it was hard sometimes to deflect telephone to online but the phone lines eventually quietened down with less queuing particularly in the mornings.

The reception team are happy that the new system takes away judgement from reception and they have created a new role for a senior receptionist to do all the sorting of incoming requests from 8am to 1pm.

Nearly all staff now like the system and over the year more benefits in time to demand on workforce have been realised.

The service is particularly useful for making sure patients see the right person and for medication reviews and follow-ups for new meds and providing information online e.g. links to self-help, advice (e.g. Steps to Change) referral criteria. It is very good for new GPs where ideas, concerns, expectations can be understood from online interaction before telephone, face to face etc. The system has been reliable and on occasions when it has gone down, provider response and fix has been swift.


Patients love the system, Access has improved significantly. Urgent cases are responded to quickly, usually within minutes and are dealt with on the same day. Using askmyGP allows the patient to get assessment the same day, any necessary investigations booked, completed and advice given/action taken within a much shorter timescale (e.g. 1 week that a traditional system may take 6 weeks)

- Over 60% of patients now prefer online consultation contact
- Between 60% and 70% of all practice demand is now online
- Feedback shows that 95% of people prefer the new system.

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# Agenda Item 7

 <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

Open Report on behalf of Derek Ward, Director of Public Health

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Covid-19 Update</b>

## **Summary:**

Lincolnshire County Council, as the lead public health authority for Lincolnshire, is responsible for ensuring robust outbreak management and infection control measures are in place to protect the health of the population and minimise the spread of the disease.

This report provides a summary of the outbreak management arrangements in Lincolnshire. An overview of the latest Covid-19 data for Lincolnshire will be provided at the meeting.

## **Actions Required:**

The Health Scrutiny Committee for Lincolnshire is asked to note the content of this report.

## **1. Background**

### **1.1 Outbreak Management Arrangements**

National guidance stresses the key role of local government in identifying and managing infections. The [Contain Framework](#), issued by the government in July 2020, gives clear responsibility to upper tier local authorities to develop leadership and oversight to local plans and measures to contain the further spread of infection. In line with government requirements, Lincolnshire County Council published a local [Covid-19 Outbreak Management Plan](#) (OMP) on 1 July 2020. The plan sets out the local outbreak management system.

Lincolnshire is unusual in the East Midlands in that it has its own well-established Health Protection Team (HPT). This is a small team within Public Health, which works closely with Lincolnshire NHS Clinical Commissioning Group HPT, Public Health England East Midlands (PHEEM) and Environmental Health Officers (EHOs) in the district councils.

The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.

Since the beginning of the pandemic in late January, preventative public health messages have been widely communicated through the Lincolnshire Resilience Forum (LRF) partnership. These include:

- Frequent hand washing and use of hand gels;
- Staying at home;
- Social distancing;
- Shielding of extremely vulnerable and other vulnerable people;
- Appropriate use of personal protective equipment (PPE).

Other preventative measures, which have been used to reduce transmission of the disease, are:

- early identification and appropriate management of outbreaks;
- early diagnosis and isolation of suspected and confirmed cases of Covid-19.

All districts have been carrying out functions to provide on the ground advice, guidance and support to businesses which can operate under the current restrictions. They have also been carrying out direct enforcement duties to follow up on complaints and, where necessary, will prevent premises from operating to prevent further spread of the disease.

The OMP identifies all the high-risk settings in the county in order to provide these settings with targeted advice to enable them to take steps to prevent infection. This advice has been captured in a series of action cards, one for each of the high-risk settings within Lincolnshire. These actions cards help in guiding the responses of individuals within the setting itself and the various professionals who may be called in to co-ordinate or take part in an outbreak response. In accordance with good health protection practice the main emphasis of the response is to give advice and guidance to settings, thereby assisting them to help contain the outbreak.

### **1.1.1 Governance**

The following governance arrangements have been put in place to oversee the delivery of the OMP

### **1.2.1 Covid-19 Outbreak Management and Contact Tracing Cell**

A Covid-19 outbreak management and contact tracing sub-cell has been set up under Lincolnshire LRF System Coordination Cell (SCC) to oversee the implementation of outbreak management plan; to develop setting-specific action plans and to develop the work plan and risk register. It is chaired by the Public Health lead for outbreak management and contact tracing, and its members are senior officers from relevant public sector organisations. It reports to the SCC Cell of the LRF and to the Covid-19 HPB.

### **1.2.2 Covid-19 Health Protection Board (HPB)**

A Covid-19 Health Protection Board (HPB) for Lincolnshire is made up of senior officers from all relevant partner organisations and is chaired by the DPH. The Covid-19 HPB acts as the advisory board for the Lincolnshire Outbreak Engagement Board (LOEB).

### **1.2.3 Lincolnshire Local Outbreak Engagement Board (LOEB)**

The LOEB for Lincolnshire provides political ownership and governance for the local outbreak management response and to ensure consistent messaging and engagement with the public. The LOEB discharges its responsibilities by means of recommendations to appropriate governance boards and relevant partner organisations. It provides progress reports and updates, as required, to the meeting of the Lincolnshire Council Leaders and Chief Executive meeting. The LOEB is chaired by the Leader of LCC. Other members of the Board include District Council Leaders, the Police and Crime Commissioner, NHS representatives from CCG and NHS providers, Healthwatch Lincolnshire and the Greater Lincolnshire Local Enterprise Partnership.

## **2. Consultation**

This report is for information and noting.

## **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

Not applicable

## **4. Conclusion**

Lincolnshire has a robust, well established health protection system, which has forged links with all seven district Environmental Health Departments. A range of proactive and reactive public health measures have been undertaken to save lives and reduce the number of cases. LRF has responded quickly to co-ordinate the functions of all the partner organisations. All these measures have contributed to keeping the level of transmission of the virus low in our county.


## **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 Alison Christie, Programme Manager, who can be contacted at [alison.christie@lincolnshire.gov.uk](mailto:alison.christie@lincolnshire.gov.uk)

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# Agenda Item 8

 <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

Open Report on behalf of Andrew Crookham Executive Director - Resources
----------------------------------------------------------------------------

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Louth and Skegness Urgent Treatment Centres Patient Survey – Arrangements for the Committee's Response</b>

## Summary:

On 14 October 2020, the Committee agreed that it would respond to the patient survey on a continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am. The temporary closure was introduced on 23 March 2020, in response to the Covid-19 pandemic.

This item enables the Committee to make arrangements for its response, following consideration of the information presented by Lincolnshire Community Health Services NHS Trust on integrated urgent care.

## Actions Requested:

To make arrangements for responding to the patient survey on the continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am.

## 1. Background

### Temporary Arrangements During Pandemic

Since 23 March 2020 Louth and Skegness Urgent Treatment Centres (UTCs) have been temporarily closed overnight between 10pm and 8am. The temporary changes were introduced as part of the management of local health services for the Covid-19



pandemic. For example, staff have transferred to the community nursing teams, inpatient wards and the Boston UTC.

Patients in need of medical help between 10pm and 8am may still access local services, including telephone and video consultations and home visits, via the NHS 111 service.

#### Launch of Patient Survey

On 18 September 2020, Lincolnshire Community Health Services NHS Trust (LCHS) launched a patient survey on an extension to the closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am, as these temporary overnight closure arrangements are due to remain in place until March 2021. A survey has been developed and is available on the trust's website:

<https://www.lincolnshirecommunityhealthservices.nhs.uk/louth-and-skegness-survey>

The survey is due to close on 13 November 2020.

#### Health Scrutiny Committee for Lincolnshire Involvement

On 14 October 2020, the Committee agreed that it would respond to the patient survey on a continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am.

On 15 May 2019, as part of the *Healthy Conversation 2019* engagement exercise, the Health Scrutiny Committee for Lincolnshire recorded its support for 24/7 'walk-in' UTCs at Louth and Skegness. These two UTCs were launched in October 2019, in effect replacing the previous urgent care centres.

## **2. Consultation**

The Committee is being invited to consider whether it wishes to respond to the engagement exercise.

## **3. Conclusion**


Following the launch of a patient survey by LCHS, the Committee is invited to agree arrangements for making its response at its next meeting on 11 November 2020 for responding to the survey.

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer,  
who can be contacted on 07717 868930 or  
by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

# 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 Andrew Crookham Executive Director - Resources
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Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 November 2020</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

## Summary

This report sets out the Committee's work programme, with items listed for forthcoming meetings.

The report also includes a schedule of the items previously considered by the Committee since 2017.

The Committee is also specifically requested to consider whether to include an item on NHS continuing healthcare.

## Actions Required

- (1) To consider and comment on the Committee's work programme.
- (2) To determine whether to include an item on NHS continuing healthcare (*see Section 5 of this report*) in the Committee's work programme.

## 1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

## 2. Today's Work Programme

The items listed for today's meeting are set out below: -

11 November 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
Integrated Urgent Care in Lincolnshire	Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust Tracy Pilcher, Director of Nursing and Deputy Chief Executive, Lincolnshire Community Health Services NHS Trust
Primary Care Services	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
Covid-19 Update	Derek Ward, Director of Public Health, Lincolnshire County Council
Louth and Skegness Urgent Treatment Centres Patient Survey – Arrangements for the Committee's Response	Simon Evans, Health Scrutiny Officer

## 3. Future Work Programme

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

16 December 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
Child and Adolescent Mental Health Services – Community Intensive Home Treatment Service	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust – Covid-19 Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
East Midlands Ambulance Service	Sue Cousland, Lincolnshire Divisional Manager, East Midlands Ambulance Service

20 January 2021 – 10 am	
<i>Item</i>	<i>Contributor</i>
Director of Public Health's Annual Report	Derek Ward, Director of Public Health
Lincolnshire Sustainability and Transformation Partnership Update	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group

17 February 2021 – 10 am	
<i>Item</i>	<i>Contributor</i>

24 March 2021 – 10 am	
<i>Item</i>	<i>Contributor</i>
Community Pain Management Service	Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group

#### 4. Previous Committee Activity

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

#### 5. NHS Continuing Healthcare

A member of the public has contacted members of the Committee referring to the eligibility of a specific case for NHS-funded continuing healthcare. The Chairman has replied indicating that the Committee cannot get directly involved in an individual case, as the Committee has no remit for this. There are NHS processes, such as complaints procedures, which patients and families are expected to follow, for individual cases.

The Committee is asked to consider whether it should add an item on NHS Continuing Healthcare to its work programme.

##### Introduction

An introduction to the arrangements for NHS Continuing Healthcare (together with NHS-funded Nursing Care) is found in the Department of Health and Social Care's *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care*, (revised October 2018). This document contains the following key definitions: -

- NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a 'primary health need' as set out in this National Framework. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS Continuing Healthcare is not determined by the setting in which the package of support can be offered or by the type of service delivery.
- NHS-Funded Nursing Care is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded Nursing Care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS-funded Nursing Care.
- Primary Health Need is a concept developed by the Secretary of State for Health to assist in deciding when an individual's primary need is for healthcare (which it is appropriate for the NHS to provide under the 2006 Act) rather than social care (which the Local Authority may provide under the Care Act 2014). To determine whether an individual has a primary health need, there is an assessment process, which is detailed in this National Framework. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for providing for all of that individual's assessed health and associated social care needs, including accommodation, if that is part of the overall need.

### Roles of the NHS and Local Authorities

The *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care* specifies the roles of clinical commissioning groups, local authorities, NHS England, as well as the providers of care. The document refers to an initial checklist used to determine whether a full assessment of eligibility is required; as well as the full assessment and review processes. NHS England's role includes making requests to an independent review panel to review decisions made by clinical commissioning groups.

### Law and Regulations

The law and regulations are frequently cited throughout the *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care*. The document also includes accounts of two legal judgements as appendices. While NHS continuing healthcare, like most other NHS services, is free at the point of delivery, social care is means-tested. This has always led and will continue lead to an element of contention.

The *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care* is available at the following link:

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care#history>



### Expenditure on NHS Continuing Healthcare in Lincolnshire

The following expenditure figures on NHS Continuing Healthcare have been extracted from the published accounts for 2019-20 of three the four former Lincolnshire Clinical Commissioning Groups (CCGs):

<b>Former Lincolnshire CCG</b>	<b>£m</b>
South	12.968
West	16.206
South West	8.049

The represented between 4% and 5% of the operating expenditure of these former CCGs. The published accounts of the former Lincolnshire East CCG for 2019/20 did not specifically identify expenditure on NHS Continuing Healthcare.

## **6. Conclusion**

The Committee's work programme for the coming meetings is set out in this report. The Committee is invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

The Committee is also requested to consider whether to include an item on NHS Continuing Healthcare in its work programme.

## **7. 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 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

# APPENDIX A

## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

	2017					2018							2019							2020																	
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
<div><div>✓</div>Substantive Item</div> <div><div>α</div>Chairman's Announcement</div> <div><div></div>Planned Item</div>																																					
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130	220	244	245	265	203	205	160	200	192	242					
Breast Screening Restoration																																α					
Cancer Care																																					
General Provision																✓										✓											
CT and MRI Scanners																											α										
Midlands Rapid Review																																α					
Performance																										α											
Head and Neck Cancers														α					α					α													
Cardiac Services																																					
Midlands Rapid Review																																α					
Care Quality Commission																																					
General																			α											α			α				
Provider Collaboration Reviews																																α					
Children's Social Care																								α													
Clinical Commissioning Groups																																					
Annual Assessment														α																							
Lincolnshire (from 1-4-20)																																✓					
Lincolnshire East																✓																					
Lincolnshire West															✓																						
South Lincolnshire																	✓																				
South West Lincolnshire																	✓																				
Community Defibrillators									α																								α				
Community Maternity Hubs								α																													
Community Pain Management												α							α							✓	✓										
Community Pharmacy			α																																		
Covid-19 Response																																α					

	2017					2018							2019							2020																	
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
<div><div>✓</div> Substantive Item</div> <div><div>α</div> Chairman's Announcement</div> <div><div></div> Planned Item</div>							✓		α								α	α		✓						α	✓		α	α	α	α					
Dental Services							✓		α								α	α		✓						α	✓		α	α	α	α					
Elections – Impact																			α								α										
Falls Service																											α										
GPs and Primary Care:																																					
Boston – The Sidings																					α																
Cleveland Health Centre Gainsborough																								α													
Crossroads Medical Practice, N Hykeham																										α											
Extended GP Opening Hours								α			α				α												α										
GP Provision Overall			α		α																				✓												
Lincoln GP Surgeries		α		α																																	
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓																										
Louth GP Surgeries		α	α																																		
Online Triage Systems																													α								
Out of Hours Service														α																							
Primary Care Network Alliance																																					
Skellingthorpe Health Centre																						α	α	✓		α						α					
Sleaford Medical Group									α																												
Spalding GP Provision														α																							
Stamford (Lakeside Healthcare)																																✓					
Woolsthorpe (Vale Medical Group)																																✓					
Grantham Minor Injuries Service												α	✓	α																							
Health and Wellbeing Board:																																					
Annual Report												α																									
Joint Health and Wellbeing Strategy		✓							✓																												
Pharmaceutical Needs Assessment					✓		✓																														
Health Scrutiny Committee Role	✓																																				
Healthwatch Lincolnshire											α		α		α										α												

	2017					2018							2019							2020																	
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
<div>✓</div> Substantive Item																																					
<div>α</div> Chairman's Announcement																																					
<div></div> Planned Item																																					
Lincolnshire Community Health Services NHS Trust																																					
Big Conversation																									α												
Care Quality Commission													α		α																						
Healthcare Awards																								α													
Integrated Urgent Care																														✓							
Louth Inpatient Care																																					
Louth Urgent Treatment Centre																																✓					
Skegness Urgent Treatment Centre																																✓					
Learning Disability Specialist Care				✓									✓																								
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																																					
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓			✓		α	✓						✓					
Breast Services																								✓													
Covid-19 Response																														✓							
Covid-19 Restoration of Services																														✓							
General Surgery																										✓	α										
GP Forward View										✓																											
Grantham Acute Medicine																										✓											
Haematology																											✓										
Integrated Community Care										✓						✓											✓										
Mental Health								✓							✓	α								✓			α										
NHS Long Term Plan																α	✓	✓	✓						α		α										
Oncology																											✓										
Operational Efficiency									✓																												
Stroke Services																								✓													
Trauma and Orthopaedics																										✓	α										
Urgent and Emergency Care									✓							✓							✓					α									
Women and Children Services																								✓													

	2017					2018							2019							2020																	
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
<div><div>✓</div>Substantive Item</div>																																					
<div><div>α</div>Chairman's Announcement</div>																																					
<div><div></div>Planned Item</div>																																					
Lincolnshire Partnership NHS Foundation Trust:																																					
General Update / CQC		✓																α																			
Ash Villa – Inpatient Ward for Women																															α						
CAMHS																										✓				✓		α					
Covid-19 Response																											✓			✓							
Older Adults Services																				✓						✓			✓								
Psychiatric Clinical Decisions Unit							α														✓					✓			✓								
LIVES																																					
Lincolnshire Pharmaceutical Needs Assessment																										α				α							
Lincolnshire Reablement & Assessment Service																	α																				
Louth County Hospital														α	✓		α									α											
Mental Health Promotion Fund																																α					
NHS Debt Write-Off																														α							
NHS Test and Trace																													α								
National Institute of Health Protection																															α						
National Rehabilitation Programme																												✓			✓						
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α																			
North West Anglia NHS Foundation Trust							✓									α				✓							α										
Organisational Developments:																																					
Annual Reports 2019-20																											α										
CCG Joint Working / Merger													✓	α				α			α	✓						α									
Integrated Care Provider Contract														α	✓																						
National Centre for Rural Care													α					α																			
NHSE and NHSI Joint Working												α						α								α											
Lincoln Medical School			α														α									α	α										



	2017					2018								2019							2020																
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
<div>✓</div> Substantive Item			✓																																		
<div>α</div> Chairman's Announcement			✓		α					✓	α	α	α	✓		α	α				✓					✓						α					
<div></div> Planned Item						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	✓	α			✓					
Patient Transport:																																					
Ambulance Commissioning			✓																																		
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					✓						α					
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	✓	α			✓					
Sleaford Ambulance & Fire Station											α		α																								
Pharmaceutical Needs Assessment																																					
Public Health:																																					
Child Obesity												α	α																								
Director of Public Health Report												✓															✓										
Immunisation					✓																																
Influenza Vaccination Programme																	α																				
Renal Services																																					
Dialysis Services														✓									α					α		α							
Midlands Rapid Review																															α						
Quality Accounts	✓								✓											✓		α	α						✓	α							
St Barnabas Hospice																											α										
Skegness Hospital																											α										
United Lincolnshire Hospitals NHS Trust:																																					
A&E Funding		α																													α						
Introduction	✓																																				
Care Quality Commission		✓										α	α	✓				✓	α	✓				✓			✓										
Children/Young People Services										✓	✓	✓	✓		✓	α	✓		✓				✓					✓									
Covid-19 Restoration of Services																													✓		✓	✓					
Financial Special Measures			α		✓					✓																											
Five Year Strategy																						α															
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					✓											
Orthopaedics and Trauma												α		α						α																	
Smoke Free Policy																												α									
Stroke Services																		α																			
Winter Resilience					α	✓	α	α			✓			✓											✓												