HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
10 NOVEMBER 2021

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, Dr M E Thompson, R Wootten and M A Whittington.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr Maria Prior.

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

The following representatives joined the meeting remotely, via Teams:

Dr Dave Baker (South West Lincolnshire Locality Clinical Lead, Lincolnshire Clinical Commissioning Group), Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Dr Abdul Elmarimi (Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer), Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust), Carole Pitcher (Primary Care Senior Contract Manager, NHS England – Midlands & East (Central Midlands)), Rose Lynch (Commissioning Manager- Primary Care Dental Services) and Allan Reid (Consultant in Healthcare Public Health (Oral Health))

County Councillor C Matthews (Executive Support Councillor MHS Liaison, Community Engagement, Registration and Coroners) attended the meeting as an observer.

42 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R P H Reid, R Kayberry-Brown (South Kesteven District Council) and Dr B Wookey (Healthwatch Lincolnshire).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor M A Whittington to replace Councillor R P H Reid for this meeting only.

It was also noted that Dr Maria Prior (Healthwatch Lincolnshire) had replaced Dr B Wookey (Healthwatch Lincolnshire) for this meeting only.

The Committee was advised that an apology had also been received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners).

43 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interest were made at this stage of the proceedings.

44 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 13 OCTOBER 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 October 2021 be agreed and signed by the Chairman as a correct record.

45 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brough to the Committee's attention the supplementary announcements circulated on 9 November 2021. The supplementary announcements referred to:

- The most recent Covid-19 data, compiled by Lincolnshire County Council Public Health Division;
- Care Quality Commission (CQC) Inspection of United Lincolnshire Hospitals NHS Trust made between the 5 and 8 October 2021. It was noted that the CQC was following these inspections with a 'Well Led Review' of United Lincolnshire Hospitals NHS Trust between 9 and 11 November, the results of which were not expected to be published until early 2022; and
- The Lincolnshire Community Health Services NHS Trust (LCHS) launch of the Lincolnshire Urgent Community Response Service (4 October 2021), which aimed to care for people at home through an urgent crisis response service within two hours.

During a short discussion, the Committee raised the following comments:

- Concern was expressed relating to the Covid-19 data, and to the increase in the number of cases in Lincolnshire, with particular reference being made to the rise in the number of positive cases in the South Kesteven District Council area;
- Some concern was also expressed regarding the number of NHS vacancies at Pilgrim Hospital, Boston; and to the reducing number of GPs across Lincolnshire;
- Whether the new Urgent Community Response Service was a Countywide service. The Scrutiny Officer agreed to seek a response to this question; and
- One member enquired whether details had been made available relating to the financial impact of the Acute Services review. The Scrutiny Officer agreed to follow up after the meeting.

RESOLVED

That the supplementary Chairman's announcements circulated on 9 November 2021 and the Chairman's announcements as detailed on pages 17 to 28 of the report pack be received.

46 LINCOLNSHIRE ACUTE SERVICES REVIEW - STROKE SERVICES

Councillor S R Parkin joined the meeting at 10.08am.

The Chairman invited Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust and Charley Blyth, Director of Communications and Engagement, Lincolnshire Clinical Commissioning Group, to remotely, present the item to the Committee.

In his introduction, Dr Abdul Elmarimi provided an introduction for Committee regarding the impact of a stroke on a patient; the services required to treat the three main levels of stroke within certain timescales, and the rehabilitation period required for a patient to recover from a stroke.

It was reported that Hyper-Acute and Acute stroke services were provided by highly trained and skilled doctors, nurses and therapists who specialised in looking after people who had had a stroke.

It was highlighted that there were two key hospital services for the treatment of strokes which were, firstly thrombolysis, a 'clot busting drug' which was used to treat strokes caused by blood clots. The use of this treatment was time critical and had to be administered within 4.5 hours of the stroke's onset; and the second treatment was mechanical thrombectomy or 'clot retrieval'. It was noted that this was a relatively new procedure and was only available in a small number of hospitals; the nearest for Lincolnshire was the Queen's Medical Centre, Nottingham.

Appendix A to the report provide the Committee with further details relating to how services were currently organised at ULHTs hospitals (pre-Covid).

The summary of services pre-Covid was:

Lincoln County: Hyper-acute stroke services including Thrombolysis; Acute stroke Services and Transient Ischaemic Attack (TIA) mini stroke clinics; and

Pilgrim Hospital: Hyper-acute stroke services including Thrombolysis; Acute stroke Services and Transient Ischaemic Attack (TIA) mini stroke clinics.

The Committee was advised of the challenges and opportunities for stroke services and what was hoped to be achieved by making the changes. It was highlighted that national best practice was that hyper-acute stroke units should admit a minimum of 600 patients a year, below this level doctors and nurses in hospital stroke services risked becoming deskilled. The Committee was advised that Lincoln County Hospital admitted 670 stroke patients a year and Pilgrim Hospital, Boston around 500 stroke patients a year. It was noted that even when considering growth in the size of the ageing population over the next five years, Pilgrim Hospital Boston, was unlikely to admit 600 stroke patients each year.

It was reported that more doctors, nurses, and therapists were needed to deliver the existing hospital stroke services and that there was a shortage of such staff locally and nationally. Locally, this was causing problems as there had already been a temporary closure of some of the stroke services as there was not enough doctors and nurses available. As a result of this, both Lincoln County and Pilgrim Hospital Boston had struggled to consistently perform well in the national audit of service quality and performance, despite the skills and dedication of staff.

It was highlighted that feedback from engagement, particularly through the Healthy Conversation 2019 had supported the consolidation of hospital stroke services, and that this needed to be balanced against increased travel time for patients; ambulance response times; loss of services from Pilgrim Hospital, Boston, the overburdening of Lincoln County Hospital; and that a patient should be able to undergo rehabilitation closer to home. It was highlighted further that all public and stakeholder feedback had been taken into consideration throughout the process.

The Committee was advised that the preferred proposal for change was to establish a 'centre for excellence' for hyper-acute and acute stroke services at Lincoln County Hospital, which would be supported by increasing the capacity and capability of the community stroke rehabilitation service. It was highlighted that the TIA clinics would be unaffected at Pilgrim Hospital, Boston. It was highlighted further that the change would affect on average 1 to 2 patients a day receiving hyper-acute and acute stroke services at an alternative site. However, the change would ensure that stoke services were sustainable for the long term, the stroke service would receive over 600 patients a year, which would ensure that doctors and nurses maintained their specialist skills; it would improve the ability of hospital stroke services to attract and retain substantive and talented staff, reducing the reliance on temporary and expensive staffing solutions; stroke patients would spend the minimum time necessary in a hospital bed; patients were more likely to receive timely assessment, treatment and diagnosis when they arrived at the hospital; and overall health outcomes and patient experience would be improved.

It was reported that the option of basing the services at Pilgrim Hospital, Boston, instead on Lincoln County Hospital had been explored, but as a result, displacement would be higher, as more people would seek treatment outside of Lincolnshire. It was noted that it was also difficult to attract staff to work at Pilgrim Hospital Boston.

During consideration of this item, the Committee raised some of the following comments: -

- Recruitment issues: the Committee was advised that there had been a major shift over the last few years, with some professionals not considering medicine as a career, or a dedication, but as a skill they could sell to the highest bidder. Some professionals were leaving their jobs to become professional locums as they had more flexibility. Reassurance was given that the Trust sought the best locums they could, and that patient safety was a priority;
- The critical period for stroke patients. Some concern was expressed to the waiting times seen at hospitals; and whether stroke patients received treatment prior to arriving at the hospital. The Committee noted that specialist nurses were available 24/7 and that paramedics would make contact from the site, and that sometimes patients were treated in the ambulance on route to the hospital. The Committee was advised that someone admitted as a stroke patient at Lincoln would bypass A & E, as it was important for the patient to receive a scan as soon as possible, so that if thrombolysis was the appropriate treatment, it could be administered within four and a half hours from the onset of the symptoms. It was noted that 60% of scans were done within 1 hour; and that those timeframes were continuously improving as practices were being modified;
- Whether consideration had been taken to the plans for stroke services for hospitals outside of Lincolnshire in the south of the County. The Chairman advised the Committee that he had been told that a health system was prevented by law from destabilising the services provided in a neighbouring health system;
- Further explanation was sought regarding the number of patients in line with best practice required for doctors and nurses to become deskilled (minimum 600 stroke patients), reference was made to the 500 stroke patients seen at Pilgrim Hospital, Boston. The Committee was advised that the figure of 600 stroke patients made a stroke unit more sustainable. It was highlighted that the audit had been very detailed and looked at 93 parameters per patient. It was also highlighted that strokes cases seen at Pilgrim Hospital, Boston were less severe than those seen at Lincoln County Hospital, who needed to be seen by a specialist team. As a result of the increasing preventive work being carried out in primary care the number of stroke patients was not increasing year on year. The benefits of a single unit would be better for patients, and for staffing, as the current arrangements were not sustainable;
- TIA service at Pilgrim Hospital, Boston. The Committee was advised that there was national guidance on quick assessment, with patients having to be seen within 24 hours. Confirmation was given that the TIA clinics would continue to be run at Pilgrim Hospital, Boston, three days a week. The only change would be that patients with a high-risk score would be offered an appointment at either Boston or Lincoln.

The higher risk ones if there was not a clinic in Boston would be offered an appointment in Lincoln. It was highlighted that most people would be seen within a one to two days, depending on the severity of the stroke. The Committee was advised that for outpatient activity, patients would be offered appointments at peripheral hospitals closer to home, reference was made to Spalding and Skegness for follow up appointments;

- Some concern was expressed on the data presented, particularly the high number of ageing patients on the east coast; and the travelling time for a patient from the east side of the County to be able to get to Lincoln or Peterborough. One member felt that without direct admission to Pilgrim Hospital, Boston, the proposal would create greater problems on the east coast. The Committee was referred to page 41 of the report pack which provided details relating to hospital catchment areas; and information relating to the displacement of patients from Boston and surrounding areas if the preferred option was adopted. It was highlighted that the analysis and modelling had been completed by Operational Research in Health Ltd (ORH) in 2018. It was noted that the ORH had used a combination of East Midlands Ambulance Service NHS Trust data and data on FAST-positive stroke patients from Lincolnshire. It was noted further that travel time analysis had been undertaken to quantify the base position for Pilgrim Hospital, Boston patients and how travel times would be expected to change, as changes to the services occurred. There was recognition of the issues raised and that the proposed model would ensure that patients received the best care; reference was also made to the potential for a mobile stroke unit (same size as an ambulance), which would be equipped with a scanner and connections to the central unit, which was part of the overall plan, once staffing levels were consistent;
- Concern was also expressed to the difficulties patients were still encountering getting appointments with GPs in the Boston area; the long waiting times for ambulances on the east coast; and the poor state of the roads in Lincolnshire;
- What could be done further to promote the County better to encourage medical staff to come to Lincolnshire. It was agreed that the attractiveness of working in Lincolnshire needed to be promoted better and that having better quality services would be part of that package; and
- The proposal presented appeared to work on the basis that staff working at Pilgrim Hospital, Boston would move to Lincoln to help mitigate the current shortages currently experienced within the stroke service. A question was asked whether a plan was in place should the preferred option not happen. The Committee was advised that staff had been moving to help provide cover, for services, however, staff had a choice. It was noted that the service had staff currently travelling from Nottingham and Chesterfield.

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

RESOLVED

1. That the details presented on the Lincolnshire Services Review of Stroke Services be noted.

2. That the Committee's initial findings on the proposal be recorded for consideration by the Committee's working group.

47 LINCOLNSHIRE ACUTE SERVICES REVIEW - URGENT AND EMERGENCY CARE

The Committee considered a report, which provided details on the Lincolnshire Acute Services Review of Urgent Emergency Care.

The Chairman invited Dr Dave Baker, South West Lincolnshire Locality Clinical Lead, Lincolnshire Clinical Commissioning Group, Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust and Charley Blyth, Director of Communications and Engagement, Lincolnshire Clinical Commissioning Group, to remotely present the item to the Committee.

Appendix A to the report provided an extract of the Lincolnshire NHS Public Consultation Document relating to four of Lincolnshire's NHS Services – Urgent and Emergency Care at Grantham and District Hospital; and Appendix B provided a copy of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review for the Committee's consideration.

The Committee were reminded of the background relating to Grantham and District Hospital since 2007/08. It was highlighted that the A & E had only dealt with a limited range of emergency conditions, due its small size and its limited availability of specialist staff and limited range of 24/7 support services to support very ill patients after they left the A & E department.

It was reported that most patients treated at Grantham and District Hospital A & E department could be safely treated at an Urgent Treatment Centre (UTC).

The Committee was advised that if a patients presented themselves at Grantham and District Hospital A & E department with conditions that the hospital was not able to deal with, the skills and experience were there to manage the patient whilst a transfer was quickly arranged to a more specialist unit for the appropriate treatment.

Summary details relating to the current provision at United Lincolnshire NHS Hospital Trust's A & E departments were shown on page 64 of the report. It was noted that in addition to the three A & E departments, six UTCs were provided by Lincolnshire Community Health Services NHS Trust (LCHS).

The Committee was advised that the proposal was to establish a 24/7 Walk in Urgent Treatment Centre at Grantham and District Hospital, in place of the current A & E. It was highlighted that the multi-disciplinary workforce would have the ability to manage all presentations, and that it was anticipated that the change would affect around 3% of patients currently attending Grantham and District Hospital. This was equivalent to two patients a day on average being transferred for immediate specialist care.

Page 67 of the report pack provided a summary of the level of stakeholder and public support for the change proposal.

During consideration of this item. The Committee raised the following comments:

- Some concern was expressed regarding challenges being experienced by LCHS in providing staffing cover at other UTCs. Reassurance was given that services had not been impacted and that LCHS had to be constructive with its staffing to maintain services. It was noted that this was a temporary issue, and was one that was being felt across all health services, mainly due to Covid-19;
- One member expressed concern that the report did not express the views of the people of Grantham. Reassurance was given that the views of the people of Grantham were being listened to, an example given was the change to the proposal, which had been set out in the Healthy Conversation engagement exercise, to make the service a 24/7 walk in service, rather than an 8am to 80m service. It was highlighted that every comment would be captured and analysed during the consultation process. The Committee was advised that Grantham had a very limited provision of specialist services to provide support for A & E. For example Grantham had none of the following services: paediatrics; gynaecology; obstetrics; acute surgery; acute orthopaedics; ear, nose and throat; stroke medicine; and acute interventionalist cardiology. Thus, it was not possible to provide A & E Services at Grantham and District Hospital;
- The success of UTCs in other areas of the County and the role they played in taking the pressures of A & E's; and the realisation that there were not the resources available within the County to enable the continuation of A & E Services at Grantham and District Hospital;
- Some concern was expressed regarding transport costs when a patient was transferred from Grantham to another hospital for specialist treatment; but not admitted and then had to return to Grantham. One member felt that the Council had a role to play in this regard, as an enabler of public transport;
- Concern was expressed to the waiting times encountered before patients were seen in A & E, some even having to wait in ambulances outside of the hospital. The Committee was advised that the four-hour target was still in place, and that all A & E's and UTCs were measured against the four-hour target. The Committee noted that the delays were not just in Lincolnshire, but across the country. It was reported that Lincoln and Boston had both seen increased activity and that UTC's on those sites were managing the extra activity including ambulance patients. It was reported further UTCs were treating 95% of their patients within the four-hour target, despite the increased activity. The Committee was advised that the delay in ambulance handovers was due to lack of flow through the hospitals and bed availability. The Committee was advised further that as the Grantham A & E dealt with less complex cases, they were meeting the four-hour target and reassurance was given that this would continue to be met if Grantham Hospital became a UTC;
- Conflicting messages to the public, paragraph 10.2.9 on page 74 of the report pack advised that the UTC would be open 24 hours a day, seven days a week, and then

the next sentence advised that the preferred route of access for the service should be via NHS 111. Reassurance was given that the proposal was for 24/7 access. The reason the message says to ring 111 was to make sure that any treatment required would not be unnecessarily delayed. If a patient was able to wait, then they should ring 111, which provided them with the ability to book an appointment for later in the day;

- Clarification was sought on the terminology of: a level 3 A & E and a UTC Plus. The Committee was advised that the term level 3 A & E had in effect ceased, and that the term UTC had replaced it;
- Further concern was expressed that the general public were unaware of how to access treatment; as services were being changed, and that better communication was needed to help alleviate patients concerns;
- Pages 74 and 81 of the report pack provided workforce details for the proposed UTC, a further question asked was what was in place for medical cover arrangements overnight. Reassurance was given that a doctor would be on site overnight supported by two ACP Nurses. It was also noted that doctors, when possible, would also assist the clinical assessment service;
- Reference was made to paragraph 10.6.19, which referred to moderate capital investment being required for expansion into adjoining departments, a request was made as to how much capital funding would be required; and
- How the extension of Pilgrim Hospital A & E affected the overall staffing needs for urgent and emergency care in Lincolnshire. The Committee noted that the main reason for the expansion was to provide extra accommodation for people visiting the A & E and to revamp the layout to provide a more usable space. The Committee was advised that the expansion would not result in the need for more staff.

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

RESOLVED

1. That the details presented on the Lincolnshire Acute Services review of Urgent and Emergency care be noted.

2. That the Committee's initial findings on the proposal be considered by the Committee's working group.

48 UPDATE ON NHS DENTAL SERVICES IN LINCOLNSHIRE

The Chairman invited Carole Pitcher, Senior Commissioning Manager, NHS England and NHS Improvement (Midlands), Allan Reid, Consultant in Healthcare Public Health (Oral Health) and Rose Lynch, Commissioning Manager, Primary Care Dental Services, to remotely present the item to the Committee.

The report presented provided an update to the Committee on the provision of NHS dental services commissioned in Lincolnshire and provided an overview of the continuing effect of the Covid pandemic and the steps being taken to restore and recover services.

Whilst guiding the Committee through the report, reference was made to the NHS contracts in primary and community dental care that had been in place since 2006; the dental services offered in Lincolnshire, including out of hours service and secondary care.

The Committee was advised of the impact of the national pandemic upon dentistry and a timeline was available for the Committee to consider, which was detailed on pages 94 to 96 of the report.

The Committee was advised that during April – September 2021 (Q1 & Q2), providers had been required to deliver a minimum of 60% of their pre-Covid contractual activity, to continue to receive 100% payment. Figure 1 on page 99 provided details of the achievements of the Lincolnshire providers during this period.

The Committee was advised that to ensure that NHS Dental services were at the forefront of the new Integrated Care System, NHS England/Improvement had appointed Kenny Hume as the new Local Dental Network Chair for Lincolnshire.

The issue of oral health in Lincolnshire was highlighted. The Committee noted that the results of a recent survey had shown that in Lincolnshire average levels of dental decay were higher than the average for England. The report highlighted that children living in Boston had the highest levels of child dental decay in the region. South Holland, East Lindsey and Lincoln also had child dental decay that placed them in the top ten lower tier local authorities in the region. It was highlighted there was an east/west divide in childhood decay in Lincolnshire, and that this disparity was because the west of the County's water supply was fluoridated under an existing fluoridation agreement and that the east of the County did not receive fluoridated water. It was also highlighted that there were fewer dental services available in the east of the County. Priorities for tackling child dental decay were shown at paragraph 8.8 of the report.

Note: Councillor S R Parkin left the meeting at 12:50pm.

During consideration of the item, the Committee raised the following points: -

- Whether an NHS dentist was able to offer private treatment. The Committee noted that most NHS dentists had a mix of NHS and private patients and that the percentage varied. The Committee was advised that information was not available relating to private dental practices. The Committee was advised further that general dentistry was provided through an annual contract;
- The impact of non-fluoridation in the east of the County and its impact on dental decay in children;
- Concerns were expressed to the lack of provision of dental services across Lincolnshire; as dental services no longer visited schools and the lack of provision of dental service in the east of the County;
- The proposed new arrangements for commissioning under the Integrated Care System from April 2022;

- Some concern was expressed that not enough information had been included as to what was being done to secure dental services for those areas who were unable to access services; and how many people entitled to free dental services were currently not receiving it in Lincolnshire. A request was made for future reports to contain solutions for the problems patients were having in Lincolnshire and how Lincolnshire compared to the rest of the country;
- A request was made for contracts for the Spilsby, Mablethorpe and Skegness areas to be prioritised. The Committee noted that during the pandemic procurement had been paused, but this was now resuming and that there were plans to re-start the process out in the market;
- Whether the availability of NHS dentists in Lincolnshire would improve in the future. The Committee was advised that the situation would improve, with the recovery of services post the pandemic and the procurement process re-starting again in the new year to get better access to dental services across Lincolnshire; and
- Whether overseas recruitment had yielded any positive outcomes and what the current picture was relating to retention of staff. The Committee was advised that overseas scheme had been put on hold, but work was being taken forward with Health Education England regarding work issues and other initiatives to attract people into the profession. It was also noted that programmes were being looked at and roles were being reviewed i.e., the roles of a therapist and hygienist being combined.

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

RESOLVED

1. That the information presented by NHS England and NHS Improvement on dental Services in Lincolnshire be noted.

2. That a further update be received six months' time, which should take on board the comments raised by the Committee.

49 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 110 to 112 of the report pack.

The Committee was advised that the United Lincolnshire Hospitals NHS Trust – Nuclear Medicine item would not be included on the December agenda.

Other items highlighted to be scheduled for the new year were:

- Dental Services;
- Lakeside Healthcare Stamford;

- Non-Emergency Patient Transport;
- Lincolnshire Clinical Commissioning Group – lessons learnt regarding GP practices. The Health Scrutiny Officer agreed to speak to CCG colleagues regarding this matter.

The Committee was also advised that dates for the Working Group meetings would be circulated in due course.

RESOLVED

That the work programme presented be received and that the items highlighted above be considered.

The meeting closed at 1.30 pm