



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
16 MARCH 2021**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, 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), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and J Summers (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Tim Fowler (Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust) and John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) and M D Boles attended the meeting as observers.

68 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Angela White (West Lindsey District Council).

The Committee noted that Councillor Jeff Summers (West Lindsey District Council) had replaced Councillor Mrs Angela White (West Lindsey District Council) for this meeting only.

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

69 DECLARATIONS OF MEMBERS' INTEREST

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

70 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 17 FEBRUARY 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 February 2021 be agreed and signed by the Chairman as a correct record.

71 CHAIRMAN'S ANNOUNCEMENTS

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

The first supplementary announcement circulated on the 12 March 2021, had provided the Committee with information relating to United Lincolnshire Hospitals NHS Trust - Restoration of Services at Grantham and District Hospital. The second supplementary announcement circulated on the 16 March 2021 provided information on the following:

- Covid-19 Vaccination Data Update – those applicable for Lincolnshire were detailed in Appendix A to the announcements;
- The proposed increase in the number of beds for adults with eating disorders in the East Midlands;
- Women's Health Strategy: Call for Evidence; and
- NHS Staff Survey Results 2020

Other issues raised by the Committee included that not enough time had been given for public engagement concerning the restoration of services at Grantham and District Hospital; that no reference had been made to the restoration of medical beds at the hospital; the need to include the NHS Staff Survey Results 2020 as a future agenda item; and the need for wider circulation of the Women's Health Strategy.

RESOLVED

That the Supplementary Chairman's announcements circulated and the Chairman's announcement as detailed on pages 17 to 21 of the report pack be noted.

72 COMMUNITY PAIN MANAGEMENT SERVICE - UPDATE

The Committee gave consideration to a report from the NHS Lincolnshire Clinical Commissioning Group (CCG), which provided an update on the Community Pain Management Service (CPMS).

The Chairman invited Tim Fowler, Assistant Director of Contracting and Performance, NHS Lincolnshire Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer (West Locality), NHS Lincolnshire Clinical Commissioning Group, to present the report to the Committee.

The Committee noted that the planned restoration of waiting times to pre-Covid-19 levels for the end of December 2020 had slipped and that the CCG was working with the CPMS to ascertain when waiting times were expected to return to more normal levels. Details of the current CPMS face to face service was provided on page 30 of the report.

It was noted that the CCG were continuing to work with the CPMS to ensure that comments received from the recent patient satisfaction surveys were addressed through review and action. It was noted further that eleven complaints had been received during Quarter 3 2020, with nine of the eleven complaints on clinical treatment in relation to the injection pathway. Lack of access to injections had also been a common theme in patient satisfaction surveys, this matter had been previously considered by the Committee. The Committee was reminded that this was largely linked to the approach supported by guidance to reduce injections and to encourage patients to use other approaches to manage their pain where appropriate. It was highlighted that the CPMS had started to work to improve shared decisions between patients and clinicians with the aim of improving understanding on injections and to lessen the feeling of a one size fits all approach.

Appendix 1 to the report provided details of the KPI performance from April to December 2020; and Appendix 2 provided details of the Lincolnshire Clinical Commissioning Group Opioid prescribing summary data from November 2015 to November 2020 for consideration by the Committee.

The Committee was advised that there had been significant progress made in reducing the number of patients on high dose opioids. It was highlighted that the CPMS had in place a number of initiatives to support awareness of and reduction in opioid use, details of which were shown on page 33 of the report.

In conclusion, the Committee was advised that waiting times would be recovered as the roadmap to recovery was implemented by the government; that actions were being taken to improve the performance of the KPI's that were below target; that the CPMS was going to improve better shared understanding of decisions between patents and clinicians; and that the CPMS would be continuing to reduce opioid use for chronic pain.

During discussion, the Committee made the following comments:

- That some CPMS patients had felt isolated as they had not received any contact or support; and with injections being postponed concerns were expressed to the effect

this was having on each patient's mental health. The representatives present agreed to take up the issues raised with the CPMS;

- The need for better communication between CPMS and patients;
- The need to allow time for existing users of the service to adapt to the new service, as those patients who were physically dependent needed time to change. An acknowledgement was made to the points raised and for better management of the transition from one service to the other. There was also an acknowledgement that in some cases there needed to be a rebalancing of need. The Committee noted that the CCG and clinicians were reviewing individual cases to have a better understanding, in line with NICE guidance;
- How the use of opioids in Lincolnshire compared with other CCG areas. The Committee was advised that this information would be made available to members of the Committee;
- When the CCG would be expecting an action plan to make a difference to the performance of KPI 5; and whether this information could be shared with the Committee. It was agreed that an action plan from the last contract meeting was available and would be shared with the Committee;
- Did the CCG know how many patients had given up on the NHS community pain management service and had sought private treatment? The Committee noted that this information was not known;
- Whether clinicians, such as consultants had full decision-making power on treatments they provided to patients or whether they had to gain authority before administering. The Committee was advised that there were no treatments within the CCG's approval policy if listed. It was noted that for some treatments, i.e. spinal injection, treatment would only be provided after being reviewed by a funding panel. The Chairman requested further information in this regard.

RESOLVED

1. That the report from NHS Lincolnshire Clinical Commissioning Group on the Community Pain Management Service be noted.
2. That a further update on the Community Pain Management Service be received in six months, when the Committee would be looking to improvements to the key performance indicators, which were currently underperforming.
3. That information relating to how the use of opioids in Lincolnshire compares with other CCG areas; a copy of the action plan from the last contract meeting concerning the performance of KPI 5; and information concerning the time taken to make decisions relating to treatments outside the CCG approved policy be made available to members of the Committee.

73 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Chairman invited Tim Fowler, Assistant Director of Contracting and Performance, NHS Lincolnshire Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer

(West Locality), NHS Lincolnshire Clinical Commissioning Group, to present the report which provided the Committee with an update on the Non-Emergency Transport Service (NEPTS).

The Committee was advised that NEPTS services, including services in the main contract with Thames Ambulance Service Ltd (TASL) had generally continued to respond well during the Covid-19 pandemic. It was highlighted that Covid-19 continued to present a number of uncertainties for the future and as a result patient transport arrangements would continue to be reviewed.

It was noted that during December 2020, TASL had a significant number of staff who were affected by Covid-19 and this had impacted on services, with the CCG providing additional support. The reduction in crews had resulted in the KPI performance for TASL being poor in December 2020, with some improvement being made in January 2021. The Committee was advised that a key concern was the service and performance for fast track patients, and it was reported that TASL had been instructed to improve in this area. Table 1 in Appendix A to the report provided the Committee with details of activity and performance against key performance indicators for the period July 2017 to January 2021; and Table 2 provided the latest KPI performance summary for January 2021.

The Committee was advised that work had been started by the CCG to have a new service in place for July 2022. The Committee noted that an advertisement for expressions of interest to provide NEPTS services in Lincolnshire following the end of the current contract had been published in January 2021; and that over 25 responses had been received from interested providers. It was noted that the CCG expected to publish Invitation to Tender Documents for the new contract in April 2021.

The Committee raised the following comments:

- The implication of the forthcoming National Review of Patient Transport Services. The Committee was advised that the new contract would take into account the forthcoming review. It was reported that the CCG would be engaging with patients and health care professionals to inform the new service model and engaging with interested providers, ensuring that providers were aware of the rural nature of Lincolnshire. The CCG advised that it would share the specification with the Committee once it was written;
- Whether performance was affected by the number of health care settings outside the county. The Committee was advised that this did have an impact service delivery;
- The strength of the current market. The Committee noted that in response to the expressions of interest, 25 responses had been received; but not all of those providers responded would be able to provide the full service. It was highlighted that the CCG would be reviewing the bids it had received at the end of June 2021;
- Whether there was any risk of TASL suddenly terminating the contract before July 2022. It was confirmed that there was a risk, and that the CCG had a mitigation plan in place;

- How confident the CCG was that from the 25 expressions of interest received that the new contract would deliver a good service for Lincolnshire patients. The Committee was advised that the CCG was very confident, as the new contract had been improved compared to the existing contract. It was highlighted to the Committee that if TASL produced a bid, which scored highest against the assessment criteria, they would be awarded the contract; and
- A request was made for the Committee to see a copy of TASL's improvement Action Plan. Confirmation was given that this would be made available to members of the Committee.

Thanks were extended to TASL's frontline staff for the all their hard work.

Thanks were also extended to the two presenters.

RESOLVED

1. That the report from the NHS Lincolnshire Clinical Commissioning Group on the non-emergency patient transport service be noted.
2. That the Committee's concerns on the level of performance by the provider of the non-emergency transport service in Lincolnshire be reiterated.
3. That a further update be received in six months' time.
4. That a copy of the specification document relating to the new contract; and a copy TASL's Improvement Action Plan be made available to members of the Committee.

74 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2020-2021

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which asked the Committee to consider its approach to the *Qualifying Accounts for 2020-21* and to identify its preferred option for responding to the draft *Quality Accounts*, which would be shared with the Committee, by local providers of NHS-funded services.

The Committee agreed to provide statements on the draft quality accounts for 2020-21 for East Midlands Ambulance Service NHS Trust; and United Lincolnshire Hospitals NHS Trust.

RESOLVED

1. That the Committee agreed to make statements on the draft *Quality Accounts for 2020-21* of the following local providers of NHS-funded services:
 - United Lincolnshire Hospitals NHS Trust
 - East Midlands Ambulance Service NHS Trust

2. That the Chairman be authorised to determine the arrangements for responding to the draft *Quality Accounts* for the above providers of NHS-funded services, with these arrangements dependent on the timing of the circulation of the drafts.

75 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which invited the Committee to consider and comment on its work programme.

The Committee noted that the meeting scheduled for the 21 April would be cancelled, owing to the expected publication of the notice of County Council elections on 22 March 2021, beginning the pre-election period.

The Committee was advised that the list of items to be programmed would be taken forward to the new County Council term, together with item listed for the 21 April 2021 meeting.

Other items suggested included:

- Restoration of Services at Grantham & District Hospital to include restoration of medical beds;
- NHS Staff Survey Results 2020;
- Women's Health Strategy – Call for Evidence; and
- Ask My GP Service.

The Committee also agreed as an interim measure, that the Chairman would be authorised to respond on behalf of the Committee, should any issues arise.

RESOLVED

1. That the Committee's meeting scheduled for the 21 April 2021 be cancelled, owing to the expected publication of the notice of County Council elections on 22 March 2021, beginning the pre-election period.
2. That the work programme be noted, with the list of items to be programmed put forward to the new County Council term, together with the item listed for the 21 April 2021 meeting and the suggested items listed above.
3. That for the interim period, the Chairman be authorised on behalf of the Committee, to deal with any issues should they arise.

The Committee took a break from 15:19pm.

At 15:30pm, a roll call was taken to confirm members' attendance at the meeting.

76 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - OUTPATIENT SERVICES AT COMMUNITY HOSPITALS

The Chairman invited Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group and Councillor M D Boles to the meeting.

The item had been included on the agenda as a result of further concerns being raised since the 20 January 2021 meeting regarding outpatient services at community hospitals.

Councillor M D Boles expressed his concerns regarding outpatient services at the Johnson Community Hospital in Spalding and the John Coupland Hospital in Gainsborough.

Confirmation was received from the Trust that no detailed discussions or decisions had been made concerning outpatient services at community hospitals. The Committee was advised that the Trust had been running a number of consultations with staff, one of which had been aimed at staff based at peripheral clinic sites, which had been wrongly linked to service changes. The Committee was advised further that due to the on-going situation with Covid-19, all consultations with staff had ceased in December 2020.

The Committee sought reassurance about the future level of service provision at the county's community hospitals. The Trust reiterated that when and where there was a proposed change in permanent service provision, there would be full public consultation.

Other points raised by the Committee included:

- How many outpatient appointments at community hospitals had been cancelled for Covid-19 reasons. The Committee was advised that for 2019/20 there had been 5,727 outpatient attendances; and to date for 2021 there had been 1,482 outpatient attendances. The Committee noted that as a result of Covid-19, outpatient appointments had reduced throughout the county at all sites;
- The need for local residents to have certainty with regard to services throughout the county and how these can be accessed. Reassurance was given that if and when there was a case for change regarding outpatient services, there would be public engagement in the process. Confirmation was given also that there was no material change in the pattern of service; and that there was no permanent change to services agreed or in scope;
- Basis of the concerns regarding outpatient services. The Committee noted that the confusion had stemmed from normal operational discussions/consultations internally with staff. There was recognition that there could have been communication;
- One member suggested that going forward some outpatient appointments could be continued to be done virtually, for example some follow up appointments. As long as these were conducted in a sensitive way, this would avoid patients having to visit a hospital for a five minute appointment. The Committee noted that this was being considered;
- The position regarding patients going out of county for treatment. The Committee noted that where appropriate, the CCG tried to keep financial resources in the

county. It was however important that patients received the right treatment at the right time, and all steps were taken to try and ensure that this happened in a local setting. The emphasis was for local services and care being provided in the local community; and

- The need to ensure that residents without IT or internet connection still had access to services and to any proposed consultations. There was recognition that this was a matter that needed further consideration, to ensure that there was access to all across the county.

The Chairman on behalf of the Committee extended thanks to the presenters for attending the meeting at short notice.

Thanks were extended to the Chairman and Vice-Chairman by the Committee and this was reciprocated by the Chairman and the Vice-Chairman to all members of the Committee.

Thanks were also extended to Simon Evans, Health Scrutiny Officer and Katrina Cope, Senior Democratic Services Officer for their help and support to the Committee during the last four years.

RESOLVED

1. That the information presented by United Lincolnshire Hospitals NHS Trust and NHS Lincolnshire Clinical Commissioning Group on outpatient services provided at the County's community hospitals, recognising the impact of Covid-19 at various times had led to the suspension of services at these hospitals be noted.
2. That the view of the Committee be reiterated, that Lincolnshire's community hospitals provide a valuable service across Lincolnshire and to record the Committee's disappointment that the concerns of patients about the provision of these services in the longer term had not been addressed by better communication by the local NHS.
3. That the Chairman be authorised to seek further reassurances in writing that:
 - (a) there are no current plans for outpatient services in Lincolnshire community hospitals; and
 - (b) full public consultation will be undertaken on changes in NHS provision at community hospitals, which represent a substantial development.

The meeting closed at 4.22 pm