



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
23 JUNE 2021**

PRESENT:

Lincolnshire County Council

Councillors M G Allan, R J Cleaver, C S Macey, S R Parkin, R P H Reid, Dr M E Thompson, L Wooten and R Wootten.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

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

The following officers/representatives joined the meeting remotely via Teams:

Mark Brassington (Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Simon Hallion (Managing Director Family Health), Dr Suganthi Joachim (Divisional Clinical Director - Family Health, United Lincolnshire Hospitals NHS Trust), Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust), Anna Richards (Associate Director of Communications and Engagement, United Lincolnshire Hospitals NHS Trust), Katy Thomas (Head of Health Intelligence), Professor Derek Ward (Director of Public Health), Chloe Scruton (General Manager Surgery, United Lincolnshire Hospitals NHS Trust) and Andrew Simpson (Consultant Urologist, United Lincolnshire Hospitals NHS Trust).

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

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
23 JUNE 2021

RESOLVED

That Councillor C S Macey be elected as the Chairman of the Health Scrutiny Committee for Lincolnshire for 2021/22.

COUNCILLOR C S MACEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor L Wootten be elected as the Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2021/22.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs S Harrison (East Lindsey District Council) and Mrs R Kayberry-Brown (South Kesteven District Council).

The Committee noted that Councillor M A Whittington (South Kesteven District Council) had replaced Councillor Mrs R Kayberry-Brown (South Kesteven District Council) for this meeting only.

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

4 DECLARATIONS OF MEMBERS' INTEREST

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

5 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 16 MARCH 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 March 2021 be agreed and signed by the Chairman as a correct record.

6 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 on 22 June 2021. The supplementary announcements made reference to: Covid-19 Data; Integrated Care Systems – Design Framework; and Quality Accounts 2020/21.

The Chairman advised the Committee of his intention to write to Councillor Chris Brewis thanking him for his long service on the Committee, having been the Committee's Vice-Chairman from 2013 to 2021.

RESOLVED

That the Supplementary Chairman's announcements circulated and the Chairman's announcements as detailed on pages 15 to 24 of the report pack be noted.

7 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - GENERAL UPDATE

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided a general update on its services.

The Chairman invited the following representatives from ULHT to remotely present the report to the Committee: Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration and Simon Evans, Chief Operating Officer.

The Committee received an update on the current position in relation to the services, which made reference to the following:

- That ULHT currently had one Covid-19 positive in-patient in Pilgrim Hospital, Boston. The Committee noted that to date the Trust had treated over 3,000 Covid-19 patients. The Deputy Chief Executive and Director of Improvement extended thanks to staff in hospitals and across Lincolnshire for their continued support and commitment throughout the pandemic. In contrast, it was noted that in Wave One the number of patients receiving treatment had peaked at 104; and in Wave Two the figure had risen to 253 patients being treated;
- The hospital hub had provided over 41,000 vaccinations to social care staff across Lincolnshire. It was noted that hospital hub had now closed;
- That complex clinics continued to operate to accommodate patients with more complex medical conditions who required closer monitoring;
- That the number of staff absences from work as a result of Covid-19 or having to isolate had reduced back to normal levels, which was a positive step forward for the Trust;
- There had been an increase in bed occupancy due to an increase in emergency demand, which had also impacted on other partners such as the ambulance service. It was also highlighted that there had also been an increase in the number of elective patients;
- That the Trusts waiting lists were being treated in order of clinical urgency, with clinicians applying priority status: priority one where patients were treated within 72 hours, and the Committee noted that currently there were no patients waiting in this priority group; and priority two where patients were treated within four weeks. The Committee noted that currently this waiting time was at six weeks. There was recognition by the Trust that there was more to be done to improve access. It was highlighted that cancer patients were quickly prioritised and were receiving

treatment within four weeks. It was highlighted further that the waiting list in Lincolnshire during the pandemic had peaked at just over 2,000 patients waiting, and that this figure had now been reduced to 937; and that there was a commitment to reduce the waiting list further; and

- That the Grantham restoration was going to plan and that services would be restored to as they were in May 2020 with two additional services: Chemotherapy and additional theatres (it was highlighted that there were currently two additional theatres but one of these was due to be removed). It was highlighted further that it was the intention to make Grantham Hospital, the principal elective surgery site.

Appended to the report at Appendix 1 was a copy of the Chief Executive's Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021) and Appendix 2 provided a copy of the Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021) on the Restoration of Services to Grantham Final Phase and Progress for the Committee's consideration.

During discussion, the Committee raised the following points:

- Clarification around the opening times of the accident and emergency department at Grantham being only from 8.00am to 6.30pm, when the Urgent Treatment Centre provided 24/7 provision. The Committee was advised that a decision had to be taken to reduce the hours to support the overall delivery of services across Lincolnshire and that these would remain in place until the outcome of the Acute Services Review. It was noted that during Covid-19, there had been the Urgent Treatment Centre (UTC), with the restoration plan now coming to fruition, these staff had now returned to their usual roles, and as a result the system was unable to sustain 24/7 cover. Thanks were extended to the Lincolnshire Community Health Services staff who had maintained the UTC service at Grantham Hospital;
- Personal experience of attending the Lincoln A & E, and the number of people waiting (around 60 people). The Committee was advised that there had been an increase in number of people visiting A & E. The Committee noted that both Lincoln County Hospital and Pilgrim Hospital, Boston were still operating in a Covid-19, socially distanced way; and as such hospitals had to make provision to be able to separate any Covid-19 positive patients or potential Covid-19 positive patients from non-Covid-19 patients;
- Provision of medical beds at Grantham Hospital. Reassurance was given that an appropriate level of medical beds would be available to meet demand;
- The success of Moy Park. The Committee was advised that the provision of services at Moy Park had been extended for a further six months, to allow some of the services to be moved back into Grantham Hospital and for other services to be re-located;
- The possible cause for the increase in the number of patients visiting A & E departments. One reason highlighted was whether this could be because some residents were unable to gain access to their GP. It was reported that access to primary care was increasing also. Reassurance was given that measures had been

put in place to meet the increased demand at A & E departments. It was also highlighted that there needed to be further communication messages informing residents not to use A & E unless it was an emergency and to encourage residents to contact 111 or their GP. It was highlighted that residents were confused as to what services were available and how they were accessed;

- Reflection of what could have been done better during the pandemic. The Committee was advised of two areas which the Trust representatives felt could have been done better. The first item highlighted was identifying one of the hospital sites as a green site earlier; and the other was allowing staff to take annual leave during beginning of the pandemic, when Lincolnshire was not being affected as much as elsewhere, as most staff had a 100 day stretch without being able to take annual leave;
- Mobile breast screening service. The Committee was advised that the mobile unit moved around the county particularly on the east coast. Reassurance was given that the mobile unit would return to a hospital previously visited. The Committee noted that the provision of breast screening was a system approach and agreed by colleagues from Public Health. It was suggested that there needed to be more public awareness regarding this service;
- What the identified risks associated with finances were? The Committee was advised that for 2021/22, finances had been split into two parts, H1 (the first part of 2021/22) which included additional funding in response to Covid-19. It was highlighted that further work was then underway on mitigating the risks and on planning for the second half 2021/22 (H2). It was reported that it was anticipated that the NHS would return to a more normal financial regime in H2, following the revised financial arrangements during the Covid-19 pandemic. It was highlighted further that the return to the more normal financial regime would bring with it increased financial risk;
- The effect the new UTC at Lincoln had on reducing the number of patients into A & E. The Committee was advised that, so far the impact had been that patients were being treated more quickly, and that there was an ability to expand more clinical rooms to see more patients; and
- How the recruitment process was progressing and whether there was any overseas recruitment element? The Committee was advised that recruitment had been very positive; the Trust had the lowest number of vacancies they had seen for quite some time. This had been achieved by normal recruitment; and by being part of the national programme for the recruitment of health care support workers, with over 200 support works being recruited. The Committee was advised further that the overseas recruitment had been suspended in response to Covid-19 restrictions, but had recently been reopened. It was also noted that the development of the medical school at the University of Lincoln had also had a positive effect on recruitment. It was agreed that recruitment details would be forwarded on to members of the Committee following the meeting.

The Chairman on behalf of the Committee extended thanks to the ULHT representatives for their presentation.

RESOLVED

1. That thanks be extended by the Committee to staff for their efforts during the pandemic and in restoring services within United Lincolnshire Hospitals NHS Trust.
2. That the information presented by United Lincolnshire Hospitals NHS Trust as part of the general update be noted.
3. That a request be made for future reports from the Trust to focus on specific service areas such as cancer care.

8 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CONSULTATION ON HOSPITAL UROLOGY SERVICES

The Chairman invited Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, Andrew Simpson Consultant Urologist, Chloe Scruton, General Manager Surgery and Anna Richards, Associate Director of Communications and Engagement, to remotely present the report to the Committee.

The Committee was advised that planned urology services were currently delivered from Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and County Hospital, Louth; and emergency urology admissions at the weekends went through one single site-alternating between Lincoln and Pilgrim hospitals. It was highlighted that there were emergency admissions at both Lincoln and Pilgrim hospitals during the week.

It was noted that ULHT were consulting patients on a proposal that Lincoln County Hospital in future received all emergency urology admissions seven days per week as they believed that this change would increase ULHT's capacity to perform planned surgery without disruption to patients, better meet the needs of ULHT's emergency cases and allow for more patients to be seen and treated.

It was reported that at present, consultants and middle grade doctors within the urology service were required to perform planned surgery and be on-call for urgent surgical requirements at the same time. This was of concern as staff were becoming exhausted as they could be performing planned surgery in the day and then be called out to perform an emergency surgery; this then impacted on the ability for the service to respond as quickly as it would like to emergency surgical needs; and it also caused the cancellation at short notice of planned surgeries, typically over 1,300 operations per year across ULHT every year for urology related procedures.

The Committee noted that the separation of duty to enable consultants to be either on-call or scheduled to perform planned surgery, would avoid the requirement to fulfil both duties at the same time. Full details of what was being proposed were shown on pages 45 to 47 of

the report pack and page 52 provided the Committee with a list of the benefits to patients of the proposal.

Detailed at Appendix 1 to the report was a copy of a document entitled Hospital Urology Services Consultation – Have Your Say (*United Lincolnshire Hospitals NHS Trust-2021*) for the Committee to consider. The Committee was advised that the consultation was due to close on 23 July 2021.

During discussion, the Committee raised the following points:

- Clarification whether the 1,900 cancelled procedures annually related to elective procedures. Confirmation was given that the figure related to elective procedures;
- Whether there was sufficient bed capacity to meet the increased demand in elective surgery at Grantham Hospital. Confirmation was given that there was sufficient bed capacity at Grantham Hospital; as more surgical procedures were planned to be carried out at Grantham Hospital;
- Operating theatre capacity at Grantham Hospital. The Committee noted that currently there were two additional mobile theatres at Grantham Hospital, one of which was due to be removed from the site, as the temporary contract for its hire was due to expire. The Trust was now looking into replacing the theatre with a more permanent modular unit which would be available for use later in the year;
- Some concern was raised that services were being removed from Pilgrim Hospital Boston. The Committee was advised that the proposal was subject to consultation. Reassurance was given that it was not the intention of the Trust to remove services from Pilgrim Hospital, Boston. The intention was to ensure that the best service possible was provided and that all sites had a role to play in providing that service. The Committee was advised that discussions had taken place with staff at Pilgrim Hospital, Boston and colleagues from Boston had welcomed the opportunity to work with the Lincoln site, as a specialist site, with the development of specialist knowledge and skills;
- That the consultation period had been extended to ten weeks;
- Whether there was a detailed impact assessment for the proposal. The Committee was advised that a quality impact assessment was being finalised and that once completed could be shared with the Committee;
- The level of response to the consultation and what the general theme was of the responses received so far? It was reported that so far 120 responses had been received and the responses had been divided, some were in favour of the proposal and understood the reasons for the changes, others had raised concerns regarding have to travel further for emergency treatment. It was also noted that the ambulance service had been supportive of the proposal; and
- Reference was made to page 45 of the report which stated under the proposed changes if a patient was to arrive at Pilgrim Hospital, Boston and it was deemed urgent, the patient would then be transferred by ambulance to Lincoln County Hospital. Some concern was expressed as to whether any consideration had been given as to how the patient would then be transferred to Pilgrim Hospital, Boston, to

collect their vehicle if it had been parked at Pilgrim. The Committee was advised that based on normal pathways the patient would be returned back to the home site.

The Chairman on behalf of the Committee extended his thanks on behalf of the Committee to the representatives for their presentation.

RESOLVED

That a draft response, based on the Committee's comments today, be submitted to the next meeting of the Committee on 21 July 2021 for consideration and approval.

9 UPDATE ON PILGRIM HOSPITAL, BOSTON, PAEDIATRIC SERVICE

The Chairman invited Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, Simon Hallion, Divisional Manager Family Health and Dr Suganthi Joachim, Divisional Clinical Director for Family Health to remotely present the report to Committee, which provided an update on the Paediatric Service, at Pilgrim Hospital, Boston.

Detailed at Appendix A to the report was a copy entitled "Proposal for the Next Stage Development of the Paediatric Assessment Unit (PAU) Model at Pilgrim Hospital Boston."

The Committee was reminded of the background to the original model agreed in August 2018, which sought to assess and discharge all children presenting at Boston within a twelve-hour time frame, with children requiring longer inpatient periods being transferred to Rainforest Ward at Lincoln County Hospital, by private ambulance.

It was noted that by the spring of 2019, however, the PAU was not always strictly following the twelve-hour model. It was noted further that the absence of an immediate High Dependency Unit-level ambulance transfer service meant that sicker children (non-intensive care) needed to receive the early phase of their care at Pilgrim Hospital, Boston. Over the intervening two-year period, a more sustainable longer-term model of care had been actively developed alongside the successful recruitment into both the medical and nursing teams.

It was reported that the ULHT Trust Board had supported a revised interim model for paediatric care at Pilgrim Hospital, Boston, moving the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours. The remit of the unit would be to deliver both an assessment and short term observation function, with the option of some children with defined care plans remaining on in the unit beyond 48 hours.

In conclusion, the Committee was advised that the clinical teams believed that the described model delivered a short stay PAU that reflected national best practice and enabled children and young people to receive their full care needs at Pilgrim Hospital, Boston.

It was also highlighted that general public and patient engagement had been ongoing around the Pilgrim Hospital paediatric service over the last three years, including extensive patient involvement in adjustments to the service offer to reflect local need.

The Committee were invited to provide guidance on the level of public engagement required to make the current service model into a more permanent arrangement.

During discussion, the Committee raised the following points:

- Congratulations and support was extended to the improved service. The Committee was advised that there had been a high level of consultation with the local population and patients, which had been gratefully received as had the support of staff at Pilgrim Hospital, Boston. Particular thanks were extended to the SOS Pilgrim Group for the articulate way the needs of the local population had been presented;
- Whether the model to be adopted at Pilgrim Hospital, Boston would be replicated in other hospitals and by neighbouring hospital trusts. The Committee was advised that the model had been seen as good practice, and innovative in its approach. It was noted that the Trust was taking forward the learning from the service to the Lincoln County Hospital. It was agreed that further information would be obtained via the Clinical Commissioning Group regarding what paediatric services were in place for Lincolnshire patients requiring paediatric services from neighbouring hospital trusts; and
- The Support provided to children to help them with their stay in hospital. The Committee noted that the improved services at Pilgrim Hospital, Boston had enabled staff to support families in a more wrapped around way.

The Chairman on behalf of the Committee extended his thanks to the representatives for their presentation.

RESOLVED

1. That the report on the development of the paediatric service at Pilgrim Hospital, Boston over the last three years be noted; and that thanks be extended to staff for their effort in maintaining and restoring paediatric services over the last year.
2. That the Chairman be authorised to respond to United Lincolnshire Hospitals Trust, outlining the views of the Committee on:
 - (a) The substance of the proposal for a short stay paediatric assessment; and
 - (b) To support the proposal by the Trust for a twelve-week engagement period.

10 LINCOLNSHIRE COMMUNITY HEALTH SERVICES - GENERAL UPDATE

The Chairman invited Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operation to remotely present the report to the Committee, which provided an update on

the restoration and recovery of services provided by Lincolnshire Community Health Services NHS Trust (LCHS) following the Covid-19 pandemic.

A copy of the report had been circulated to members of the Committee on 19 June 2021.

In guiding members of the Committee through the report, mention was made to:

- That all services had now been restored and were all back to pre-Covid-19 levels of performance; that Louth and Skegness Urgent Treatment Centres (UTCs) were now open 24/7, and that Gainsborough and Spalding had been restored as UTCs, providing a greater range of services;
- Same Day Primary Care Appointments; LCHS was currently working with system partners on a short-term proof of concept to support two GP surgeries; in Gainsborough and Lincoln. Details relating to the proof of concept were shown on page 4 of the report. The Committee was advised that activity was increasing across all UTCs and that the Skegness activity was continuing to increase as in previous years. The biggest demand being from 8am to 10pm with minimal activity overnight. A breakdown for each UTC for restoration and recovery was shown on pages 5 to 8 of the report;
- Community Hospitals – It was noted that as part of the restore programme a number of developments had been identified, including the piloting of an e-observation platform, further development of the direct admissions pathways for community hospital, as well as a review of the workforce models for community hospitals to support the wider out of hospital programmes of care. The Committee noted that 67% of services had been partially restored;
- LCHS Outpatient Services – This activity would be restored on the LCHS sites during June and July 2021;
- Butterfly Hospice – The service had been restored and was providing significant contribution to the palliative and end of life pathway for patients within Boston and surrounding area;
- Community Nursing – The Community nursing service was now fully restored; and that work was now ongoing in relation to embedding the new pathways of care, as well as supporting the increased number of patients with complex needs being cared for in the community. Full details of referrals and discharges were shown on page 11 of the report;
- Allied Health Professionals and Children's Services - It was highlighted that there had been challenges to fully restoring the services due to many of the Allied Health Professional services being stepped down during the first phase of Covid-19, in line with national policy, and staff being redeployed to support the wider organisational response;
- Specialist Services – The Committee noted that 62% of services had been restored;
- Post-Covid Syndrome Service – It was highlighted that since the commencement of this service, there had been 438 referrals, with 312 open referrals and 126 patients being discharged from the service; and

- Covid-19 Vaccination Programme – It was highlighted that delivery models had been developed to safely, rapidly and efficiently vaccinate eligible cohorts. It was noted that the Princess Royal Sports Arena, Boston and the Lincoln Showground were running well and were successfully delivery services in line with the national provider and operational specifications.

During discussion, the Committee raised the following points:

- An explanation of the assistance provided to GPs to enable them to have extra capacity;
- The number of Community Nursing vacancies in the county. The Committee was advised that there was a staff establishment of 320 fte community nurses across the county and that this figure had increased from 284 fte in the previous year, but there were still some vacancies. It was agreed that further information would be made available to members of the Committee, from which it would be established whether the Committee would need to look into this matter further;
- Post Covid-19 Syndrome and the associated mental psychological health issues. It was highlighted that someone with mild symptoms of Covid-19 in the first wave may not have been diagnosed as having Covid-19. As a result there was a cohort of people who had a range of symptoms who had not been tested for Covid-19 who were suffering from fatigue, and other symptoms. In these circumstances primary care would be requested to perform a range of diagnostic tests (in line with National Institute for Health & Care Excellence (NICE) guidance) before referring into the service. Any one referred experiencing mental or psychological issues would be referred to the Lincolnshire Partnership Foundation NHS Trust;
- The Trusts intended plans for the St Mary's Medical Centre premises in Stamford following its use as a vaccination centre. The Committee advised that this would be a matter for the CCG;
- Whether there were any plans to review the overnight medical cover arrangements at Louth and Skegness urgent treatment centres, as there was no doctor on duty overnight. The Committee was advised that there were two practitioners on duty overnight at Louth and Skegness, and that there was an on call doctor. The Committee noted that the model had been reviewed and had been signed off as a safe and effective model. There was an appreciation of the concerns and anxieties raised by staff and the public, but reassurance was given that there had been no incidents overnight; and it was highlighted that arrangements were continually being monitored; and
- What the capital investment was being used for in Skegness and Louth and when was work likely to commence? The Committee was advised that in Louth the refurbishment would be addressing environmental issues such as ventilation; and storage of medicines. At Skegness there would be more significant investment to look at the whole environment, to take into account ventilation; self-isolation provision and the provision of an additional waiting area; and a children's waiting area.

The Chairman extended thanks on behalf of the Committee to the Director of Nursing, Allied Health Professionals and Operation for her update.

RESOLVED

1. That the information presented by the Lincolnshire Community Health Services NHS Trust be noted and that thanks be extended to all staff involved in the Trust for their continued involvement in responding to Covid-19.
2. That the establishment of new urgent treatments centres in Gainsborough and Spalding during the last year be welcomed.
3. That the Committee's concerns about overnight medical cover at Louth and Skegness urgent treatment centres be recorded and that a further report concerning this matter be received at a future meeting.

11 NATIONAL GENERAL PRACTICE DATA FOR PLANNING AND RESEARCH - DATA COLLECTION

The Chairman invited Derek Ward, Director of Public Health and Katy Thomas, Head of Intelligence to remotely present the report to the Committee, which provided information on the National General Practice Data for Planning and Research (GDPR) data collection and local risks.

The Committee was advised that NHS Digital was changing the way it collected data from GP sites. It was noted that although the changes were predominantly around the process that was to be used, the issue had caused some concern. It was highlighted that the implementation date for the new process had been moved from 1 July to 1 September 2021.

The Committee was advised further that disruption to the national programme or substantial number of patients 'opting out' of data sharing with NHS Digital locally would hamper the national data flows for primary care. This would mean that data would be unusable for understating needs, fair and effective service provision and outcomes for the residents of Lincolnshire. It was noted that this would have implications for Lincolnshire County Council and the Director of Public Health in fulfilling their statutory duties to their best abilities; and for the Clinical Commissioning Group to commission and providers to provide high quality, appropriate and effective services for all, making the best use of collective resources. It was also highlighted that the increasing concern over data sharing might impact engagement with local programmes and agreements.

The report provided information on governance and safeguards; what was changing; what data was shared; and how data was shared by NHS Digital. It was highlighted that patients' names, addresses were not shared and all other data that could directly identify patients (such as NHS number, date of birth, full postcode) would not be included and would be replaced by unique codes before the data was shared with NHS Digital, which would ensure that patients could not be identified directly to the data.

It was further reported that data shared by NHS Digital was subject to robust rules relating to privacy, security and confidentiality; and that organisations using the data also had to have a clear legal basis to do so.

Dr B Wookey left the meeting at 12.41pm.

Councillor M G Allan left the meeting at 12.43pm.

During discussion, the Committee raised the following points:

- What level of patients opting out of data sharing would compromise the data collected. The Committee was advised that there was not a figure identified in this regard. To obtain complete data sets, the fewer patients that opted out the better the data would be;
- Whether anything could be done to encourage patients not to opt out. The Committee was advised that work was already ongoing with general practices to try and provide reassurances; and that more would need to be done nationally to alleviate any misunderstandings; and
- Support was extended by some members of the Committee for the need to be able to access the data to ensure that Lincolnshire had all the information required to do the best for Lincolnshire residents.

The Chairman extended his thank on behalf of the Committee to the representatives for their presentation.

RESOLVED

That the report presented be noted and that a further progress report be received at a future date.

12 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 68-70 of the report.

Potential items suggested included:

- Dentistry;
- G P Services;
- Mental Health Issues as a result of Covid-19;
- Acute Services Review;
- North West Anglian NHS Foundation Trust – Update; and
- Non-Emergency Patient Transport – Update.

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
23 JUNE 2021

RESOLVED

That the work programme presented be agreed, subject to inclusion/consideration of the items listed above.

The meeting closed at 1.04 pm