


Public Document Pack

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 13 April 2022 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln, LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, T J N Smith, Dr M E Thompson and R Wootten

District 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), M A Whittington (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

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Item	Title	Pages
5	Lincolnshire Partnership NHS Foundation Trust - Update <i>(To receive a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides an update to the Committee on the activities of LPFT. Sarah Connery, Chief Executive LPFT and Chris Higgins, Director of Operations LPFT will be in attendance for this item)</i>	21 - 44
6	General Practice Access <i>(To receive a report from the Lincolnshire Local Medical Committee (LMC), which provides the Committee with an update on access to general practice services. Dr Kieran Sharrock, Former Medical Director Lincolnshire Local Medical Committee and Deputy Chair of the BMA Practitioner Committee England will be in attendance for this item)</i>	45 - 48
7	General Practice Provision <i>(To receive a report from the Lincolnshire Clinical Commissioning Group, which advises the Committee of the current service provision by general practice across the county. Sarah-Jane Mills, Chief Operating Officer (West Locality) Lincolnshire Clinical Commissioning Group will be in attendance for this item)</i>	49 - 80
8	United Lincolnshire Hospitals Consultation on Nuclear Medicine - Finalisation of the Committee's Response <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to finalise its response to the consultation by United Lincolnshire Hospitals NHS Trusts on its nuclear medicine service)</i>	81 - 92
9	Health Scrutiny Committee for Lincolnshire - Work Programme <i>(To consider a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its forthcoming work programme)</i>	93 - 96

Debbie Barnes OBE
Chief Executive
5 April 2022

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing

[Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 13th April, 2022, 10.00 am \(moderngov.co.uk\)](https://www.moderngov.co.uk/2022/04/13/lincolnshire-health-scrutiny-committee-agenda)



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
16 MARCH 2022**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors B Bilton (City of Lincoln Council) and Mrs A White (West Lindsey District Council).

Also in attendance

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

The following representatives joined the meeting remotely, via Teams:

Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tim Fowler (Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Anna Richards (Associate Director of Communications and Engagement), Laura White (Head of Nuclear Medicine, ULHT) and Karen Dunderdale (Deputy Chief Executive and Director of Nursing).

77 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs L Hagues (North Kesteven District Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mark Whittington (South Kesteven District Council), S Woodliffe (Boston Borough Council) and B P Wookey (Healthwatch Lincolnshire).

Note: Councillor M Whittington observed the meeting remotely, via Teams.

Apologies for absence were also received from Councillors C Matthews (Executive Support Councillor for NHS Liaison, Community Engagement, Registration and Coroner's Services) and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroner's Services).

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 MARCH 2022**

78 DECLARATIONS OF MEMBERS' INTERESTS

Councillor M E Thompson wished it to be noted that he had an appointment scheduled with United Lincolnshire NHS Hospitals Trust.

79 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 16 FEBRUARY 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 February 2022 be agreed and signed by the Chairman as a correct record.

80 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committees attention the supplementary announcements circulated on 15 March 2022. The supplementary announcements referred to:

- Information requested from the last meeting of the Committee held on 16 February 2022;
- Covid-19 update;
- The reshaping of health services in Nottinghamshire;
- The NHS proposed new standards for the treatment of cancer;
- The Health and Care Bill; and
- National trade media report in relation to United Lincolnshire Hospitals NHS Trust.

During discussion, some concern was expressed to the rising number of Covid-19 cases across Lincolnshire.

One member also enquired whether Ashley House, Grantham would be re-opening after being temporarily closed. The Committee was advised that a request would be made for this to be included in the update from Lincolnshire Partnership NHS Foundation Trust which was due to be received at the 13 April 2022 meeting.

RESOLVED

That the Supplementary Chairman's announcements circulated on 15 March 2022 and the Chairman's announcements as detailed on pages 17 to 23 of the report pack be noted.

81 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CARE QUALITY COMMISSION
INSPECTION REPORT - FEBRUARY 2022

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which invited the Committee to consider the information presented on the inspection report by the Care Quality Commission (CQC), and the Trust's actions in response to the inspection report.

The Chairman invited the following representatives from United Lincolnshire Hospitals NHS Trust: Andrew Morgan, Chief Executive and Karen Dunderdale, Deputy Chief Executive and Director of Nursing, to remotely, present the item to the Committee.

In guiding the Committee through the report, mention was made to the unannounced core-service inspection and the announced 'well-led' inspection during the months of October and November 2021; the findings of the CQC report published on 8 February 2022, these were shown in Appendix A to the report; and Appendix B provided the Committee with details of the key findings of the report for their consideration.

It was reported that overall, the CQC had recognised the widespread improvements made by the Trust in the quality and safety of services since the last inspection in 2019. Positive comments were also received about the Trust having a strong cohesive team with collective leadership at Board level. The Committee was advised that the overall Trust CQC rating remained as being 'Requires Improvement'. It was highlighted that the overall rating of ULHT was not able to be changed, as the CQC had not inspected all services on all sites.

Comparison information with the previous 2019 ratings were set out on pages 27 to 30 of the report for the Committee's consideration.

In conclusion, the Committee noted that the ULHT Board of Directors had considered the CQC report at their meeting on 1 March 2022, at which they had acknowledged the widespread improvements made and recognised that further improvements were required. They had also endorsed the preparation of an action plan to be submitted to the CQC, as required, by 10 March 2022.

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

- Some concern was expressed that Lincoln County Hospital still required improvement;
- The good rating for Grantham and District Hospital and the excellent service provided by staff at the hospital. The Committee noted that Grantham Hospital remained a key part of the Trust's services; and confirmation was given that not all services could not be provided at all sites, as the Trust needed to ensure that services operated within safety standards and remained sustainable;
- The need for the Committee to have access to the latest action plan;
- The 2017 special measures. The Committee was advised that the Trust was put into special measures because of quality, safety, and financial issues by NHS England

(NHSE). It was noted that the CQC had written to the NHSE concerning the recovery programme status, and it was hoped that the Trust would soon be exiting special measures and the recovery programme. The Trust offered to share the action plan with the Committee at its May meeting;

- Medicine Storage. It was reported that significant work had been undertaken to ensure that medicines were stored safely and correctly and at the right temperature and that staff were aware of the procedures in place;
- Staffing shortages. The Committee was advised that ULHT was now in a better position than it was two years previously. The Committee noted that the Trust had been successful in recruiting health care support workers and that more recently, the Trust had received some good applicants for consultant positions. It was noted that widespread improvements had raised the reputation and profile of ULHT; as people now wanted to come to Lincolnshire to work for its location, the high standard educational provision for children but also for the attraction of ULHT being at the cutting edge of new development, for example the introduction of robotic surgery;
- Bottom of Page 40 - areas for improvement relating to urgent and emergency care with regard to child protection information sharing. The Committee was advised that this particular comment related to how the hospital system/GP system picked up the flags for looked after children as it had been identified that the approach taken was not consistent. It was reported that work had taken place with the local authority to ensure that this had now been rectified;
- Whether the Trust had made progress regarding the comment on the bottom of page 43 of the report relating to the organisational culture not always encouraging openness and honesty at all levels. The Committee was advised that the Trust was not yet in the position where it wanted to be with regard to this matter, and that work was in progress to change procedures and processes to make things easier for staff. One scheme mentioned was the recruitment of a "Speak up Guardian" whereby staff could speak to an independent person concerning their issues;
- Bullying and harassment. The Committee was advised that there had been incidents of bullying. The Committee was advised further that bullying was not tolerated by the Trust. It was reported that mechanisms had been put in place to help mitigate any situations;
- Reassurance was sought as to whether the Trust was meeting its legal requirement (as highlighted on pages 40 and 41 of the report pack). Reassurance was given that since 2019, the Trust had made significant improvements; and that there had been sufficient evidence offered to the CQC to support the progress made;
- Whether staff morale had improved. The Committee was advised that the staff survey conducted in October 2021 still highlighted areas of concern. It was noted that a further staff survey was due to take place shortly;
- What measures were being put in place to improve the flow of patients into Lincoln County Hospital's urgent and emergency department. It was noted that this was an issue nationally, as well as locally. Measures were in place to encourage A& E to be used appropriately and where possible patients should initially be signposted to 111, GPs etc. It was also highlighted that there were also wider issues in the health and

care system and the Trust was working with partners to help mitigate the situation; and

- When would the Trust be moving away from paper records on to a digital way of working. The Committee was advised that this was an area that needed improvement, and at the moment, further investment would be required to make that happen.

RESOLVED

1. That support be recorded for the efforts of United Lincolnshire Hospitals NHS Trust, in making a range of improvements across a number of services, as reported by the Care Quality Care Commission.
2. That a further update on improvements in line with the action plan be received by the Committee at its 18 May 2022 meeting.
3. That a recovery update be received by the Committee at its 18 May 2022 meeting.

82 PUBLIC CONSULTATION ON THE NUCLEAR MEDICINE SERVICE AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which invited the Committee to comment on the service proposals, and to formulate a formal response to the public consultation on Nuclear Medicine Services at ULHT, which was due to close on the 23 May 2022.

Attached at Appendix A to the report was a copy of consultation document for the Committee's consideration.

The Chairman invited Laura White, Head of Nuclear Medicine ULHT and Anna Richards, Associate Director of Communications and Engagement ULHT, to remotely, present the item to the Committee.

In guiding the Committee through the report reference was made to:

- the background to the nuclear service at ULHT;
- the challenges faced by nuclear medicine nationally;
- the challenges faced by the nuclear medicine service in Lincolnshire with the shortage of clinical technologists. Staffing information was provided on page 69 of the report pack for the three sites currently providing nuclear medicine services;
- the case for change, it was noted that at present staff and services were spread so thinly across the three sites, and that low levels of staff absence impacted on the amount of work the service could perform; and
- the options appraisal, this identified that the safest way to provide a sustainable, long-term service was to reduce the number of where sites nuclear medicine was

provided, which would then reduce the redundancy of equipment and create a greater capacity to replace aged equipment and allow for better staff cover. Details of all the options were shown on pages 72 to 80 of the report pack.

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

- As there was a shortage of technologist nationally, how were other hospital trusts managing the service. The Committee noted that all areas were in a similar position, as this was a national problem. The problem was training and retaining staff whilst still providing a service. It highlighted that Lincolnshire had converted one of its technologist posts to an apprentice post in a bid to grow their own technologists. It was also highlighted that there was a shortage of radiologists in Lincolnshire who held an Administration of Radioactive Substances Advisory Committee (ARSAC) licence and trained Medical Physics Experts;
- Some concern was expressed that equipment had not been replaced earlier and to the proposed reduction in the service at Grantham Hospital;
- Whether the service had experienced any supply issues of radioactive materials. Reassurance was given that cancer patients were prioritised, but it was not known what the longer-term effect would be;
- Some members felt that the consultation appeared to be pre-determined;
- It was highlighted that the NHS nationally should have confronted the issue of a shortage of specialist staff earlier and should have ensured that training was available to ensure continuity of the service. The Committee was advised that ULHT was trying to run an efficient service and reducing the number of sites nuclear medicine was provided from was a sustainable option; and
- Concern was expressed that centralising services would mean that residents of Lincolnshire would have to travel further. Further concern was raised that carparks provided at the selected sites were already at full capacity.

RESOLVED

1. That thanks be extended to United Lincolnshire Hospital Trust for presenting its consultation document on Nuclear Medicine.
2. That a draft response be compiled based on the comments raised and that the draft response be submitted to the next scheduled meeting of Committee on 13 April 2022 for approval.

83 COMMUNITY PAIN MANAGEMENT SERVICE - UPDATE

The Committee considered a report from NHS Lincolnshire Clinical Commissioning Group (LCCG), which provided an update on the Community Pain Management Service (CPM).

The Chairman invited Tim Fowler, Associate Director of Contracting and Performance, to remotely, present the item to the Committee.

In guiding the Committee through the report reference was made to: the background behind the service; the LCCG commentary, which included a Covid-19 update, quality reporting and key performance indicator information.

In conclusion, the Committee was advised that the CPMS had made improvements in access and performance over the last six months, and it was expected that these would be sustained for future months. It was also highlighted that the service continued to be commissioned and delivered in accordance with the National Institute of Health and Care Excellence (NICE) and British Pain Society guidance.

The Committee was also advised that no quality concerns had been identified, and that reported patient's experiences, and outcomes were good.

Appendix A provided Key Performance Indicator summary details for the period April 2021 to January 2022 for consideration by the Committee.

During consideration of the item, the Committee raised the following comments:

- The type of treatment offered to patients. The Committee noted that the service was delivered in accordance with the National Institute of Health and Care Excellence (NICE) and British Pain Society guidance. However, it was noted that in some circumstances patients did continue to receive injections;
- The strain of chronic pain on an individual's mental health. One member enquired whether people were being referred to the service by GPs in a timely way. The Committee was advised that GPs were all well aware of the service; but there was unfortunately no evidence that patients were being referred at the right time. One member also highlighted that someone not being referred in a timely manner could also have an impact on their mental health and in some circumstances could lead to suicide. The Associate Director agreed to look into the matter further and report back if there were any concerns regarding referrals and whether there was a link to suicide rates;
- Clarification was given that the data provided was point-in-time data;
- What was the outcome from the CCG raising the issues found from the negative feedback with Connect Health and what lessons had been learnt. The Committee noted that no issues had been raised;
- Had the pandemic affected the level of demand for the service. The Committee was advised that the demand for service had slightly reduced, but had now started to return to normal levels; and
- Confirmation was given that the contract was due for renewal in April 2024.

RESOLVED

1. That the Lincolnshire Clinical Commissioning Group be thanked for presenting information on the Community Pain Management Service.

2. That the Committee's consideration of regular updates on the Community Pain Management Service since October 2019 be noted and in view of the sustained improvement of the service and positive patient feedback, no further updates be received, unless a significant change in performance of the service would merit the Committee's consideration.

84 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2021-2022

Consideration was given to a report from the Simon Evans, Health Scrutiny Officer, which invited the Committee to consider its approach to the Quality Accounts for 2021/22 and to identify its preferred option for responding to the draft Quality Accounts, details of which shown on pages 91 and 92 of the report pack.

During consideration of this item, the Committee agreed to consider the following statements on the draft Quality Accounts for 2021/22 for the following providers: East Midlands Ambulance Service NHS Trust, United Lincolnshire Hospitals NHS Trust and North West Anglia NHS Foundation Trust.

The following Committee members volunteered to be part of a working group: Councillors R J Cleaver, C S Macey, S R Parkin, Mrs A White, M A Whittington, L Wootten and R Wootten.

RESOLVED

1. That statements on the draft Quality Accounts for 2021/22 be made on the following local providers of NHS-funded services: East Midlands Ambulance Service NHS Trust; United Lincolnshire Hospitals Trust; and North West Anglia NHS Foundation Trust.
2. That the working groups include the following Councillors: R J Cleaver, C S Macey, S R Parkin, Mrs A White M A Whittington, L Wootten and R Wootten.

85 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME AND WORKING GROUPS

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 98 to 99 of the report pack.

The Committee was invited to consider setting up a working group to consider and respond to the consultation of the Lincolnshire Pharmaceutical Needs Assessment as detailed in section 4 of the report.

The Committee also considered the establishment of a working group to consider access to mental health services but agreed to wait until after its next meeting on 13 April 2022, as the Committee was due to receive a general update report from Lincolnshire Partnership NHS

Foundation Trust. The suggestion for a working group had been made on 16 February 2022 following the Committee's consideration of an item on Suicide Prevention.

It was confirmed that as GP Practices were NHS funded services, it was appropriate for the Committee to give consideration to them, in particular how they delivered their contractual obligations.

It was requested that the item from Lincolnshire Partnership NHS Foundation Trust on 13 April 2022 make reference to the Mental Health and Wellbeing Champions.

RESOLVED

1. That the work programme presented be agreed subject to the inclusion of the items/suggestion raised above; and the inclusion of the United Lincolnshire Hospitals NHS Trust Recovery and Action Plan in response to the Care Quality Commission report, and the Committee's draft response to the Nuclear Medicine Consultation for the 18 May 2022 meeting.
2. That a working group be established to respond to the consultation draft of the Lincolnshire Pharmaceutical Needs Assessment. The working group to include the following members: Councillors C S Macey, Mrs A White, L Wootten and R Wootten.

The meeting closed at 12.35 pm.

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Agenda Item 4

 Lincolnshire COUNTY COUNCIL <i>Working for a better future</i>		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	Chairman's Announcements

1. Covid-19 Update

On 24 March 2022, the Government announced a spring booster vaccine (either the Pfizer or Moderna vaccine) for:

- people aged 75 years and older;
- residents in care homes for older people; and
- those with weakened immune systems.

As with the previous booster programme, eligibility for a spring booster will be 182 days (six months) after the previous vaccination. The NHS continues to encourage people, who have not received an initial vaccine, or their first booster, to come forward.

On 31 March 2022, the Government announced that antiviral medicines would continue to be supplied free to patients who had tested positive for Covid-19 and who were eligible to receive these treatments via Covid Medicines Delivery Units until 31 March 2023.

On 4 April 2022, the NHS opened up bookings for all 5 to 11 year olds to receive a vaccine against Covid-19, following advice from the Joint Committee on Vaccinations and Immunisations. Most appointments will be offered outside school hours. Prior to this, the NHS had been vaccinating children aged 5 to 11 who had a medical condition that put them at increased risk or who lived with someone with a weakened immune system.

A report is attached at Appendix A, which is based on the weekly briefing for 28 March 2022 prepared by Lincolnshire County Council Public Health.

2. Lincoln County Hospital Major Incident

In the early hours of 29 March 2022, there was a fire in the A&E department at Lincoln County Hospital, following which a major incident was declared. All patients and staff were safely evacuated, and nobody was injured. The fire resulted in extensive damage to the hospital's interventional radiology sterile procedures room, with further damage to the X-ray, CT and MRI imaging suites. United Lincolnshire Hospitals NHS Trust (ULHT) is offering its full support to the Police and Fire and Rescue investigations.

Patients who had been due to attend Lincoln County Hospital for an X-ray, CT or MRI scan on 29, 30 and 31 March, were asked not to attend. Patients were contacted directly and in some cases offered appointments at other hospitals so that the scans can be done as soon as possible. Radiotherapy was unaffected.

From 30 March, most outpatient appointments operated with a small number of exceptions. Affected patients were contacted directly and their appointments rearranged. In addition, any patients who been unable to attend their appointments in the previous days were also contacted to have them rearranged.

On 30 March, the A&E department and the urgent treatment centre re-opened with a reduced service and both were open to all patients from 31 March. On 31 March the major incident was stood down.

3. House of Commons Public Accounts Committee – Report on NHS Backlogs and Waiting Times in England

On 16 March 2022, the House of Commons Committee of Public Accounts published a report: *NHS Backlogs and Waiting Times in England*, in which it made six conclusions and recommendations to the Department of Health and Social Care and NHS England & NHS Improvement (NHSE&I). The full report is available on the Parliament website:

[NHS Backlogs and waiting times \(parliament.uk\)](https://www.parliament.uk/publications/2022/03/nhs-backlogs-and-waiting-times/)

A summary of the report's conclusions and recommendations is set out in Appendix B.

4. Health and Care Bill 2021

On 23 March 2022, the Health and Care Bill has completed its third reading in the House of Lords. Following this, on 30 March, the House of Commons considered the amendments made to the House of Lords to the Bill and referred the Bill to the House of Lords with further amendments. These are due to be considered by the House of Lords on 5 April. If these amendments are agreed, the Bill would be ready for Royal Assent.

WEEKLY COVID-19 BRIEFING – 28 MARCH 2022

1. LATEST DATA

Tests (updated: 25 March 2022)

	Total Tests Carried Out	Positive Tests					
		Total	%	Cases	Rate of Cases per 100,000	Positive Cases (Previous Update)	Rate of Cases per 100,000 (Previous Update)
Boston	5,322	867	16.3%	508	717.1	553	780.7
East Lindsey	11,829	1,956	16.5%	1,266	891.4	991	697.7
Lincoln	7,670	1,384	18.0%	851	850.6	829	828.6
North Kesteven	11,297	1,981	17.5%	1,235	1,045.3	1,164	985.2
South Holland	7,504	1,377	18.4%	863	900.3	771	804.3
South Kesteven	12,450	2,330	18.7%	1,483	1,035.4	1,318	920.2
West Lindsey	8,522	1,327	15.6%	821	853.6	837	870.2
Lincolnshire	64,594	11,222	17.4%	7,027	917.0	6,463	843.4

The data in the table above represent a rolling seven day summary of Pillar 1 and Pillar 2 Tests. Data have been extracted from Public Health England daily line lists, which provide data on laboratory confirmed cases and tests captured through their Second Generation Surveillance System. The rates shown are crude rates per 100,000 resident population.

Cases (updated: 25 March 2022)

	Cases in the Last Seven Days	Cases to Date
Boston	508	19,643
East Lindsey	1,266	34,312
Lincoln	851	31,188
North Kesteven	1,235	32,877
South Holland	863	25,721
South Kesteven	1,483	41,510
West Lindsey	821	26,518
Lincolnshire	7,027	211,771

Data on cases are sourced from Second Generation Surveillance System. This is PHE's surveillance system for laboratory confirmed cases. Lab confirmed positive cases of Covid-19 confirmed in the last 24 hours are reported daily by NHS and PHE diagnostic laboratories. This is the most accurate and up to date version of data and as such it will not align with the data that are published nationally due to delays in reporting.

Deaths (updated: 25 March 2022)

Area	Total deaths reported to 24 March 2022	Total deaths in the last 7 days (18 March 2022 – 24 March 2022)
Boston	226	0
East Lindsey	495	1
Lincoln	249	0
North Kesteven	267	1
South Holland	255	0
South Kesteven	328	1
West Lindsey	237	2
Lincolnshire	2,057	5

Total number of deaths since the start of the pandemic of people who have had a positive test result for Covid-19 and died within 28 days of the first positive test. The actual cause of death may not be Covid-19 in all cases. People who died from Covid-19 but had not tested positive are not included and people who died from Covid-19 more than 28 days after their first positive test are not included. Data on Covid-19 associated deaths in England are produced by Public Health England from multiple sources linked to confirmed case data. Deaths newly reported each day cover the 24 hours up to 5pm on the previous day.

Vaccinations (Period Covered 8 December 2020 – 20 March 2022)

Age Group	First Dose	Second Dose	Booster or Third Dose	% who have had at least one dose	% who have had two doses	% who have had a booster or third dose
Under 12/Unknown	2,795	499	83			
12 - 15	23,495	13,061		71.0%	39.5%	
16 - 17	12,771	10,149	2,379	82.6%	65.7%	15.4%
18 - 24	49,667	46,331	28,610	83.1%	77.5%	47.9%
25 - 29	35,362	33,078	21,157	84.8%	79.3%	50.7%
30 - 34	38,345	36,235	24,794	88.5%	83.6%	57.2%
35 – 39	37,923	36,471	27,370	89.0%	85.6%	64.2%
40 – 44	37,869	36,771	29,709	93.6%	90.9%	73.5%
45 – 49	42,063	41,235	35,539	88.8%	87.1%	75.1%
50 – 54	52,377	51,617	46,558	97.3%	95.8%	86.5%
55 – 59	55,611	55,023	50,933	97.7%	96.7%	89.5%
60 – 64	50,502	50,030	47,143	99.5%	98.5%	92.9%
65 – 69	45,339	45,027	43,489	95.1%	94.5%	91.3%
70 – 74	48,016	47,763	46,658	94.5%	94.0%	91.8%
75 – 79	37,299	37,140	36,441	100%*	100%*	99.6%
Over 80	44,111	43,944	42,992	93.4%	93.1%	91.1%

2. DEVELOPMENTS OVER THE PAST WEEK

- In the last 7 days 73.4% of cases in Greater Lincolnshire that were genome sequenced were the Omicron Variant, 23.2% were the Omicron BA.2 Variant and 3.4% were 'Undetermined'.
- According to the latest data from the Office for National Statistics, Covid-19 cases climbed by a million in a week in the UK. Swab tests suggest about one in every 16 people was infected last week.
- The Office for National Statistics has found no evidence of an increased risk of cardiac death in young people following Covid-19 vaccination.

**HOUSE OF COMMONS PUBLIC ACCOUNTS COMMITTEE
REPORT ON NHS BACKLOGS AND WAITING TIMES IN ENGLAND**

Set out below is a summary of the six conclusions and recommendations from the House of Commons Committee of Public Accounts report: *NHS Backlogs and Waiting Times in England*.

- (1) The Department has overseen years of decline in the NHS's cancer and elective care waiting time performance and, even before the pandemic, did not increase capacity sufficiently to meet growing demand.

Recommendation: The Department must strengthen its arrangements for holding NHSE&I to account for its performance against waiting times standards for elective and cancer care. This should include specific expectations for improving waiting time performance in 2022–23. The Department should write to us alongside its Treasury Minute response to set out the specific and measurable performance indicators for elective and cancer care it has put in its 2022–23 mandate to NHSE&I.

- (2) At our evidence session the Department and NHSE&I appeared unwilling to make measurable commitments about what new funding for elective recovery would achieve in terms of additional NHS capacity and reduced patient waiting times.

Recommendation: In implementing its elective recovery plan, NHSE&I should set out clearly:

- timeframes, costs and outputs of the components of the recovery plan covering elective care and cancer care to 2024–25;
- the longer-term investments and plans that are being made now to improve the resilience of elective care and cancer care beyond 2024–25; and
- the national performance levels expected in each year between now and 2024–25.

- (3) The NHS will be less able to deal with backlogs if it does not address longstanding workforce issues and ensure the existing workforce, including in urgent and emergency care and general practice, is well supported.

Recommendation: In implementing its recovery plan NHSE&I's should publish its assessment of how the size of the NHS workforce (GPs, hospital doctors and nurses) will change over the next three years, so that there is transparency about the human resources that the NHS has available to deal with backlogs.

- (4) It will be very challenging for the NHS to focus sufficiently on the needs of patients when it comes to dealing with backlogs, both patients already on waiting lists and those who have avoided seeking or been unable to obtain healthcare in the pandemic.

Recommendation: The Department and NHSE&I must ensure there is a strong focus on patient needs in all their recovery planning, including:

- measuring the success of all initiatives to encourage patients to return to the NHS for diagnosis and treatment;

- creating guidance and tools, and setting aside resources, for meaningful communication with patients who are waiting; and,
- supporting NHS trusts through planning guidance and other means to prioritise patients fairly, so they are able to strike an appropriate balance between clinical urgency and absolute waiting time.

(5) Waiting times for elective and cancer treatment are too dependent on where people live and there is no national plan to address this postcode lottery.


Recommendation: NHSE&I should investigate the causes of variations between its 42 geographic areas and provide additional support for recovery in those that face the biggest challenges. NHSE&I should write to us in December 2022 on the actions it has taken to address geographical disparities in waiting times for cancer and elective care and include a summary of any analysis it has done on differences in health outcomes for elective and cancer care in different parts of the country since the start of the pandemic.

(6) For the next few years, it is likely that waiting time performance for cancer and elective care will remain poor and the waiting list for elective care will continue to grow.

Recommendation: The Department and NHSE&I must be realistic and transparent about what the NHS can achieve with the resources it has and the trade-offs that are needed to reduce waiting lists. In implementing its elective recovery plan, NHSE&I should set out clearly what patients can realistically expect in terms of waiting times for elective and cancer treatment. By the time of the next Spending Review at the latest, the Department and NHSE&I should have a fully costed plan to enable legally binding elective and cancer care performance standards to be met once more.

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Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	Lincolnshire Partnership NHS Foundation Trust - Update

Summary:

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health services and also provides some learning disability, autism and social care services in the county. LPFT's last report to the Committee was on 21 July. In addition to the Trust's response to Covid-19 and changes to services as a result of the pandemic, this update report also includes information on increased demand for services, as well as new developments and initiatives.

Actions Requested:

That the Committee consider the information presented by Lincolnshire Partnership NHS Foundation Trust and decide on the next steps.

1. Introduction

The last twelve months has continued to be challenging for the NHS and our local community, with the continued impact of the Covid-19 pandemic, rising demand for mental health services and increasing cost of living. The need for mental health and wellbeing support has never been greater, which is reflected in the increase in referrals to Lincolnshire's mental health services. As a Trust, we continue to work closely with our partners in the local Lincolnshire health and care system, as well as the community, voluntary and social enterprise sector to provide a wide range of support and resources to help people at different stages of their wellbeing.

2. Covid-19 Response

As a Trust, we continue to manage the impact of Covid-19, whether this is with continued staff Covid-19 related absences, managing outbreaks on our ward environments or general pressures of increasing demand. At times we have had to implement business continuity arrangements to ensure the continued safe delivery of care, particularly in our ward and 24-hour crisis support services which we have had to prioritise.

Many of these changes have been temporary changes to our ward-based services in response to unprecedented staffing pressures. These included:

- Three-week temporary closure of the Hartsholme Centre, Lincoln (psychiatric intensive care unit) during December 2020. Staff redeployed to support other areas.
- Three-week temporary closure of the Wolds, Lincoln (reablement ward) during December 2021, with staff redeployed to support other areas.
- Manthorpe (dementia) Ward, Grantham was temporarily closed in May 2020 as part of our business continuity response to staffing pressures and also the requirement to make Grantham Hospital a Covid-19 “green site”. The staff were redeployed to other older people’s wards and also supported the pilot of a Dementia Home Treatment Team, that supported those people previously admitted to hospital in more appropriate community settings closer to home.
- Ashley House (open mental health rehabilitation) was temporarily closed in February 2021. Staff were redeployed to support other inpatient areas and to expand the community rehabilitation offer, supporting people with quicker discharge into the community in less high-risk community environments.

Infection prevention and control measures remain in healthcare settings despite a relaxation in the wider community. We await further updated guidance from NHS England and Improvement on future arrangements, including continued use of personal protective equipment and staff and patient testing/isolation.

For the moment, this means we still require our staff, patients and visitors to wear a mask, socially distance and maintain good hand hygiene.

This has meant that bed availability on some wards continues to be reduced, where there are shared bedroom facilities or smaller ward spaces, to allow for social distance arrangements. This equates to a reduction of eight beds across our adult acute and psychiatric intensive care wards. This will be reviewed when new guidance is received.

The Trust had previously reached the target to achieve zero inappropriate out of area placements by April 2021, but as a consequence of bed reductions and on occasion Covid-19 outbreaks on our ward environments the Trust has, on occasion, had to make use of out of area bed placements. We continue to monitor this closely and will only admit to an out of area bed when absolutely necessary.

This is comparable to other mental health trusts nationally who have seen increasing demand for acute inpatient care and increasing complexity of mental health presentation.

3. Changes to Services

We continue to utilise the learning from delivering our services in a different way during the pandemic and this includes:

- Remote/virtual appointments have been introduced at a much greater scale than previously used, as an alternative to face-to-face appointments. Clinical services have now adopted a blended approach to providing care and treatment, using a mixture of telephone, video-conferencing and face to face appointments where required. This is an evolving area of work as more is understood about the use of different digital ways of working, but patient choice and clinical outcomes are the main deciding factor in which mode of delivery is most suitable.
- The Mental Health Liaison Service was expanded to provide 24/7 delivery in Lincoln County Hospital using redeployed staff from other LPFT services (previously 8am-10pm). Following a successful funding bid these extended hours have been made substantive.
- In March 2020, we were able to introduce 24/7 all age freephone crisis helplines with support from Mental Health Matters. The helplines provide round the clock support and access to services and have now been funded recurrently and with ongoing work to link the service to the national NHS 111 service. We have received an average of 300 calls a month to our children and young people Here4You helpline over the past three months and 1,300 a month to the adult's Mental Health Matters line.

Ashley House, Grantham Temporary Closure

Ashley House is a 15 bedded open mental health rehabilitation ward in Grantham, temporarily closed during the pandemic to enable staff to be redeployed and bolster community support through the new community rehabilitation service.

The Community Rehabilitation teams provide ongoing specialist clinical support for people when they are discharged from hospital into the community. They work with other mental health community teams, supporting people who need a more structured and intensive approach to rehabilitation. Providing a more personalised approach by helping to develop coping skills and widening people's social networks with a view to reducing dependency on services.

The decision was made to temporarily close Ashley House as part of business continuity plans to support staffing pressures, as a consequence of Covid-19 related absences. The redeploying of staff to support community rehabilitation, supports our vision to enable people to live well in their communities and is consistent with best practice to care for patients in the least restrictive environment.

Prior to its temporary closure, the service had been operating below its 100% occupancy since October 2018 and alternative open rehabilitation provision remains available at Maple Lodge in Boston, with other rehabilitation care also available at Discovery House in Lincoln.

During the closure Maple Lodge in Boston has been able to accommodate all patients requiring open rehabilitation inpatient care and maintained below 100% of their full occupancy, with no out of area admissions for this patient group.

Historically patients have been referred to LPFT's open rehabilitation beds from either high dependency wards or acute mental health wards, however due to the location of the two open rehabilitation units in Grantham and Boston, care may not have always been near the service user's own local community or social networks.

For the three-years period prior to the temporary closure, Ashley House had 52 admissions, of which 14 were from Grantham and the surrounding area. Therefore, the closure has not had a direct adverse effect on any one geographic population.

The Community Rehabilitation team was initially funded as a pilot in the west of the county, in Lincoln and Gainsborough, having secured pilot funding through the Mental Health and Wellbeing Transformation Programme. With the temporary closure of Ashley House and some further funding in phase two of the programme, we have been able to expand to the south of the county, particularly around Grantham to support with any impact from the closure. We are not currently able to provide consistent community rehab support on the east coast, Boston and Spalding and Stamford areas with the size of the current team and further funding is being sought.

We have continued to engage both our staff and patient groups around these changes to rehabilitation services and have so far had no adverse feedback or complaints as a consequence of the closure to date.

We are coming to the end of our latest engagement exercise which has specifically explored the Ashley closure and continued rollout of community rehabilitation- asking our service users what they would like to see in the future. We continue to consider our future model for rehabilitation services and this latest engagement exercise will help inform a range of options we will bring back to Health Scrutiny Committee in May 2022 for consideration before further public consultation.

Manthorpe Unit, Grantham Temporary Closure

The Manthorpe Unit is an 18 bedded ward in Grantham caring for older adults with dementia whose needs are too complex to be safely managed within the community. Early in the pandemic (March 2020) the decision was made as part of business continuity plans to temporarily close the ward and consolidate staffing at the Lincoln Witham Court site, to ensure high quality, safe care could be maintained with the increasing staffing pressures. It later remained closed when Grantham and District Hospital was designated as a green site.

During this temporary closure, alternative support for those patients usually admitted to the Manthorpe ward was required and a Dementia Home Treatment Team was rapidly set up to mitigate the reduction of 18 dementia beds in the county. The Trust has been able to safely maintain older people with dementia in their home environment and despite the reduced inpatient beds available has not had to place any patients with dementia in out of area inpatient care.

Whilst the Manthorpe Ward is now available for use, following the green site status of Grantham Hospital being rescinded in April 2021, the Trust has chosen to keep the ward closed whilst we continue to manage staff Covid-19 related absences.

The closure has also demonstrated the positive impact of this different way of working and as a Trust we wish to explore alternative models of care over the coming months as a pilot to consider in the future.

We are therefore working on proposals to reopen the Manthorpe Ward on a pilot basis in a new clinical format, utilising the space as an 8 bed short stay step up/down service. This not only enables us to re-open the facility with locally based bed capacity, it also enables us to continue our pilot of Dementia Home Treatment and provide additional care pathways in our older adult/dementia services, parallel to the stepped options available to working age adults.

This proposal would enable the service to test and refine the model delivered over the past 18-months and study the impact this has on patient care and outcomes, prior to further public consultation and decisions on future models of care.

The service continues to closely engage the local community and patient group, including carers and families, and has a regular clinical reference group that meets to discuss all aspects of older adult mental health and dementia care.

During the closure the service has not received any related complaints or adverse feedback and with the implementation of dementia home treatment team the team have been able to avoid around 98% of admissions from the 318 referrals they have received. This equates to circa 316 cases that pre-pandemic would have been escalated for hospital admission.

We hope to be in a position to reopen the Manthorpe Unit as this new pilot later in the summer, subject to some estate adjustments and appropriate staffing being in place.

4. Mental Health and Wellbeing Transformation Programme

The NHS Long Term Plan and NHS Mental Health Implementation Plan set the ambition to transform the provision of community mental health care and to develop new and integrated models of primary and community mental health care.

Lincolnshire was selected as one of 12 early implementer sites to lead transformation of community mental health services in England in partnership with primary care networks, clinical commissioning groups, local authorities, the voluntary, community and social enterprise (VCSE), service users, families, carers and local communities themselves.

We were successful in securing further funding to rollout countywide and our findings will be used to inform the roll out of new models of integrated primary and community care at a national level. Appendix A shows what we have done so far in this major transformation programme and what will be coming next.

5. New Acute Mental Health Wards

Work continues to progress well at our new Peter Hodgkinson Centre (PHC) development in Lincoln. The external walls are going up, now that the steel frames is in place. This marks almost a year to when we are expecting the wards to officially open to patients.

The two new ward extension, on the existing Peter Hodgkinson centre site, will replace Charlesworth (female) and Conolly (male) adult acute mental health wards which currently reside on the first floor of PHC and have outdated shared dormitory accommodation.

Both wards will provide 19 individual ensuite bedrooms and vastly improve the patient environment with natural light, outside views, access to outdoor space, and modern and relaxing therapeutic spaces.

We also remain committed to eradicating our dormitory ward accommodation in Boston. However, increasing costs of construction mean that we are having to revisit the options available.

Work continues meanwhile to demolish existing buildings on the Norton Lea site.

6. Increased Crisis Support

Mental Health Urgent Assessment Centre and Night Light Cafes

As part of work to reduce demand in local emergency departments as well as improving the mental health crisis care we offer our community, we are pleased to be piloting a new urgent assessment centre in Lincoln and launching new Night Light Crisis Cafés in further parts of the county.

There are currently 10 Night Light Cafes open in Lincoln, where the pilot initially started, with a further six now open across Gainsborough, Grantham, Spalding, Bourne, Long Sutton, and Stamford. Further locations are set to open on the East Coast.

Night Light Cafés are an out-of-hours support service staffed by teams of trained volunteers who are available to listen. They offer safe spaces for anyone struggling with their mental health or at risk of experiencing a crisis - as well as signposting to other organisations that may be able to help with other needs, such as debt advice or emergency food parcels.

The cafes are co-ordinated by the Acts Trust in partnership with local charities who provide the venues and we were pleased to see Stacey Marriot, the Night Light Cafés Coordinator for Acts Trust, recently receive a High Sheriff's Award in recognition for her outstanding work in setting up the Cafés in Lincolnshire.

People can self-refer by calling 0300 011 1200 or via Instagram DM or Facebook Messenger @NightLightCafeLincoln. Agencies and GPs can refer individuals with their consent by completing the appropriate online referral form.

More information is also available at www.lpft.nhs.uk/Night-Light-Cafes

In addition to the Night Light Cafes, we have also started to pilot a new Mental Health Urgent Assessment Centre on the Lincoln County Hospital site, which enables adults with a mental health related crisis to attend our dedicated centre in Lincoln, rather than going to an emergency department.

Our data shows that around 70% of people attending A&E with a mental health concern, do not have physical healthcare needs and would be better cared for by dedicated mental health professionals. A&E departments do not always provide the calming, therapeutic environment for people in crisis, and Lincolnshire will be one of a small number of systems nationally trialling such a service.

The new assessment centre, which is staffed by experienced mental health practitioners, will provide a safe, lower stimulus environment for patients to receive further assessment of their need and risk. It is co-located with mental health services to enable onward referral and liaison – particularly when looking at alternative community support, or where hospital admission is required.

Whilst we are developing the service model and increasing our staffing support, the assessment centre is initially accepting direct transfers from East Midlands Ambulance Service and United Lincolnshire Hospitals NHS Trust emergency departments, where patients are fit to be transferred and have no physical healthcare needs.

However, in the very near future we hope to extend this to direct transfers from Lincolnshire Police and eventually accepting direct walk-ins from the local community.

7. Demand on Services

Nationally there has been an increase in the number of people needing to access mental health services. Demand across all services has increased over the last two years, but with notable increases in the following:

- Children and young people services, in particular young people experiencing an eating disorder
- Adult Autism diagnostic assessments
- Early intervention in psychosis
- Chronic fatigue

- Talking therapies through the improving access to psychological therapies pathway (known locally as steps2change).

Despite this increased demand the Trust continues to perform well against nationally set waiting time targets for most services, with only our children and young people services currently an outlier compared to national expectations.

We recognise that waiting for any service is not ideal and we are committed to ensuring our service users receive timely assessment and treatment. Where people are waiting for services, we have processes in place to touch base regularly to assess changing needs and risk and signpost to other support available in the interim, such as our mental health helplines and our range of community support networks.

Children and Young People

Lincolnshire has seen a 16% increase between 2019/20 and 2021/22 for our core children and adolescent mental health services (CAMHS). This has seen average waiting times increase and, as of February, these are around 7.28 weeks.

There are also secondary waits for some recommended treatments following assessment, with some children waiting over 52 weeks.

In the CAMHS eating disorder pathway there has been a 251% increase in referrals between 2019/20 and 2021/22 and demand is currently outstripping the capacity of this small team.

We recognise this is a significant issue for our local population and have been working closely with our local commissioners, Lincolnshire County Council and NHS Lincolnshire Clinical Commissioning Group to agree additional investment.

Recruitment for additional staff is underway but this is likely to be challenging, as is recruitment across mental health services nationally.

In the wider children and young people pathway we have recently implemented a new Here4You access team which began its pilot in January 2022. This team is the access point for all community children and young people services and has recently started to accept online self-referrals. This improves people accessing the right service for their needs, but also provides advice and signposting to young people and their family/carers.

Healthy Minds Lincolnshire is also a core part of the Lincolnshire offer and provides emotional wellbeing support for children and young people up to 19 years old, or up to aged 25 if the young person has special educational needs, disability or are a care leaver. The average wait for assessment in this service is four weeks.

We also have new Mental Health Support Teams being rolled out across Lincolnshire, with four teams now operational in Lincoln, Gainsborough, Boston and Skegness, with additional funding just agreed for further rollout in Grantham, Sleaford and Spalding in 2022/23. These teams work specifically with schools to further enhance the emotional wellbeing offer.

Over the Spring/Summer of 2022 the Trust alongside Lincolnshire County Council will also be undertaking a full review of children and young people services to agree a future transformation programme, similar to that underway in adult services.

Steps2change Talking Therapies

(Improving Access to Psychological Therapies - IAPT pathway)

Waiting times for our steps2change service are currently higher than we would like for some parts of the clinical pathway. Our overall performance against national targets for referral to treatment remain positive. As of February 2022, 97.5% of people were seen in less than six weeks (against a target of 75%) and 100% of people were seen within 18 weeks.

However, there is a delay for some people between completing their first step of their treatment (accessing self-help) and accessing second step of treatment which involves a qualified professional. The target is less than 10% of people should have to wait no more than 90 days. Our current performance is 38%.

We continue to support people through a stepped approach to treatment, providing access to groups, online workshops and self-help support initially, with the opportunity to step-up and access other one-to-one therapy where further help is required.

We have received additional investment and are expanding the service in response. This includes 11 new practitioners who have started or starting in April and a further 13 due to join from September 2022.

Adult Autism Diagnosis

As a Trust, we are commissioned to provide autism diagnostic assessments for adults aged 18 and over in Lincolnshire. Children and young people assessments are undertaken by paediatric services at United Lincolnshire Hospitals NHS Trust.

The number of people being referred for an autism assessment as an adult in Lincolnshire has increased over time with 630 referrals in 2021 compared to 409 in 2020 and 347 in 2019. We have been working closely with our commissioners to determine what additional resources are now needed to meet the current levels of demand and in the future.

This situation has been further hindered by the Covid-19 pandemic, which has brought with it a range of challenges. For example, face masks affect our clinicians' ability to effectively assess social communication, which is a key component of the diagnosis process. Regrettably this has contributed further to the waiting list for our diagnostic assessment, which in some cases is now up to two years.

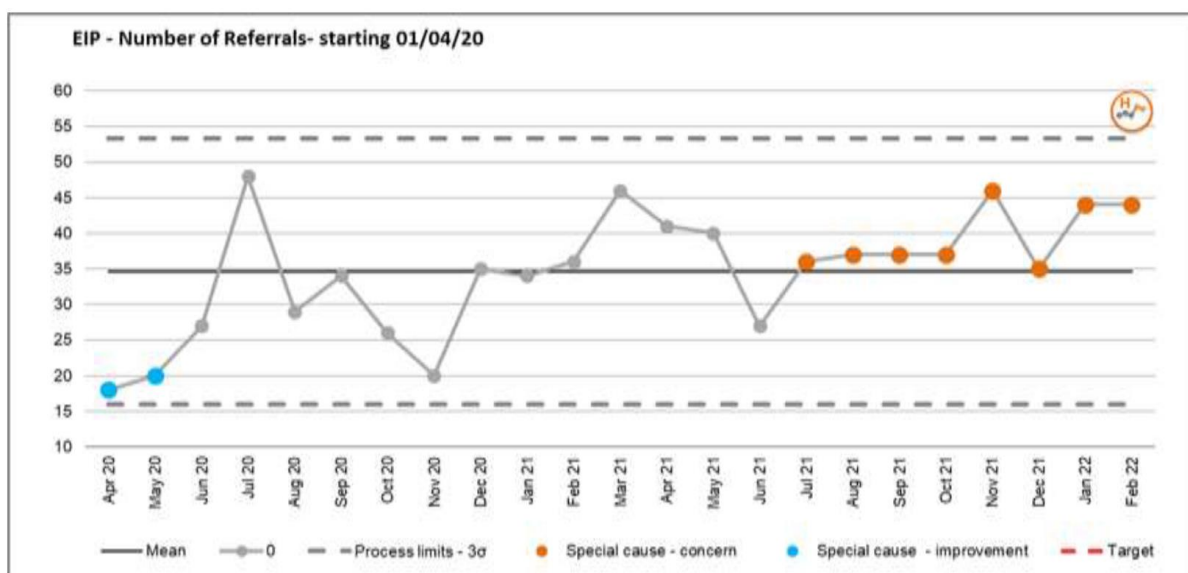
As an initial step to reduce the length of time people are waiting and ensure people receive the support they need in as timely a manner as possible, we are working with a private provider who is now supporting with assessments, particularly for those who have been waiting some time.

We regularly review our waiting lists and offer additional support where we can whilst people are waiting.

Early Intervention in Psychosis

As a result of lockdown and the pandemic a rise in referrals for mild mental health conditions was expected. However there has also been an increase in presentation of more serious mental illness, especially those experiencing their first episode of psychosis. The Early Intervention in Psychosis team works with 14 to 65 year-olds experiencing a first episode of psychosis, or are suspected to be at risk of developing a first episode of psychosis.

The team have seen an above average demand for a sustained period of time (July 21-Feb 22), receiving between 35 and 45 new referrals a month since July 2021. Waiting times have been compounded further by staff sickness and vacancies within the service. This means the service is currently not achieving their two week wait assessment target.



We are closely monitoring the impact of demand and working hard to recruit to vacancies within this specialist team. We expect to see improvements in waiting times over the next three months, as we work through the backlog and see the impact of vacancies being filled.

Chronic Fatigue Services

As a result of the long-term impacts of people who have had Covid-19, there appears to be an increasing number of people left with chronic fatigue symptoms. The Trust's specialist Chronic Fatigue Syndrome service has been working closely as part of the system's Long Covid clinics - however demand is currently greater than current capacity and waiting lists are increasing as a result. We are in discussion with local commissioners for additional investment to expand the team to meet this current demand.

8. Suicides

National data suggests that although general suicide rates have not seen a significant change during the pandemic, there has been a notable increase of risk in older adults and young people in both significant self-injury and those having thoughts of suicide.

Exact suicide data can have a lag, due to awaiting the outcome of coroner investigations. So national benchmark data can be several years behind and does not yet cover the pandemic period between 2020-2022. As a Trust, we monitor the number of suicides, or suspected suicides of people known to our services and you can see these trends generally mirrored locally with a slight increase at points in the later part of 2021.



As a Trust, we have a local suicide prevention strategy which strives to achieve zero suicides for those people known to services. We also work closely with public health colleagues at Lincolnshire County Council and other local partners such as Lincolnshire Police and district councils on a countywide strategy for suicide prevention. On average only 20 per cent of suicide deaths in the county are for those known to mental health services, so a partnership approach to tackling suicides is essential.

In October 2021, we appointed a new Suicide Prevention and Self-injury Lead who has been reviewing where our local strategy can be strengthened. They are leading the following key areas of work within the Trust:

- Working with the Quality and Safety Team to undertake a thematic review of suicides – looking at key themes from suicides, suspected suicides, and unexpected unnatural deaths of service users in receipt of mental health services provided by LPFT and those who died within 6 months of discharge from services. The review is focused on those deaths reported between April 2019 – March 2020 and aims to identify any themes or trends, to compare against any national data and draw recommendations to support a proactive suicide prevention strategy refresh.

- Strengthening support for families/carers who are bereaved by suicide and support for staff involved in a person's care.
- Ensuring current training is fit for purpose, working with services to look at protocols and policies regarding self-harm.
- Preventing suicide is complex and no one organisation can tackle the issues in isolation, with this in mind the Suicide Prevention and Self-Injury Lead is involved in several projects and workstreams locally, regionally and nationally. External to the Trust we contribute and deliver parts of the Lincolnshire wide strategy and are currently working with Public Health in the development of a Lincolnshire multi-agency suicide cluster pathway and further developing Real Time Surveillance (RTS) data with Lincolnshire Police.

9. Recruitment and Retention

As demand on services increases, we have received substantial additional investment to expand our teams, to meet increasing demand and transform the way we work for our local community. Recruitment remains one of the Trust's main risks. Nationally, recruitment to the NHS, in particular qualified mental health specialisms, is challenging and there is limited supply in certain professions, particularly psychiatrists, nursing and allied health professionals.

We currently employ 2,480 staff as of the end of February, but currently have around 333 vacancies (13.69%). This is largely in two professional areas of nursing and additional professional, scientific, and technical which includes roles such as psychology and social workers. Our forecasts suggest that over the next year we will be able to improve our staff in post figures by approximately 100 whole time equivalents (WTE), but this will not all translate to a reduction in vacancies due to further investment to increase our workforce.

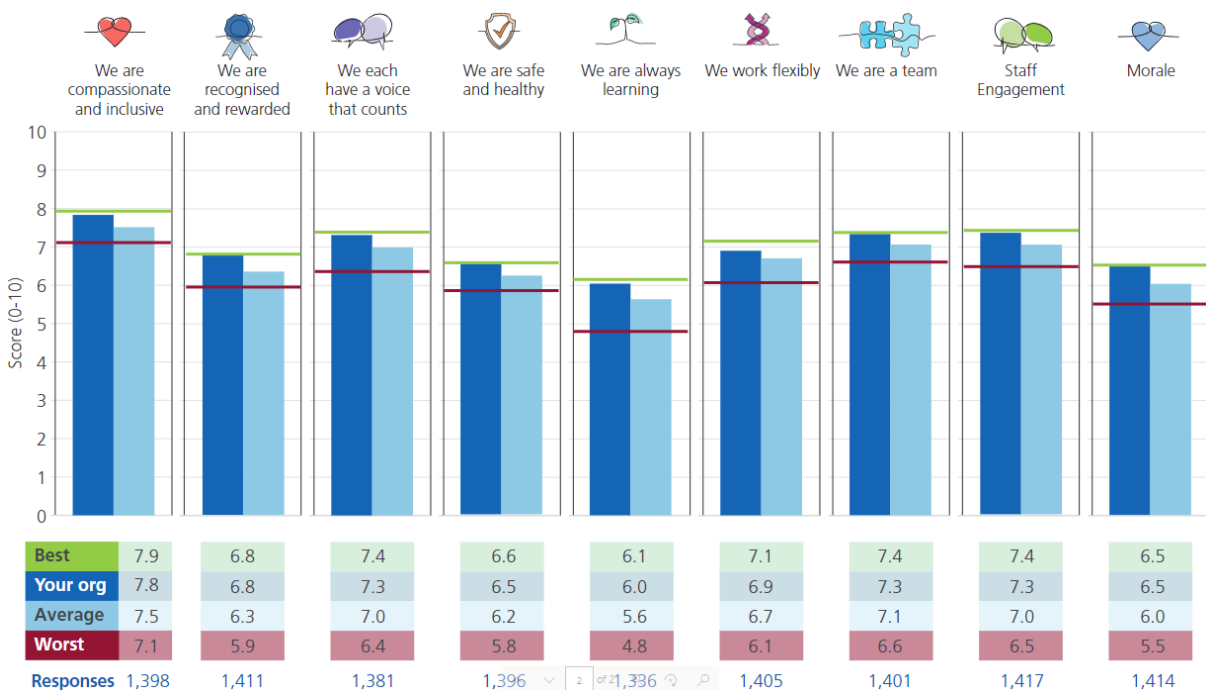
The following summarises the main workforce projects and initiatives for 2022/23 to help us meet these challenges:

- Developing an Attraction Strategy - using our workforce model to carry out further deep dives, ensuring that we implement methods to best maximise the supply of our domestic pipeline.
- Recruitment systems – we plan to introduce better systems for recruitment enabling us to conduct rolling cohort recruitment on a broader scale.
- Staff retention – We are building our insight into why our staff were attracted to work for us, stay with us, consider leaving etc. This “Walking in Your Shoes” engagement programme will inform our Retention Strategy.
- International recruitment – So far in 2021/22 we have successfully recruited ten international nurses and three psychiatrists to come to practice in the UK and we have more work planned to further extend this recruitment. Lincolnshire is seen as a leading trust in mental health international recruitment and we have been asked to share our learning across the region and beyond.

- New roles and ways of working – As stated we experience staff supply issues in certain staff groups, and therefore our strategy is to explore the introduction of new roles with the required skills and different ways of working, to complement existing professions and meet the needs of our service users.
- We continue to work with our Lincolnshire system colleagues on recruitment challenges – as well as other mental health trusts across the East Midlands and wider Midlands region. The aim is to find innovative ways to grow our workforce - rather than just “circulating” staff between organisations.

National NHS Staff Survey 2021

The results of the annual national NHS Staff Survey were published on 30 March 2022 and we were pleased to have received feedback from 64% (1,430 staff) of the LPFT workforce. The survey is always incredibly important to us and we use it to guide our improvement plans, understand how we compare to other trusts and to shape our future strategies. As a Trust we continue to benchmark as one of the best mental health and learning disability trusts nationally and we are above average in all key themes.



We were delighted that 72 % of staff would recommend us as a place to work, and 83% said that the care of patients/service users was our top priority. We are also the top trust nationally for staff morale, which we know can have a positive impact on the care that patients receive.

We recognise there are always areas for further improvement and we are talking to the teams who scored particularly highly to see if there are ways we can share best practice across the Trust. As well further staff engagement on which areas need further focus. Key areas for focus to date include recruitment and retention, reducing the abuse staff receive from patients, particularly in our black, Asian and minority ethnic workforce, and variation in leadership.

10. Awards and Accreditations

Despite the challenges and pressures of the pandemic we have been pleased with the quality improvements we have continued to make across our services. This has also included recognition in a number of national awards and formal accreditation of our services by national professional bodies.

- For the second consecutive year, LPFT was shortlisted for Mental Health Trust of the Year at the 2021 Health Service Journal (HSJ) Awards. This national recognition commends the ongoing work of our Trust to transform mental health and learning disability services for vulnerable communities across Lincolnshire, enabling them to access excellent care as close to home as possible, in the least restrictive environment.
- The Children and Young People's Support Team were shortlisted in the peer support category at the Positive Practice Mental Health Awards 2021. Recognising the valuable role peer support workers play in supporting young people and parent/carers accessing mental health services.
- Lincolnshire's Children and Young People Complex Needs Service (formerly known as the Future4Me Health Team) won the 'Mental Health and Wellbeing' award at the Children and Young People Now Awards 2021. The service works as an integrated partnership between LPFT, Lincolnshire County Council and other partner agencies such as education and the criminal justice system, providing holistic support to young people who are at risk of homelessness, criminalisation, or exploitation.
- The Trust's Research Team was a finalist for 'Outstanding Achievement by a Team' at the CRN East Midlands Research Awards 2021. Recognising the outstanding achievements of research teams in the East Midlands, and awards teams that have gone above and beyond what would normally be expected to achieve outstanding results.
- Lincoln's Electroconvulsive therapy (ECT) team achieved Electroconvulsive Therapy Accreditation (ECTAS) which included a Commendation in Monitoring and Follow-up.
- Several teams across the Trust achieved re-accreditation by Lincolnshire Carers Quality Award, recognising our commitment to carers. This included all age inpatient ward, crisis and home treatment services and the veteran's mental health team.
- Grantham Crisis Resolution and Home Treatment Team (CRHT) received their HTAS (Home Treatment Accreditation Scheme).
- Lincoln Mental Health Liaison service received their accreditation from the Royal College of Psychiatrists, under membership of the Psychiatric Liaison Accreditation Network
- Ward 12 in Boston also achieved the standards in the Quality Network for Inpatient Working Age Mental Health Services (QNWA) through a comprehensive process of self and peer review.
- A number of the Trust's community teams undertook their reaccreditation for ACOMHS the Royal College of Psychiatrists standards for community mental health services and maintained their accreditation.
- The Individual Placement and Support Employment Service maintained their "Good Fidelity" status as a result of their external Fidelity review.

11. Future Ambition for Mental Health, Learning Disabilities and Autism Services

We continue to work closely with partners across the system to set the ambitions and priorities for mental health, learning disabilities and autism support across the county. Our partnership currently has representatives from many system partners such as the Clinical Commissioning Group, Public Health, Lincolnshire County Council and primary care to name a few. The partnership is chaired by Sarah Connery, our Chief Executive, and all partners are working together to achieve the very best outcomes for our service users and their carers. The partnership continues to build close links to the criminal justice system, police, local councils and our community and voluntary sector who all play a vital role.

This is an evolving partnership and we have recently been discussing our system priorities and ambitions for Lincolnshire, focused on collaboration, and improving access, experience, and outcomes for all. LPFT cannot deliver the ambitions in isolation and it will take a system wide approach, particularly on prevention and early intervention and promoting independence for people to live well. Our partnership continues to develop and we'll be sharing more on our priorities and ambitions for your feedback in the coming months.

12. Consultation

This is not a direct consultation item. However, reference is made in the report to an engagement exercise on our future model for rehabilitation services, which will be considered by the Committee on 18 May 2022.

13. Conclusion

The Committee is requested to consider the report.

14. Appendices – These are listed below and attached to the report

Appendix A	Mental Health and Wellbeing Transformation Programme – The Story So Far
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15. Background Papers

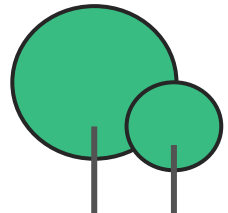
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jo Walker, Head of Communications, Lincolnshire Partnership NHS Foundation Trust, who may be contacted via Joanna.Walker2@nhs.net

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The backstory

- The **NHS Long Term Plan** and **NHS Mental Health Implementation Plan** set the ambition to transform the provision of community mental health care and to develop new and integrated models of primary and community mental health care.
- **Lincolnshire** was carefully selected as one of 12 **early implementer sites to lead transformation** of community mental health services in England in partnership with PCN, CCG, local authorities, the VCSE, service users, families, carers and local communities themselves.
- We were successful in securing **further funding to rollout countywide** and our findings will be used to inform the roll out of new models of integrated primary and community care at a national level.



What's in place now?



We have rolled out 4 of proposed 9 Integrated Place Based Teams

Psychology Recruitment Campaign put together

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Blueprint pathway in place being localised with IPBTs



Developing local solutions to enable better system access

Expansion of new roles and new ways of working

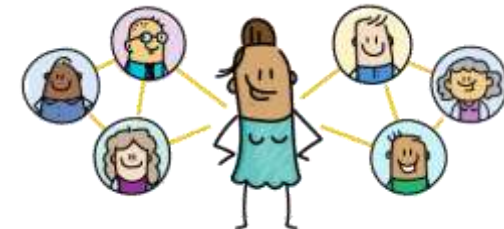
Specialist clinical pharmacists role in place enabling proactive meds management

People with lived experience are working with us across the programme



Dedicated workstreams established

Aligning with the local authority to link together digital technologies and ensure a collaborative approach



What's in place now?



Co-locating staff in community hubs, such as Bridge Central, Lincoln

Established a clear plan for the transformation of the eating disorders service

Lincolnshire Mental Health Helpline / Advisers helpline in place to support our communities



Rolling out the Community rehab team across the county

It's All About People website launched for the workforce



Expansion of crisis cafes



Trialling Vitrucare platform and digital kiosks installed

Establishing and expanding the Personality and Complex Trauma (PACT) Team



What is underway?

Working with Primary Care to embed MH practitioners in each GP Practice (ARRS)

A two phased stakeholder engagement programme for LPFT staff (*Conversations about Transformation*) and wider stakeholders (*Connect to Communities*)

Community Assets Development (CAD) – working together to determine the local mental health offer

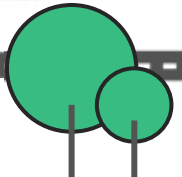
We've implemented testing models which need to transition into implementing based on population health – to be constantly tested and evaluated

Putting in VCSE roles, peer support workers, community connectors, social prescribers/link workers

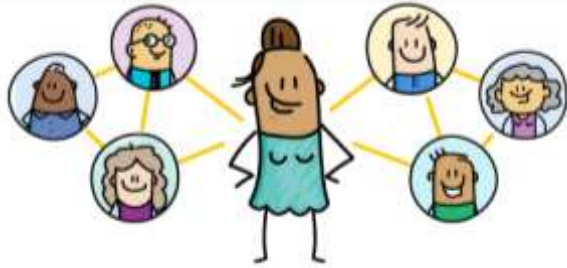
Moving forward we need to engage with the public to destigmatise mental health, change the way they think and change behaviour

Embedding large cultural change package working with Primary Care led neighbourhoods to support people to realise new ways of working

Working together with Public Health, CCG, colleagues to lead out innovative Lincolnshire MH and Wellbeing Training offer



What's to come?



Clear and meaningful data collection and reporting processes in place

Establishing an information and data sharing agreement in place between GP Practices, LPFT and key wider partners

Achieve the physical health check target for people with SMI

Supporting the VCSE sector to develop and grow through investment, support and training.

Rollout of 15 Integrated Place Based Teams across the county

Care Programme Approach Review

Connected Community events to continue the Conversation about Transformation

Expansion of co-production to further enhance how we work with people with lived experience and carers

Dedicated comms and engagement resource in place to ensure clear messaging and involvement of all people

Ensuring everyone has a personalised care plan

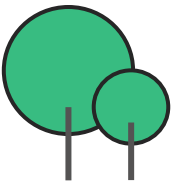
It's All About People website to become public facing



What will be...



- By 2024 we will have **15 Integrated Place Based Teams** working in Primary Care led neighbourhoods
- Countywide **crisis cafes** and community connections
- **Fluid pathways** for people to access mental health services
- An **integrated digital offer** to support face to face engagement
- Continuous and **active dialogue** about mental health
- Ongoing training and upskilling of communities to enable **thriving communities**
- Reduction in mental health prescribing and more comprehensive offer of psychological therapies
- Ensuring everyone will have a '**What matters to me?**' plan





More appropriate utilisation of services and services provided in the least intensive setting have resulted in:

- ↓ less referrals into secondary care
- ↓ less pressure on local GPs
- ↑ Better visibility, less duplication, overall providing a better service for people
- ↑ people with lived experience are leading challenges giving us a better quality of voice
- ↓ the pause piece means we're starting to see reduction in CMHT caseloads by up to 25%



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Agenda Item 6

General Practice Lincolnshire COUNTY COUNCIL <i>Working for a better future</i>		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 Local Medical Committee (LMC)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	General Practice Access

Summary:

The Health Scrutiny Committee for Lincolnshire has requested that Lincolnshire Local Medical Committee provide a report on access to general practice services.

Nationally demand for general practice appointments is higher than it has ever been, but workforce in general practices has shrunk. This mismatch leads to practices not having capacity to provide the access which patients and the system would like.

A recent poll of 1,395 GPs from across Great Britain found:

- **Nearly 9 in 10** GPs fear patients aren't always safe at their surgeries
- **7 out of 10 GPs** feel the risk to 'patient safety' is increasing
- GPs cited staff shortages and too little time for appointments as the main factors putting patients at risk -
 - **86% of GPs** stated they didn't have enough time with patients
 - **77% of GPs** said GP shortages were putting patient safety at risk

Despite this general practices are providing 6% more appointments now than pre-pandemic and 66% of appointments remain face-to-face.

Actions Required:

The Committee are invited to review the work being undertaken to support the system.

1. Background

Role of Lincolnshire Local Medical Committee

Local medical committees are statutory entities, whose primary role is representing the views of GPs and GP practices for a given area. The Lincolnshire Local Medical Committee represent around 450 GPs, whether partners, salaried GPs, or freelance locums.

National Position

General practice nationally is over-stretched. An older population with more long-term conditions was already increasing workload before the pandemic, and pandemic pressures have exacerbated this.

General practices have a backlog of care caused by the pandemic: patients with long-term conditions require input and follow up, pandemic-related mental health issues have spiralled, acute illness presentations and Covid-related illnesses persist, and patients awaiting hospital treatment rely upon their general practices.

Hospital trusts have long waiting lists due to the pandemic. This has an impact on general practice as patients seek support from their general practice and have increased health needs which cannot be managed by secondary care.

As of January 2022 in England there is the equivalent of 1,608 fewer fully qualified full-time GPs compared to 2015. In the year between December 2020 and January 2022 alone the number of fully qualified GPs by headcount decreased by 300 net in just over one year

To compensate for the reduced numbers of GPs and nurses practices and Primary Care Networks (PCNs) now employ other health professionals who can manage patient conditions: clinical pharmacists, paramedic practitioners, first contact physiotherapists, social prescribers, mental health practitioners, and more. These professionals are qualified to manage conditions in their sphere of practice, but do not have the holistic skills of a GP.

Lincolnshire Position

Lincolnshire's PCNs have not used their entire allocation of funding for additional roles due to a number of factors: funding is restricted to specific job roles; Lincolnshire has a deficit of available professionals in these roles; practices in rural and coastal communities are less able to recruit; and additional roles funding is limited by national pay scales which disadvantages rural PCNs. To ensure people speak to, and are dealt with, by the person most appropriate, practices are using online and telephone tools to allocate workload.

Appointments in Lincolnshire's general practices¹

	Dec 2019	Dec 2021	Change
Total Appointments	347,612	370,170	+6%
Face to Face	282,130 (81%)	243,952 (66%)	

Despite a reduced workforce Lincolnshire's general practices have increased their appointments by 6% since pre-pandemic.

This data is based upon NHS Digital count of appointments; however this does not include the clinical work which is carried out outside an appointment, such as reviewing blood test results, reading and dealing with hospital correspondence, and managing prescriptions. A survey carried out across general practices shows that NHS Digital data misses an extra 50% - 70% of general practice clinical activity.

The Policy Exchange recently published a report into general practice², this cites that GPs should do no more than 25-30 clinical contacts per day to maintain safety. However, NHS figures show that GPs are doing on average 47 contacts per day.

Increasing workload is causing GPs and other clinical staff to leave the profession early.

A recent poll of 1,395 GPs from across Great Britain found:

- **Nearly 9 in 10** GPs fear patients are not always safe at their surgeries
- **7 out of 10 GPs** feel the risk to 'patient safety' is increasing
- GPs cited staff shortages and too little time for appointments as the main factors putting patients at risk -
 - **86% of GPs** stated they didn't have enough time with patients
 - **77% of GPs** said GP shortages were putting patient safety at risk

One third of GPs report suffering from depression, burn out, or mental distress.

This situation is not of the GP's making. A lack of workforce planning and other factors have resulted in the position that GPs feel that the health service is now unsafe for patients and practitioners.

2. Consultation

This is not a consultation item.

3. Conclusion

Lincolnshire general practice is under dual pressures of increasing demand and workforce shortages. Despite this, Lincolnshire's practices have increased the number of appointments they are providing. Primary Care Networks have not been able to recruit adequately to additional roles, this is worse in Lincolnshire due to the rural and coastal locality. Self-care and prevention must be prioritised to alleviate future pressures on health and social care.

A lack of workforce planning, and other factors, has resulted in the position that GPs feel that the Health Service is now unsafe for patients and practitioners.

4. Background Papers

1. <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information>
2. <https://policyexchange.org.uk/publication/at-your-service/>

This report was written by Dr Kieran Sharrock, on behalf of the Lincolnshire Local Medical Committee, who can be contacted on 01522 576659 or k.sharrock@nhs.net

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	General Practice Provision

Summary:

The Health Scrutiny Committee has requested a report from the Lincolnshire Clinical Commissioning Group (CCG) on the current service provision by General Practice across the county.

In providing this report the CCG would like to acknowledge the outstanding contribution of General Practice colleagues in the county who have continued to provide local primary care services throughout the pandemic. In addition, working together in their Primary Care Networks (PCN), they have been and continue to be at the forefront of delivering the Covid vaccination programme to people living in their local communities.

It is acknowledged that all services across the NHS are under increased pressure due to increased demand, a need to recover the backlog of work that was paused during the pandemic and increased workforce pressures due to absence of people who have the Covid virus. General Practice services both locally and nationally are no exception and are managing these additional pressures alongside the growth in demand generated by the increase in the number of people living with long term conditions and the changing societal expectations with regards access.

General Practice colleagues have embraced new ways of working, developed new roles and extended partnerships with other agencies to ensure that they continue to provide services that enable patients to get the access they need.

Actions Required:

The Committee is asked to consider the information provided about General Practice provision in Lincolnshire.

Background

General Practice is the primary interface between the public and health services. Every year the 84 GP practices in Lincolnshire provide more than 4,200,000 appointments.

General Practice services both locally and nationally are working hard to address the impact of the Covid pandemic and continued growth in demand generated by the increase in the number of people living with long term conditions and the changing societal expectations with regards access.

The NHS Long Term Plan¹, published in 2019, reiterated the fact that General Practice as a specialty was changing. The plan provided a description of how General Practice should lead on improving the 'whole person' health of a local population and provided investments to enable the establishment of Primary Care Networks (PCN). A primary care network includes GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services to develop and provide services that best support the needs of a local population. There are 15 Primary Care Networks in Lincolnshire, with each led by a Clinical Director. Currently all of the Clinical Directors are practising GPs.

The following provides an overview of current provision across the county.

1. Access to General Practice / Primary Care Services

When compared with the same period pre Covid in 2019/20 GP colleagues are providing on average 20% more appointments.

During the pandemic, in line with Infection Prevention & Control (IPC) guidance to minimise the risk of transmission of the virus, clinical triage, either phone or via an on line tool, such as *Ask My GP*, was used by all practices to assess patient need and direct the patient to the intervention that would best meet this need. Where it was clinically indicated patients were booked in for face to face appointments, but, as in all NHS settings, there was an increase in the use of remote consultations. In line with the changes to IPC guidance, General Practice has re-established normal service provision arrangements but have retained the use of clinical triage and remote consultations where these best meet patient need.

This new way of accessing primary care services has seen an increase of 5% in same day appointments and a 4% increase of appointments being provided between 1 – 6 days.

GP colleagues are mindful that the new ways of accessing primary care services has been welcomed by the majority of people, but for some the new arrangements do not meet their personal needs. Practices are working hard to better understand these issues so that they might refine their processes and enable continued development of local access arrangements.

¹ [NHS Long Term Plan » Primary care](#)

Over the winter period the CCG has invested an additional £1.5 million to enable practices to provide an additional 60,000 appointments during January to March. In addition to these extra GP, Advanced Nurse Practitioner and other clinical sessions, practices have been working with local Community pharmacies to develop the Community Pharmacy Consultation Scheme, links with 111 and Urgent Treatment Centres to provide increased access for people with a minor illness.

In the coming year, the CCG along with GP colleagues and other partner organisations will be continuing to develop the arrangements to improve access to primary care services. This will include continuing to develop services to enable timely access for people with a minor illness so that GP can develop local arrangements to create the time for supporting vulnerable people and those with complex health needs.

2. Quality of GP Service Provision.

Whilst the CCG works closely with practices to ensure/facilitate continuous improvement of local provision, we rely on the assessment of the Care Quality Commission (CQC) to provide independent assurance of the quality of services provided.

The current CQC ratings of Lincolnshire practices reflects that we are in a strong position with:

- 4 - Outstanding
- 76 - Good
- 3 - Requires Improvement
- 1 - Inadequate

Practices that have been assessed as requires improvement or inadequate receive additional support from the CCG quality team to develop and implement an action plan to address issues highlighted by the CQC. Progress is carefully monitored by the Primary Care Commissioning Committee.

3. Workforce

The make-up of the GP team has developed and changed in recent years. Increasingly practices, independently and as part of a Primary Care Network have introduced new roles that aim to not only provide additional capacity but also offer the professional support best able to treat the person's individual need.

During the last twelve months an extra £5.6 million has been invested in recruiting 105 more people to work as part of the Primary Care Networks to support local primary care provision. These additional people are working in new roles such as Clinical Pharmacists, First Contact Practitioners (Physiotherapists with enhanced skills), Advanced Practitioners, Health Coaches and Social Prescribers. Not only do these new staff enhance local service provision, but they are an essential part of the primary care workforce plan.

Lincolnshire has slightly lower than the national average number of GPs but overall the number of clinical staff working in primary care compares favourably.

It is recognised that there is variation across the county and the recently appointed primary care workforce lead is working with practices most affected to support the development of innovative workforce plans and associated recruitment and retention strategies.

It is also noted that there has been a reduction in the number of GP partners and an increase in salaried GPs. This is consistent with the national picture and has prompted a national discussion with regards the need to reform general practice. The following provides an overview of the current position when compared to the national average, which is based on the National Workforce Reporting System, February 2022:

Full Time Equivalent Staff in Lincolnshire GP Practices		Rate per 100,000 Population ²	
		Lincolnshire	England
General Practitioners	447.82	55.36	56.95
Advanced Nurse Practitioners	96.49	11.93	6.20
General Practice Nurses	225.53	27.88	20.12
Direct Patient Care ³	429.50	53.09	24.28
Total Clinical Staff	1,199.34	148.25	107.55
Admin	1,135.00	140.30	116.40

Variance Lincolnshire and England Rates	
General Practitioners	97.2%
Advanced Nurse Practitioners	192.3%
General Practice Nurses	138.5%
Direct Patient Care	218.6%
Total Clinical Staff	137.8%
Admin	120.5%

² The National Workforce Reporting System (February 2022) uses population figures of 808,995 for Lincolnshire and 61,557,838 for England.

³ Direct Patient Care staff include anyone who is directly involved in delivering patient care within general practice but who is not a Nurse or GP. This group includes Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists and Therapists.

4. Primary Care Networks (PCN)

Primary Care Networks were first introduced in July 2019 when GP practices came together to enable GP to share staff and collaborate to deliver extended primary care services to local communities. Since that time they have become an established part of the NHS structure across Lincolnshire. Their importance in ensuring local service provision that reflects the needs of the local community was evidenced by the critical role they played in supporting the Covid vaccination programme.

There are 15 Primary Care Networks across Lincolnshire, and attached as appendix A is a copy of their annual report for 20/21. In addition to the £5.6 million invested in workforce there has been a further £5.8 million funding allocated to PCNs to enable them to extend local service provision for example the Enhanced Health in Care Home and Extended hours. These developments are key to the continued development of primary care and community services for the most vulnerable in our community.

5. Conclusion

Thanks to the commitment, hard work and innovation of GP colleagues across Lincolnshire, GP provision in the county is good. There are continued challenges associated with increased demand and workforce availability that mean that the model of primary care service provision will change and evolve in the coming years.

The establishment of Primary Care Networks, increased availability of digital services and opportunities to work in partnership with other agencies / services will influence and enable how people access primary care in the future. Increasingly people with minor illness will have greater choice of where they go to access care and treatment, this will in turn provide the opportunity for GP to redesign the way they provide services such that they have the time to provide personalised care that people with complex health needs and particularly for the most vulnerable in our communities need.

The CCG is committed to working in partnership with people living in Lincolnshire, GP, other NHS and care agencies and local communities to invest in and enable the further development of local service provision.

6. Appendices – These are listed below and attached at the end of the report

Appendix A	Lincolnshire Primary Care Network Alliance Annual Report 2020-21
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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 Sarah-Jane Mills, Chief Operating Officer, Lincolnshire CCG who can be contacted on Sarah-Jane.Mills1@nhs.net, Tel: 01522 515381

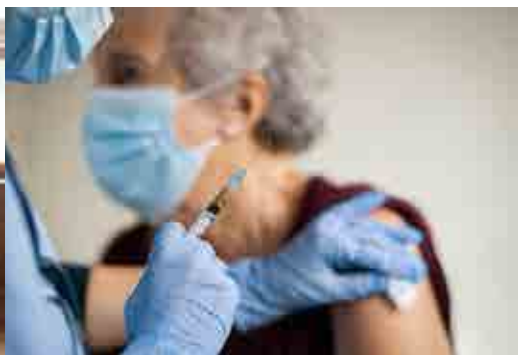
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Lincolnshire
Primary Care Network Alliance

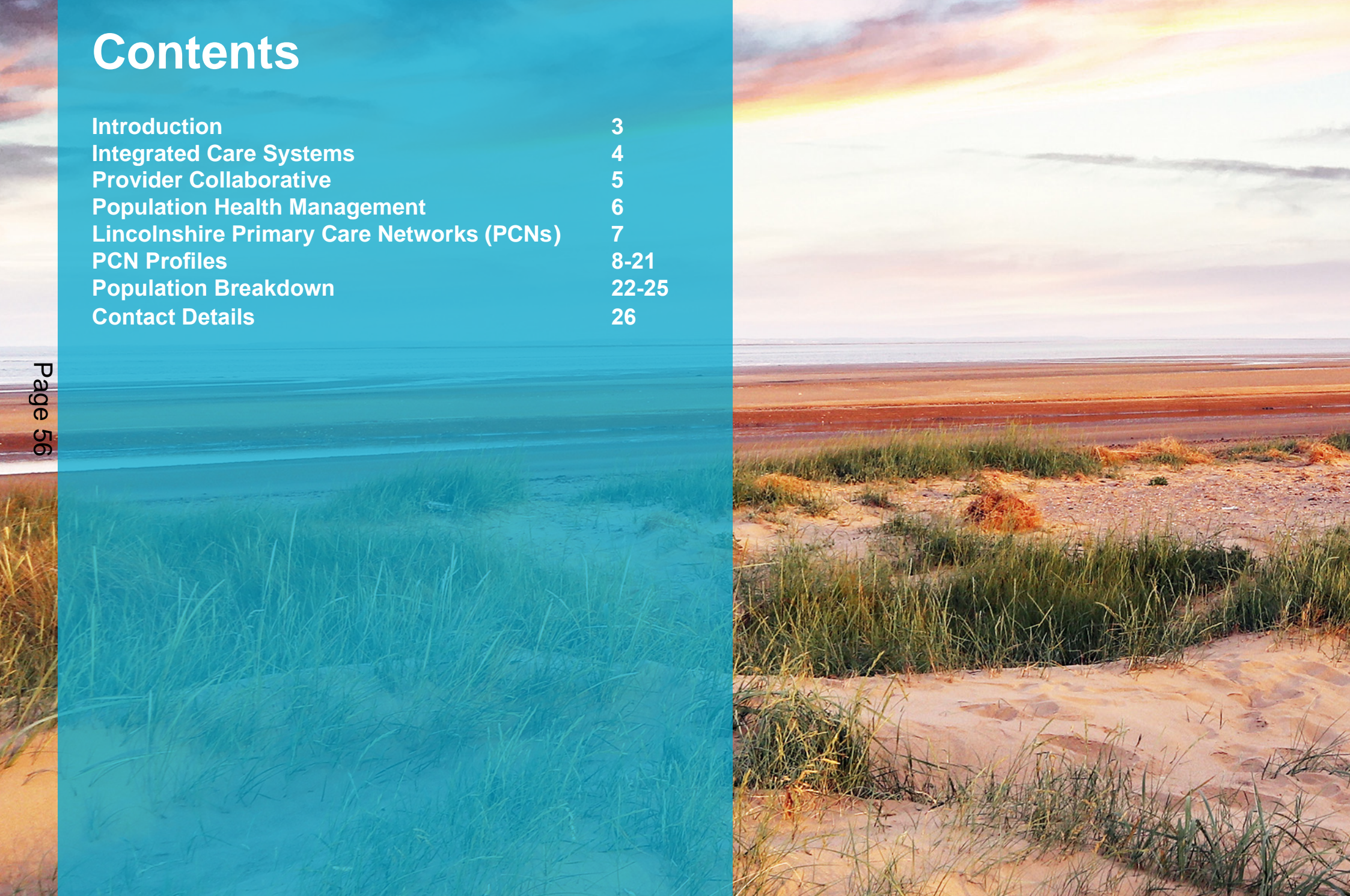
Annual Report

2020-21



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Population Health Management	6
Lincolnshire Primary Care Networks (PCNs)	7
PCN Profiles	8-21
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Contact Details	26



Introduction

Welcome to our second Annual Report for the Lincolnshire Primary Care Network Alliance (LPCNA). 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.

This last year has been unprecedented in the history of the NHS. A global pandemic not seen for decades has been the main focus of all of our lives. Our colleagues in the LPCNA have been instrumental in leading the Covid-19 vaccination programme. Primary Care Networks (PCNs) have delivered over 80% of all the vaccinations in our county, harnessing the close link GPs have with our patients and demonstrating the power of GP practices working together. The quote I recall from my colleagues when faced with the enormous challenge of delivering 1.2 million vaccines in the shortest space of time possible, was that it was our duty to do this for our patients, families and friends.

General practice consultations reached over a million a day nationally in March and despite this increase in demand, we have continued with caring for patients in general practice, quickly adopting new ways of working using technology, to ensure that we meet needs of our patients when we can't see them face-to-face. We are now returning to a model where we can see patients safely, but not losing some of the significant benefits that adopting technology has given to patients. This has been an extremely challenging time and we would like to personally thank all of our colleagues in general practice for adapting to new ways of working, and your hard work in keeping services open for patients throughout this time.

We have seen a rapid expansion of front-line staff provided by PCNs as part of the Additional Roles Reimbursement Scheme, bringing additional capacity and collaborative working which is directly benefiting our population. Some of these roles have been recruited in collaboration with our partner organisations, both in the NHS and voluntary sector, which has been instrumental in enabling PCNs to expand their workforce and promote integration between organisations.

Over the last year the LPCNA has been welcomed by the Lincolnshire health and care system as a strategic partner, now being very much involved in the new Lincolnshire Health and Care Collaborative. We look forward to playing our role as we move to an Integrated Care System (ICS), working closely with our partners to improve the health and care of our population at a local level, but importantly connecting with the strategic vision set out in Better Lives Lincolnshire.



Dr Sunil Hindocha
Chair
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Dr Sadie Aubrey
Vice Chair
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Integrated Care Systems

Integrated Care Systems (ICS) have a role to support the development of Primary Care Networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates.

In Lincolnshire, PCNs serving the patients of the constituent general practices, are playing a fundamental role to improve health outcomes and join up services. They have close links to local communities, enabling them to identify priorities and address health inequalities. PCNs are developing integrated multi-disciplinary teams that include staff from community services and other NHS providers, local authorities and the voluntary, community and social enterprise (VCSE) sector to support effective care delivery. Joint working between PCNs and secondary care is crucial to ensure effective patient care in and out of hospital.

Our PCNs are working together to drive improvement through peer support, lead on one another's behalf on service transformation programmes and represent primary care in the provider collaboratives. This work is in addition to their core function and is being resourced by the provider collaborative.

ICSs and provider collaboratives will continue to support our PCN clinical directors, as well as the wider primary care profession, to develop primary care with transforming community-based services. Provider collaboratives are leveraging targeted operational support to their PCNs, for example with regard to data and analytics for population health management approaches, HR support or project management.

Provider Collaborative

There is a shared vision in Lincolnshire that health and care providers work together to provide our population with the best possible health and social care. We want people to access health and care in the right place, at the right time, first time; while making the best use of the Lincolnshire pound.

There are key principles which underpin the provider collaborative model:

- Collaboration between providers and across local systems
- Experts by experience and clinicians leading improvements in care pathways
- Managing resources across the collaborative to invest in community alternatives and reduce inappropriate admissions/ care away from home
- Working with local stakeholders
- Improvements in quality, patient experience and outcomes driving change
- Advancing equality for the local population

To do this we need a clean slate, free of old stories, to be innovative and forward thinking and be able to forgive each other when we try but get things wrong, and celebrate when things work well.

The **top six projects** voted for by the extended steering group are:

1. Neighbourhood working with the PCNs
2. Covid-19 vaccination rollout
3. Diabetes collaborative
4. Flow collaborative
5. Discharge to assess
6. Palliative and end of life care

DEVELOPING TOGETHER



BETTER LIVES LINCOLNSHIRE ALLIANCE ICS



PROVIDER COLLABORATIVE

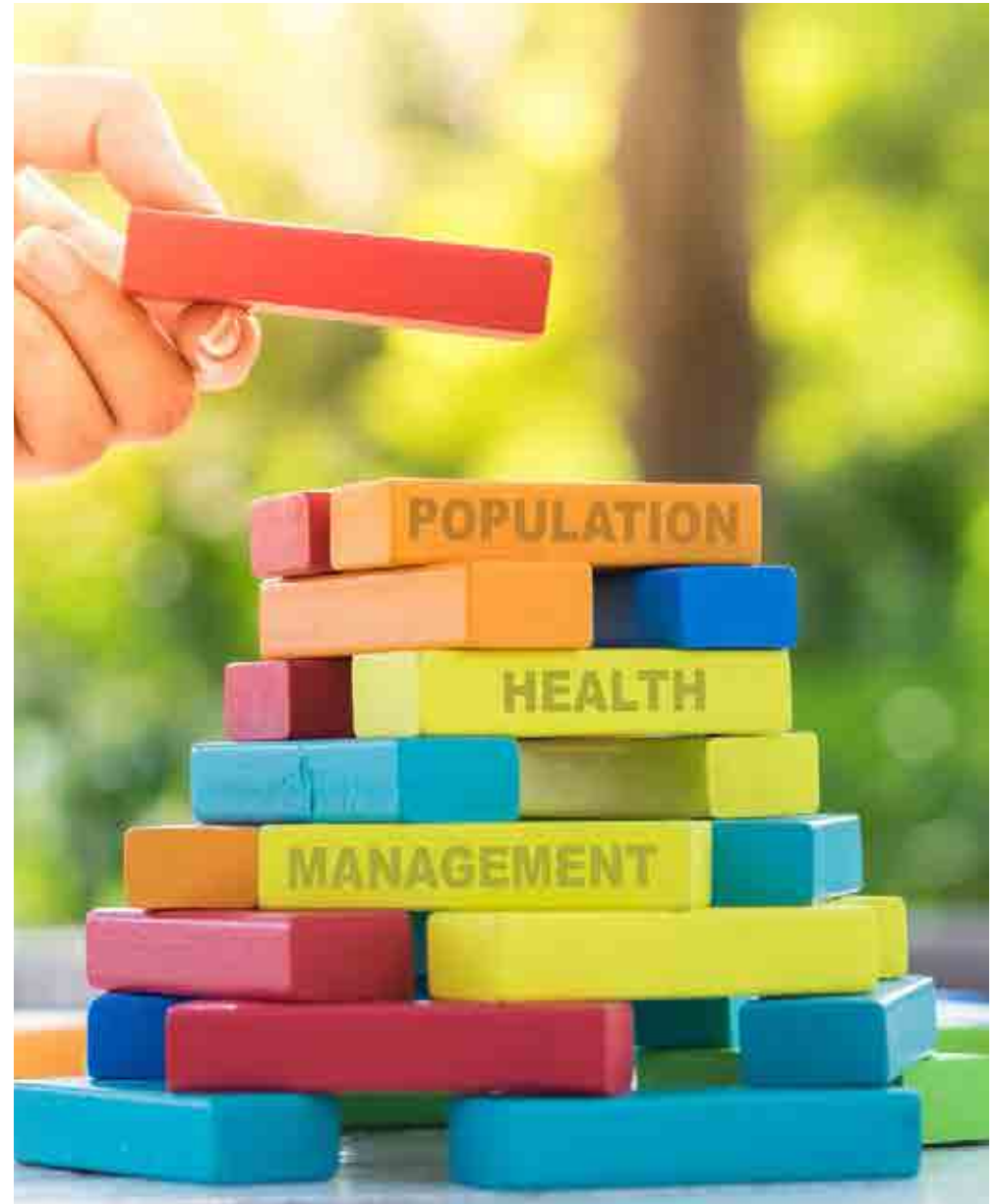
PROVIDER COLLABORATIVE

Population Health Management

Population Health Management is a partnership approach across the NHS and other public services including: councils, social services, voluntary sector, housing associations, schools, fire service and police. They all have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

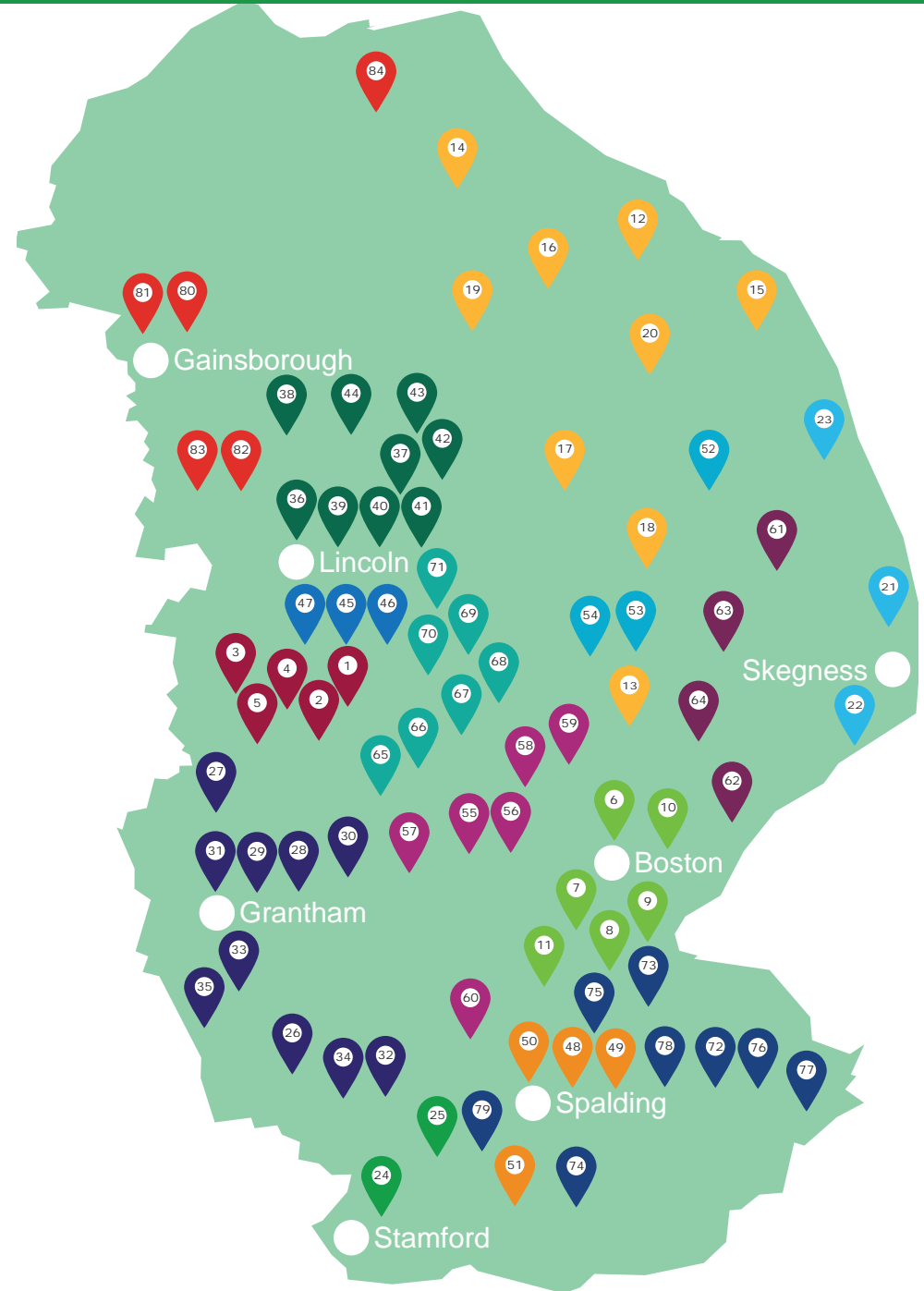
Focusing on population health management has become a real priority for our PCNs. Below are just some of the examples of how this is working in practice:

- Working collaboratively to rollout the Covid-19 Vaccination Programme across Lincolnshire, including the delivery of local centres and pop up clinics in the community to target hard to reach and vulnerable groups, making vaccinations more accessible.
- Recruiting first contact physiotherapists to support people with Musculoskeletal (MSK) conditions (which account for 30 per cent of GP consultations in England).
- Establishing a falls pilot with key stakeholders to provide a proactive approach to the management of falls in our elderly population.
- Recruiting mental health practitioners to support the needs of individuals with moderate to high mental health conditions.
- Developing Neighbourhood Teams and supporting the efforts in coordinating and monitoring social prescribing, and engaging with volunteer services.
- Increasing the number of learning disability health checks carried out across the county.
- Creating and growing a Living Well Team to support our elderly population.



Lincolnshire PCNs

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



PCN Profiles

APEX



Location: Lincoln
No. of GP Practices: 5
Population Coverage: 56,286

The last 12 months

Our 5 member practices are actively engaged in delivering the objectives of population health via the delivery of the Network Contract Directed Enhanced Service (DES).

We have been actively engaged with all phases of the Covid-19 vaccination programme. We also formed a 'Task and Finish' group to plan, develop, implement and monitor the PCN's Covid-19 Local Vaccination Service.

We are now set to deliver the flu programme in its entirety this autumn and winter.

We have recruited a number of additional roles, including clinical pharmacists, social prescribing link workers, and first contact physiotherapists. We are also developing a paramedic team that is place based which will support the local ambulance service to deliver services that are more streamlined.

We have successfully engaged in the Enhanced Health in Care homes service specifications and deliver a weekly multidisciplinary team (MDT) meeting. Local care homes have started seeing the benefit from this approach to the care provided for their residents. Within this piece of work we are actively engaged in increasing use of digital tools and platforms to help deliver patient centred care.

The local Mental Health Transformation programme is another area that we fully support through being partners with local mental health providers to utilise Additional Roles Reimbursement Scheme (ARRS) funding for expanding the place based mental health team with the specific purpose of supporting the needs of our severely mentally ill patients.

The next 12 months

Over the next 12 months we will build on the successes from previous years in recruiting more ARRS roles to address Musculoskeletal (MSK) conditions, obesity and mental health within our population.

Greater collaboration with stakeholders across the patch and alignment with the larger direction of travel of the Integrated Care System (ICS) will be key to achieve tangible success.

What we are most proud of

Our Covid-19 vaccination programme.

Our successes in recruiting to our ARRS role.

PCN Profiles

Boston



Location: Boston
No. of GP Practices: 6
Population Coverage: 78,000

The last 12 months

The PCN quickly adapted to a rapidly changing world. Covid-19 changed not only the day to day running of services but also added the challenge of rolling out a Local Vaccination Service for the population of Boston.

The member practices established a new strength in working together collaboratively. This was particularly demonstrated in the successful Covid-19 vaccination programme delivered by Greyfriars, The Sidings and Swineshead Medical Group. The PCN practices delivered the programme collaboratively with their additional roles (Pharmacists), the Neighbourhood Team, CCG employees, as well as a host of volunteers, who together vaccinated 31,140 people.

The PCN continue to actively recruit, having appointed Care-Co-ordinators, First Contact Physio's, a Clinical Pharmacy Team, and a 50/50 ARRS Mental Health Practitioner over the last 12 months. Currently out to advert is an OT Lead, Health Inclusion Officer and a Communications function.

Stakeholders - The Neighbourhood Team and PCN hosted a Stakeholder Engagement Event at Fydell House in September 2020. The event, attended by 253 people, showcased the PCN and Neighbourhood Team and brought together local services to reconnect and develop relationships whilst gaining an awareness

of what is available in our local community. The event was deemed a success and benefit to those attending, which has resulted in a commitment to have an annual event.

The next 12 months

Our relationships as practices continues to strengthen and grow, we continue to work on more joint projects and our team will continue to grow and evolve to reflect this. We are excited to see where the next 12 months leads us and are delighted that Louise Price, Boston Neighbourhood Lead, has been enabled to join BPCN, for a six month secondment, in the role of Director of Strategy and Partnerships. This is to lead our innovative Powering Up Project, building on her trusted relationships within PCN practice teams and wider neighbourhood stakeholders. The purpose of the Powering Up Project is to develop the internal capability of the PCN, its strategic direction and partnerships, and the enabling infrastructure, to improve the integrated approach to population health management of our local community.

What we are most proud of

We are most proud of our resilience. Our staff and our volunteers and our local community, despite all the challenges they have faced over the last 12 months, have worked hard to deliver our services together, taking our relationships to a more deep seated trust, which will create the foundations for the future.

PCN Profiles

East Lindsey



Location: Lincoln in the west, Grimsby in the north and south-east towards Boston
No. of GP Practices: 8
Population Coverage: 64,031

The last 12 month

ELPCN have supported the Covid-19 vaccination programme at Louth Hospital to the population of our area. To bring this closer to our population ELPCN are now delivering the booster programme directly from our population via practices.

ELPCN have continued a robustly recruit to various roles to support the delivery of bringing care closer to home for our patients.

This year ELPCN have recruited additional Clinical Pharmacists, Pharmacy Technicians to enhance our safe and effective prescribing schemes for medicine management. Occupational Therapists delivering a first class service. Recently we have successfully recruited Care Co-ordinators to align patient care, supporting practices patients and care homes. ELPCN have worked closely with our neighbourhood team to recruit a Mental Health nurse and social prescriber, along with services from LCC sharing Occupational Therapist teams and First Contact Physiotherapy.

ELPCN currently have 3 team members training as Trainee nurse associates to enhance the nursing teams to deliver more services in general practice.

The extended hours has commenced, this elevates the difficulty of our practice population having to travel to Louth, which due to our geographical area has been difficult for those patients in the

south of our area. Patients are now able to access extended hours and extended access through their practice or a practice near to them seven days a week.

ELPCN are currently taking part in a national project pilot to look at pathways to dementia diagnosis and anticipatory care.

The next 12 months

Continue to recruit to roles best suited to our patient population to deliver enhanced services. This includes further provision of first contact physio and first contact paramedic.

Continue to work closely with our PCN neighbours, neighbourhood teams and external organisations to address unique challenges.

What we are most proud of

All practice teams and their cohesive engagement during difficult times. Throughout covid-19 pandemic ELPCN continued to deliver a safe service via tele health and always seeing those patients that needed to be seen brought into the practices.

PCN Profiles

First Coastal



Location: East Coast of Lincolnshire
No. of GP Practices: 3
Population Coverage: 52,367 (up to 72,816)

The last 12 months

We have continued to grow and develop, offering a range of integrated services to meet the populations needs and the requirements of the Directed Enhanced Service (DES).

We have reviewed the pathway of cancer referrals within each practice, including, reviewing what type of cancers have been diagnosed and how the patients presented, looking at any similarities that the practices' share, and what can be done by the practices to mitigate this.

Our workforce has continued to grow, including the Proactive Enhance Assessment Care Home team (PEACH), the Care Home Visiting Service, Health & Wellbeing Practitioner, Clinical Pharmacist, and Dietitian.

We have worked collaboratively with the Neighbourhood Team, offering a wider cover of services in an integrated way. This is to ensure people with the most complex health and care needs are proactively supported to live well at home, or as close to home as possible, using a 'what matters to me' approach alongside Comprehensive Geriatric Assessment. Within this group there is a large cohort of frequent flyers and high intensity users of all services which requires working with people from all sectors.

As part of the Towns Fund Bid, the Neighbourhood Lead and Clinical Director of the PCN are on the core stakeholder group to support

the co-production of the campus for future living over the next three years. The PCN is awaiting more information regarding the towns fund college proposal for Skegness.

The next 12 months

To promote a personalised approach to care involving the communities we serve and building on the current assets. This includes the development of community gardens where we will be able to 'Prescribe a Plant' for patients who are then able to go out and join the community garden to improve their mental and physical health.

A clear vision, mission statement and values are to be established as we work towards the Integrated Care System (ICS).

What we are most proud of

The development of the core teams, their approach and 'can do' attitude in a collaborative manner working under a management matrix. Stakeholder relationships being built through co-production, Plan, Do, Study, Act (PDSA) cycles, flat hierarchy and recognising the pivotal role domiciliary care colleagues play within the multidisciplinary team (MDT) setting.

The Palliative Care Huddle has reduced duplication, it's offered a platform for clinical supervision, shared skill mix and provides proactive care as opposed to reactive care.

PCN Profiles

Four Counties



Location: Stamford and part of Bourne
No. of GP Practices: 2
Population Coverage: 44,174

The last 12 month

We are proud to have engaged with Phase 1 and 2 of the successful Covid-19 vaccination programme at St. Marys Medical Centre.

Recruited highly skilled staff through ARRS into crucial neighbourhood team roles, such as occupational therapists, clinical pharmacists and care co-ordinators.

The whole team have worked collaboratively on the EHCH DES to provide a full structured medication review (SMR) and a separate GP review. This has enhanced relationships with the care homes and improved care for the residents. We have implemented and been running the weekly rounds and MDTs.

Worked with care home managers to put ReSPECT forms in place as part of the residents' Personalised Care Plan (PCP).

Have worked with local services to start the mental health transformation project, which will build a team including peer support workers, mental health practitioners, psychiatrists and social prescribers as part of the Integrated Placed Based Team.

The next 12 months

Implementing systems and proactive care around dementia and memory assessment.

Further enhancing our neighbourhood work to focus on falls

prevention, hospital avoidance and frailty across care homes, the housebound and wider community.

Continue to serve the Stamford and Bourne area to reduce health inequalities.

Build relationships with local PCNs to work towards the Integrated Care System (ICS).

What we are most proud of

Our Covid-19 vaccination programme and the incredible response of the many individuals dedicated to providing an efficient service, despite the many challenges.

Building a highly skilled and varied workforce to tackle the challenges and population health management in our areas.

Establishing core processes to allow for improved communications, access, and care for our patients.

The work of the whole team to deliver the EHCH DES.

PCN Profiles

Grantham and Rural



Location: Grantham and surrounding areas
No. of GP Practices: 10
Population Coverage: 74,539

The last 12 month

We are continuing our Covid-19 vaccinations, based at the Meres Leisure Centre in Grantham, as well as out-reach vaccine clinics to care homes, housebound patients and other vulnerable members of our population. We have also provided vaccines at local factories.

We have now administered 180,000 vaccines.

We are developing a diabetes pathway to improve services and access for all our diabetic patients.

We are developing a specialist asthma pathway to improve management of our asthmatic patients, and also identify our patients with severe/complicated asthma and facilitate timely referral to tertiary clinics and to access new and specialised treatments.

We have also been involved in rolling out the “Turbo-Plus” inhaler device, which enables closer monitoring of the use and efficacy of inhaler devices on an individual patient basis. This device links with a patients mobile phone.

We are deploying paramedics and developing paramedic roles in our primary care setting.

We are continuing to support our practices resilience through the Additional Roles Reimbursement Scheme (ARRS); employing clinical pharmacists, musculoskeletal (MSK) practitioners, occupational therapists and care coordinators, and supporting and developing neighbourhood working across our population.

The next 12 months

Continuing to support the development of Neighbourhood Teams

Active participation in population health management and supporting our practices to be involved in this initiative.

Ongoing input to the Provider Collaborative as part of the transition to, and formation of our Integrated Care System (ICS).

Supporting the development of the Lincolnshire Primary Care Network Alliance (LPCNA).

Supporting our new Afghanistan refugee population and providing them with healthcare, health screening and vaccination services.

What we are most proud of

Our Covid-19 vaccination effort

PCN Profiles




Location: North of Lincoln
No. of GP Practices: 9
Population Coverage: 70,000

The last 12 month

We have worked together as a team of practices to deliver 44,440 Covid-19 vaccinations at our central site at the Lincolnshire Showground. 33 clinical volunteers and 133 non-clinical volunteers were very much part of the team and we felt this was a community programme as we came together to deliver this historic programme to get Britain out of the pandemic.

We are proud to have vaccinated our most vulnerable patients including administering 2,000 of the Covid-19 vaccination in care homes, to the housebound and via pop-up clinics in our most deprived neighbourhoods.

We have developed a care home team to provide an enhanced service to care homes. They are able to ensure that care homes have an appropriate and coordinated clinical response to any needs with input from multiple community services, a dedicated prescribing team and GP practices. The team are currently focusing on medication reviews, ensuring patients in care homes have the optimal regime for them to ensure best efficacy and minimal side effects of the optimum number of medications.

We have expanded provision of first contact physiotherapist additional roles, who provide review and triage of musculoskeletal (MSK) conditions in practice as a first point of contact.

The next 12 months

Working with colleagues across the system to establish ourselves within the new Integrated Care System (ICS) environment, integrating with acute, community and mental health trusts as well as the voluntary sector.

Expansion of care home team to include a dedicated occupational therapist and frailty specialist physiotherapist to improve the mobility and therefore quality of life for patients in care homes.

Implementation of a mental health team to work in and with practices to proactively deal with the increase in mental health conditions within our patient population.

Specialty nurse development to ensure management of long term conditions is of high quality across the area, there is integration with services in community and acute trusts and continual learning in our network of GP practices.

Delivery of Covid-19 boosters across our population.

Focus on population health management.

What we are most proud of

All of the above.

PCN Profiles

Marina



Location: Central Lincoln
No. of GP Practices: 3
Population Coverage: 31,192

The last 12 month

We have been instrumental in the Covid-19 vaccination programme across our population. This has included the delivery of pop up clinics in the community to target hard to reach and vulnerable groups, making vaccinations more accessible.

In addition to the Covid-19 vaccine delivery we have established a clinical pharmacy team. The team comprises of two clinical pharmacists and two pharmacy technicians. This has improved patient experience, enhancing clinical capacity across the member GP practices, working to deliver the requirements with the Directed Enhanced Service (DES).

Our vision to develop to a population health model and identify future resource required, we reviewed our governance structure to support this. In addition to the monthly executive board meetings, we are in the process of establishing a clinical group and redefined our operational group which meets monthly to jointly address the operational issues/concerns across the member GP practices, enabling a consistent approach for access, service provision, and developing to meet future needs.

The next 12 months

Our immediate priorities are to ensure the resources are in place to deliver phase 3 of the Covid-19 vaccines to our patient population

and implement the service requirements of this year's DES extending our multi-disciplinary team to improve patient experience as well as saving GP time working collaboratively with other healthcare providers across the wider system. Ensuring we have appropriate resources, digital technology and telephony system to prepare for the challenges of winter and the potential increase in Covid-19 cases to continue providing primary health care.

We will continue to work jointly with partners, including, health providers, the voluntary sector and both the city and county councils to reduce health inequalities and develop a city centre solution for primary care for population health management. We will compliment this work with developing an estates strategy identifying the current and future estate need.

We will be an active member of the Lincolnshire Primary Care Network Alliance (LPCNA) to ensure primary care is a joint partner of the Integrated Care System (ICS) enabling strong foundations to provide excellent population health management across the system.

What we are most proud of

We are extremely proud of the successful delivery of the Covid-19 vaccination programme. We were one of the early sites to deliver the vaccine for the population. This was in conjunction with the continued provision of primary care throughout Covid-19, developing the team to support and enhance the delivery of primary care.

PCN Profiles

Market Deeping & Spalding



Location: Market Deeping & Spalding
No. of GP Practices: 3
Population Coverage: 44,000 approx

The last 12 month

Provision of clinical pharmacists for all member GP practices to ensure primary care prescribing is safe, effective, and helps all members to carry out structured medication review and deal with polypharmacy in frail elderly patients more effectively.

Provision of extended access as well as extended hours and helping other neighbouring practices who don't provide such service thus improving access for the patients.

Provision of first contact physiotherapists to improve rapid access to usculoskeletal (MSK) 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.

Keeping all practices full engaged to identify practices needs and using Additional Roles Reimbursement Scheme (ARRS) funding accordingly to improve population health, creating more resilience and sustainability at general practice level by supporting practices with extra staff, resulting in improved capacity to deal with more complex patients.

Adding occupational therapist into our workforce to provide individualised care tailored to the needs of our frail elderly patients and aim to prevent unnecessary acute hospital admissions and

improving community multidisciplinary team outcomes.

The next 12 months

Continue to recruit more additional roles

Aim to achieve best delivery of all the elements within the Network Contract Directed Enhanced Service (DES).

Continuing to work with other primary care networks (PCNs) on projects which help our population health management overall. Also continue to engage with the Lincolnshire Primary Care Network Alliance (LPCNA) and the Integrated Care System (ICS) to get the best health outcome for our patients in the area.

What we are most proud of

Active participation in the Covid-19 vaccination programme. We actively engaged with neighbouring PCNs to take a collaborative approach to the mass Covid-19 vaccination. Despite significant challenges posed by Covid-19 pandemic, our member GP practices not only maintained the provision of safe access and care to our patients but also learned and adopted the new ways of consultation extremely efficiently.

PCN Profiles

Meridian



Location: Louth, Woodhall Spa & Tetford
No. of GP Practices: 4
Population Coverage: 34,418

The last 12 month

Involved in the rollout of the Covid-19 vaccination programme at Louth County Hospital.

Recruitment of multidisciplinary team (MDT), including, clinical pharmacists, social link prescriber, and occupational therapist, to bring healthcare closer to people's homes, enhancing healthcare in care homes and the community as well as improving GP access.

Utilisation of digital technology in the delivery of healthcare especially during the Covid-19 pandemic.

Piloting utilisation of paramedics to conduct home visits

Continued provision of extended access / hours locally.

Care co-ordination service supporting frail and elderly, both at home and in care homes

Collaborative working between practices and external organisations to improve the uptake and quality of annual health checks for people with learning disabilities.

The next 12 months

Develop services based on the needs of the population through the integration of care centred around our local hospital. We aim to achieve this by breaking down barriers between services and

moving the provision of non-elective care from acute hospital setting into the community.

Our vision is that decisions about how services are arranged and delivered should be made as closely as possible to those who use them thus ensuring healthcare provision is tailored to local population needs.

Extend the service provision outlined in the Enhanced Health in Care Homes Directed Enhanced Service (DES) outside of care homes to the frail and vulnerable in their homes.

Developing and trialling new model of care that is efficient, effective and sustainable.

Integration of mental health services into our area. Establishment of mental health wellbeing hubs and the provision of mental Health practitioners and health and wellbeing coaches. Improving dementia diagnosis rates and provision of annual health checks for people living with serious mental illness.

What we are most proud of

The provision of a consultant-led dermatology clinics for rapid diagnosis of skin lesions at one of our GP practices in Louth. An example of left shift of services, moving care from hospitals closer to home or the community.

PCN Profiles

Sleaford



Location: Sleaford and surrounding areas
No. of GP Practices: 6
Population Coverage: 56,678

The last 12 month

We are continuing our Covid-19 vaccinations, based at the Meres Leisure Centre in Grantham, as well as out-reach vaccine clinics to care homes, housebound patients and other vulnerable members of our population. We have also provided vaccines at local factories. We have now administered 180,000 vaccines.

We are developing a diabetes pathway to improve services and access for all our diabetic patients.

We are developing a specialist asthma pathway to improve management of our asthmatic patients, and also identify our patients with severe/complicated asthma and facilitate timely referral to tertiary clinics and to access new and specialised treatments. We have also been involved in rolling out the “Turbo-Plus” inhaler device, which enables closer monitoring of the use and efficacy of inhaler devices on an individual patient basis. This device links with a patients mobile phone.

We are deploying paramedics and developing paramedic roles in our primary care setting.

We are continuing to support our practices resilience through the Additional Roles Reimbursement Scheme (ARRS); employing clinical pharmacists, musculoskeletal (MSK) practitioners, occupational therapists and care coordinators, and supporting and developing neighbourhood working across our population.

The next 12 months

Continuing to support the development of Neighbourhood Teams

Active participation in population health management and supporting our practices to be involved in this initiative.

Ongoing input to the Provider Collaborative as part of the transition to, and formation of our Integrated Care System (ICS).

Supporting the development of the Lincolnshire Primary Care Network Alliance (LPCNA).

Supporting our new Afghanistan refugee population and providing them with healthcare, health screening and vaccination services.

What we are most proud of

Our Covid-19 vaccination effort

PCN Profiles

SOLAS



Location: Alford, Old Leake, Stickney and Spilsby.
No. of GP Practices: 4
Population Coverage: 28,000

The last 12 month

Consolidation of our position and structure.

Active recruitment through ARRS, appointing 6 new staff.

Collaborative working with ULHT, Neighbourhood teams and community services.

Delivery across the PCN footprint of all phases of Covid-19 vaccination.

Pro-actively improving healthcare delivery within care homes and the community through new ways of working and additional workforce.

Development of enhanced asthma treatment within the community, via the introduction of asthma specialist nurses.

Supporting our aging population with a prominence of long term conditions and difficulties rising from geographical constraints.

The next 12 months

Again consolidating our position following a hugely demanding Covid-19 vaccination programme.

Continue to recruit and grow our healthcare team.

What we are most proud of

Progressing the growth and development of the PCN through a very demanding period, being able to demonstrate tangible change even though resources were in danger of being overwhelmed through the demands created through the Covid-19 pandemic.

PCN Profiles

South Lincoln Healthcare



Location: South side of Lincoln
No. of GP Practices: 7
Population Coverage: 49,467

The last 12 month

We rapidly mobilised and rolled out our Covid-19 vaccination programme. By early September 2021, 91% of our population had received their 1st dose and 86% their 2nd dose.

Our 'Living Well Team' has grown to include 4 occupational therapists, 2 health and wellbeing coaches, an admission and discharge care co-ordinator and a social prescriber.

We have 2 clinical pharmacists and our pharmacy team is expanding to include 2 pharmacy technicians. The team provide support to GP practices with medication related queries, medication reconciliation and medicines optimisation.

We have a senior mental health practitioner providing support for people with mental health needs.

We have a growing team of first contact physiotherapists providing expert assessment and advice for patients with musculoskeletal (MSK) conditions.

Our care home residents continue to benefit from the HomeHealth team working closely with our GP practices.

We have worked with the local clinical commissioning group (CCG) to organise and commence the roll out of proxy access to SystemOne for care homes following a successful local pilot.

The next 12 months

We have made excellent progress in expanding our Additional Roles Reimbursement Scheme (ARRS) teams and the next 12 months and beyond will see us developing and embedding these teams to maximise the value for patients and practices.

We are investigating ways to expand our mental health offer.

We are working with the Lincolnshire Primary Care Network Alliance (LPCNA) and ambulance service to engage a paramedic.

The Living Well team and the HomeHealth team are exploring ways to work more closely with each other.

We are exploring the benefits of a nursing associate to work between GP practices and the HomeHealth team.

We are providing the Covid-19 booster vaccination programme.

We will continue to work with the LPCNA to ensure our network contributes to and benefits from system working opportunities in the Integrated Care System (ICS).

What we are most proud of

Covid-19 Vaccination Programme in terms of population coverage and how it has brought our GP practices together.

PCN Profiles

South Lincs & Rural



Location: South Lincolnshire
No. of GP Practices: 8
Population Coverage: 77,130

The last 12 month

Over the last 12 months the PCN has delivered Covid-19 vaccines for it's population, as well as focusing on maintaining core GP services during an extremely challenging year. The PCN works closely together to build on these core services to support residents and to improve care, 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 and has introduced a new team of Social Prescribing Link Workers and Health & Wellbeing coaches.

The PCN will focus on the requirements of supporting care homes and their residents, 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 and have done this by developing further our staff teams of Clinical Pharmacist team and first contact physiotherapists, social prescribing and health and wellbeing coaches.

The next 12 months

Throughout the past year the PCN has focused on utilising new roles across primary care including Clinical Pharmacists, Health & Wellbeing coaches, Social Prescribing Link Workers, and First Contact Practitioner. This increase in new roles will allow a focus on:

- Medicine management and optimization
- Enhanced Health in Care Homes
- Early Cancer Diagnosis and have established an in house ultrasound service that is available to all practices.

The main priority for the next 12 months however will be increasing Mental Health support for our residents which will be undertaken through a combination of introducing new roles and working closely with our local community mental health provider and the wider Lincolnshire system.

The PCN will continue to recruit to the additional roles whilst delivering all elements within the PCN contract building stronger relationships with other PCN and the wider system.

What we are most proud of

We are extremely proud of our teams and practices who have worked tirelessly over the last year, adapting to the changing situations quickly and maintaining high quality services throughout.

PCN Profiles

Trent Care Network



Location: Saxilby, Gainsborough and Brigg
No. of GP Practices: 5
Population Coverage: 39,923

The last 12 month

Mobilisation of local Covid-19 vaccination site to vaccinate our patient population.

Recruited to the Additional Roles Reimbursement Scheme (ARRS) including 2 clinical pharmacists, 2 first contact practitioners and an additional social prescriber.

Developed a good working relationships with other Primary Care Networks (PCNs) and the Lincolnshire Primary Care Network Alliance (LPCNA) 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 health services into the PCN community.

The next 12 months

Continue to recruit to the ARRS roles, specifically mental health practitioner, occupational therapist and a paramedic.

Roll out of Phase 3 programme for Covid-19 boosters and flu vaccines.

Continue to deliver the requirements of the DES.

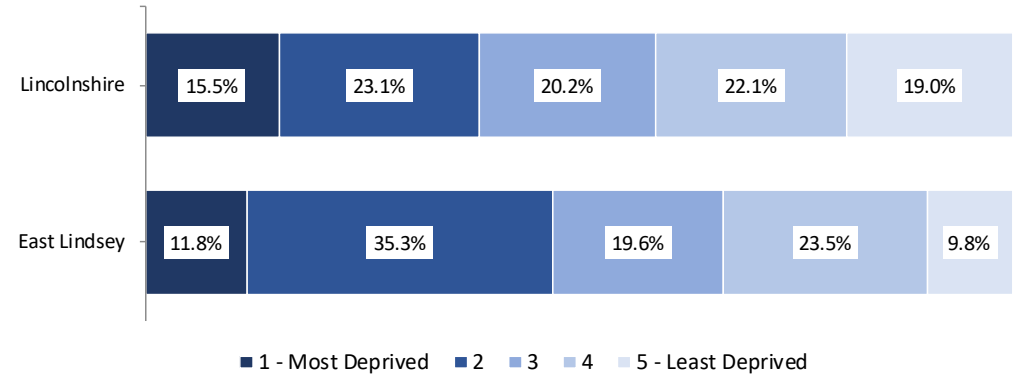
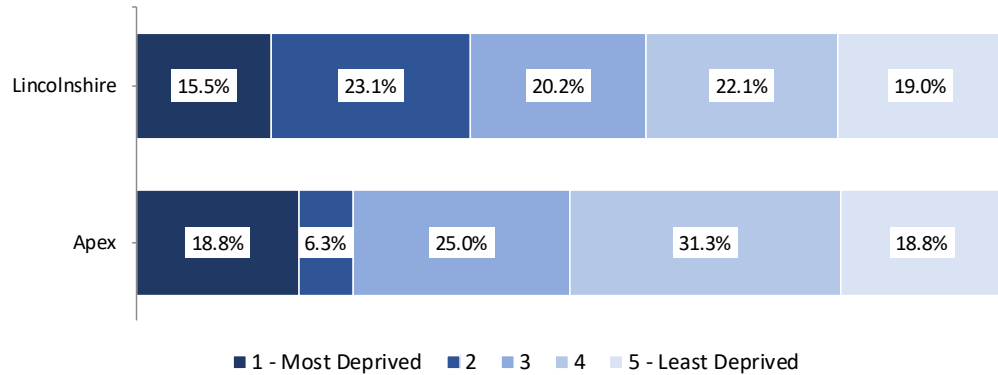
What we are most proud of

Working as a team to co-ordinate the mobilisation of the PCN's Covid-19 local vaccination site and vaccinating over 39,000 individuals.

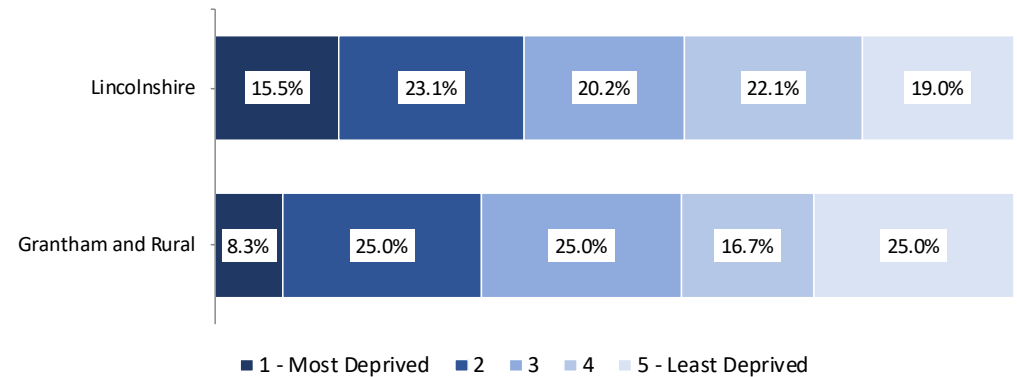
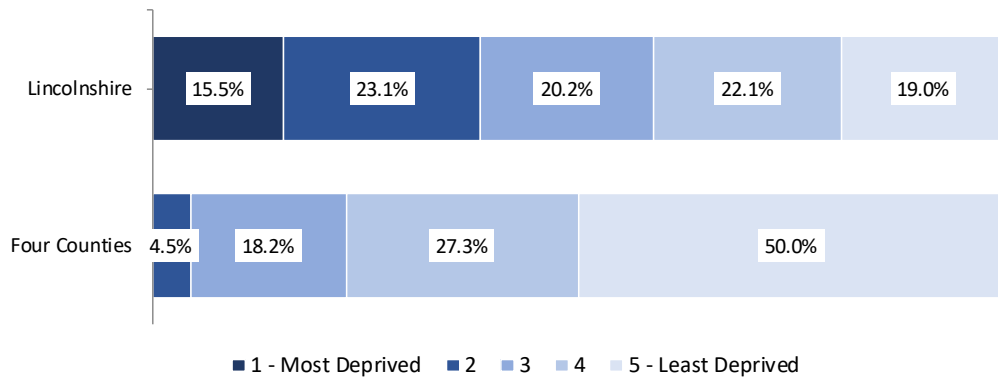
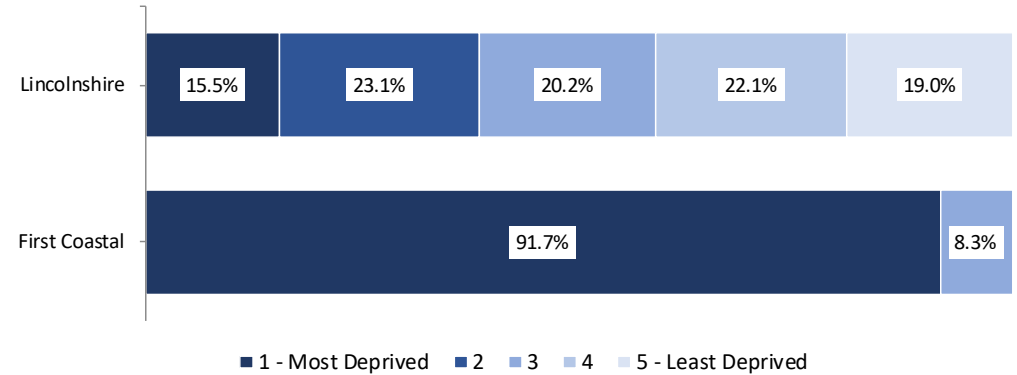
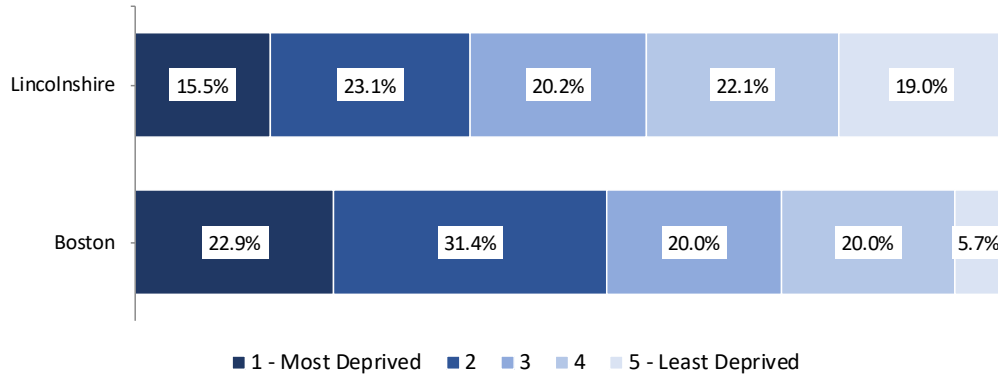
Recruiting to the ARRS roles.

Population breakdown

Deprivation*



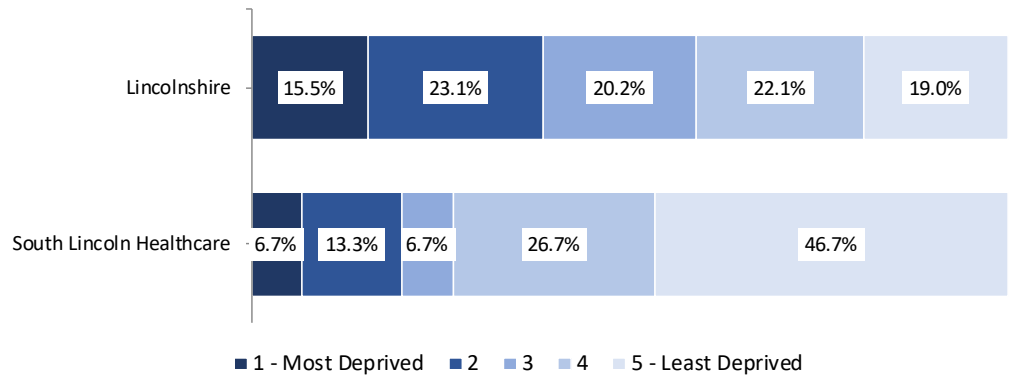
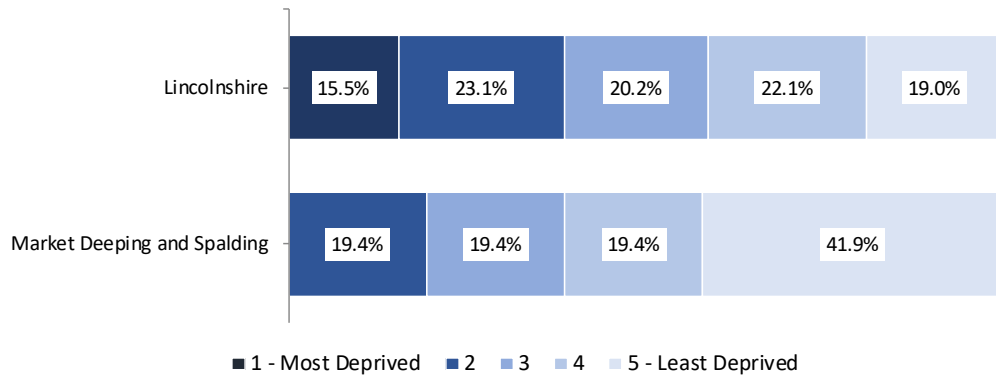
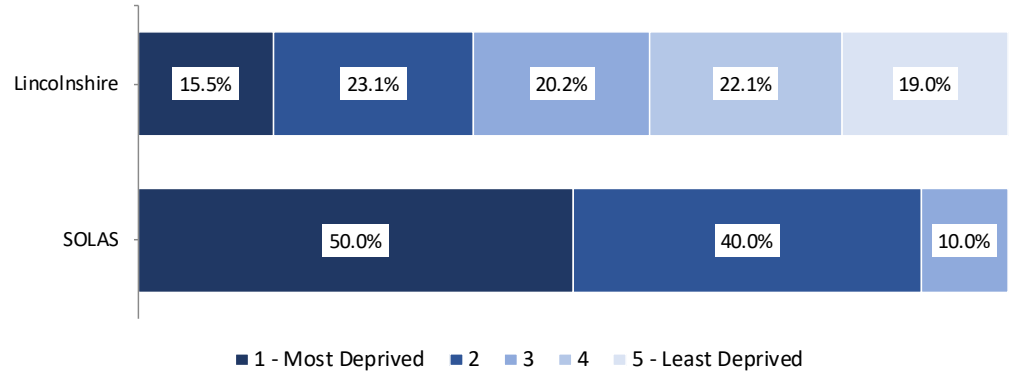
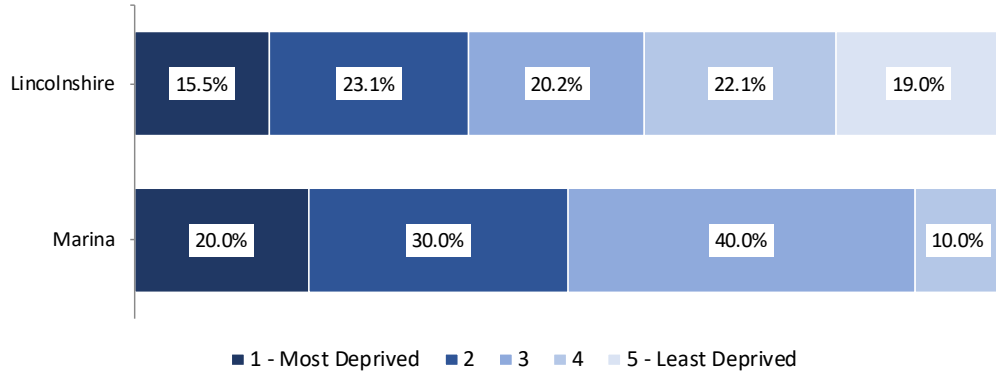
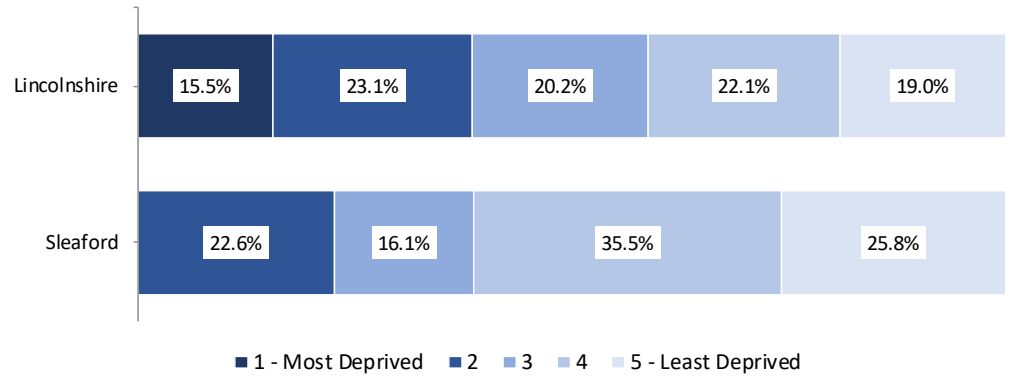
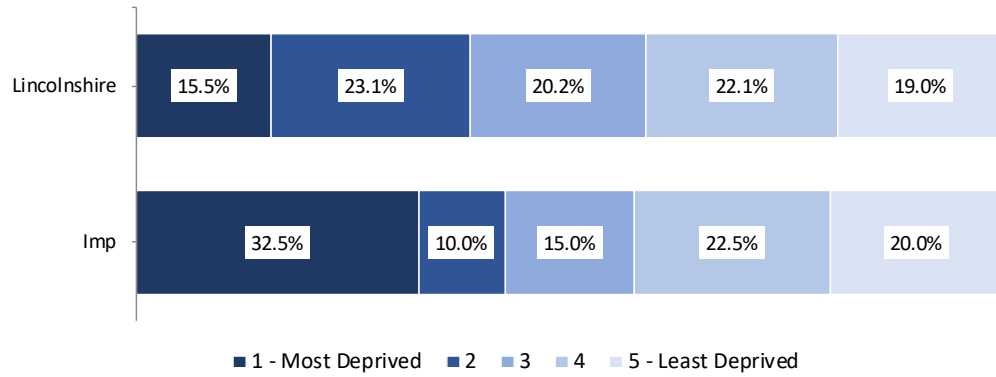
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*Further information can be found at: www.research-lincs.org.uk/area-profiles.aspx

Population breakdown

Deprivation*

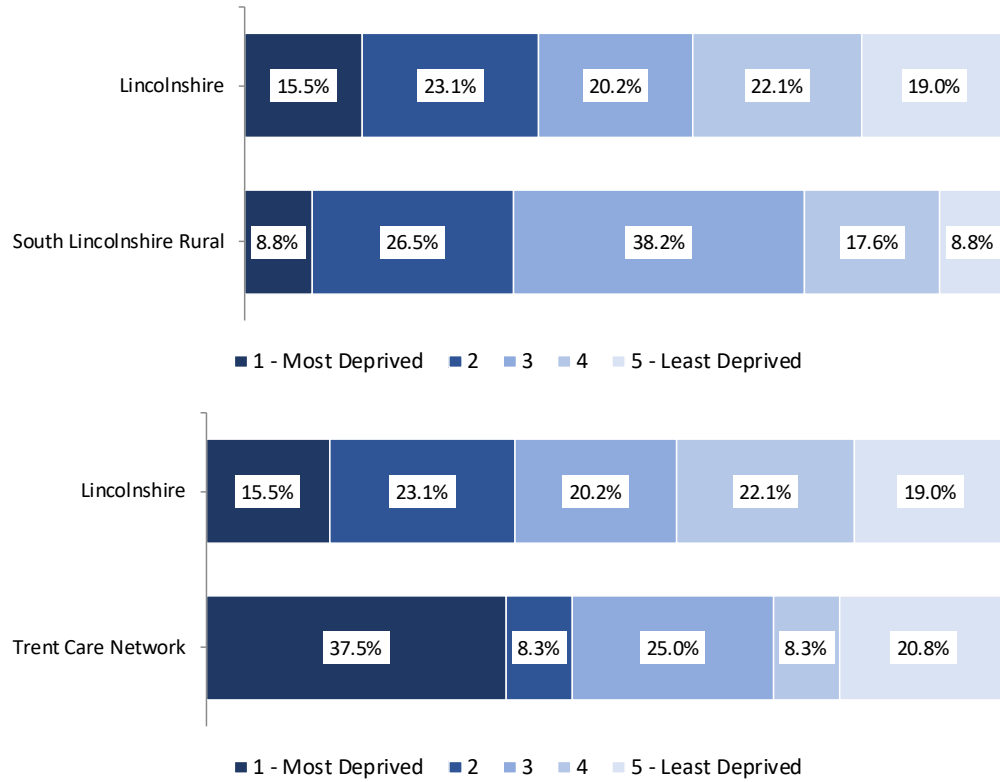


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Population breakdown

Deprivation*




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Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	United Lincolnshire Hospitals Consultation on Nuclear Medicine – Finalisation of the Committee’s Response

Summary:

On 28 February 2022, United Lincolnshire Hospitals NHS Trust (ULHT) launched a public consultation on its nuclear medicine service. The Committee considered a presentation on the consultation document at its last meeting on 16 March 2022 and agreed that its response to the consultation would be determined at this meeting. The closing date for the consultation is 23 May 2022.

On the basis of the comments made by the Committee on 16 March a draft response is being prepared. **The draft response will be circulated to the Committee prior to the meeting.**

Actions Requested:

That the Committee’s final response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service be approved.

1. Background

On 28 February 2022, United Lincolnshire Hospitals NHS Trust (ULHT) launched a formal public consultation exercise on its nuclear medicine service. As part of the twelve-week consultation four virtual consultation events were planned. Two of these took place on 8 March and 28 March. Two further events are due to take place on 13 April (6.30 – 7.30 pm) and 3 May (3.00 – 4.00 pm). The consultation period closes on 23 May 2022.

The full consultation document is available at:

[Nuclear Medicine Consultation - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/nuclear-medicine-consultation)

2. What is Nuclear Medicine?

The British Nuclear Medicine Society describes nuclear medicine as diagnostic medical imaging and treatment. It differs from other imaging techniques such as x-ray, MRI or CT scan by giving different information about organ function as well as structure. Radiopharmaceuticals are usually given to the patient via an injection. Images of the patient are made by a gamma camera.

The following information was contained in the consultation document:

“Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances (called radiopharmaceuticals) in the diagnosis and treatment of disease. The technique enables assessment of the function of organs, whereas most conventional imaging modalities (e.g. X-ray) look at anatomy.

“The majority of radiopharmaceuticals used for these tests are made daily in an aseptic facility known as a radio-pharmacy.

“There are over 20 different tests that nuclear medicine can perform and they look at conditions as diverse as Parkinson’s disease to delayed gastric emptying. In United Lincolnshire Hospitals NHS Trust hospitals, the most common tests performed are bone scans and heart scans.

“After administration of the radiopharmaceutical, patients must wait for a time for the radiopharmaceutical to distribute in their bodies before the images are then taken on a specialist camera called a gamma camera. This camera detects the radiation emitted from the patient to enable the organ of interest to be investigated. A gamma camera is similar in size to a CT scanner.

“Due to the fact nuclear medicine involves radiation, the technique is highly regulated and all staff have to undergo extensive specialist training. This is to ensure the risk to the patient from the radiation is outweighed by the benefits of having the procedure.

“In addition, a clinician is required to oversee the service and hold an ARSAC (Administration of radioactive substances advisory committee) licence (Practitioner Licence). This licence lists the different diagnostic tests that can be performed under the Practitioner. Only tests that the clinician has proven training and experience in are listed on this licence to ensure the test is diagnostic and the impact on the patient management is optimised. Each site also has an ARSAC licence which requires a Medical Physics Expert (MPE) to oversee the service at that site (site licence), this also lists the tests that can be performed at that site.”

3. Previous Committee Consideration

15 September 2021

On 15 September 2021, the Committee considered an introductory item on the nuclear medicine service. The key points reported to the Committee were:

- As nuclear medicine involves radioactive substances, it is highly regulated and all staff have to undergo extensive training. There are national workforce challenges, which mean that ULHT has struggled to recruit and retain clinical technologists over the last five years. The national training service for nuclear medicine clinical technologists has ceased, which has resulted in a national shortage of specialists. The following whole-time- equivalent staffing numbers were reported in September 2021:

	Lincoln	Grantham	Pilgrim	Total
Technologists	5.65	1.6	2.8	10.05
Clinical Scientists	2.8	0	0	2.8
Clinical Imaging Assistants	1.8	1.0	0	3.8
Apprentice	1.0	0	0	1.0
Nurses	2.0	0	1.0	3.0
Administration	0.8	0	1.06	1.86
Total	14.05	2.6	4.86	22.51

- ULHT has five gamma cameras (two each at Lincoln County Hospital and Pilgrim Hospital Boston; and one at Grantham and District Hospital). The ages of these five cameras range from ten to 16 years.
- The majority of radiopharmaceuticals for the tests are made daily in an aseptic facility known as a radio-pharmacy. ULHT's radio-pharmacy was installed at Lincoln County Hospital in 2019 and provides the radio-pharmaceuticals for all three hospital sites. The radiopharmaceutical used is dependent on the part of the body that is being investigated. Radio-pharmacy is needed daily to produce drugs for the scans.
- The following information on nuclear medicine patient numbers for 2019-20 was reported in September 2021 and included in the consultation document (Patient numbers differ from the number of studies as some tests require two studies):

	Lincoln	Grantham	Pilgrim	Total
Number of Patients	1,771	680	792	3,243
Percentage of Patients	55%	21%	24%	100%
Number of Studies	2,114	886	955	3,955
Percentage of Studies	54%	22%	24%	100%

- The 3,243 nuclear medicine patients in 2019-20 were from the following postcodes:

	LN	NG	PE	Other
Patients	1,540	685	894	124
Percentage (%)	47%	21%	28%	4%

4. Service Change Proposals

The Six Initial Options

The consultation document contained information on an options appraisal process, which considered the following six initial options:

- Centralisation of the service at Lincoln County Hospital and Pilgrim Hospital Boston
- Centralisation of the service at Lincoln County Hospital and Grantham and District Hospital
- Centralisation of the service at Lincoln County Hospital only.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Pilgrim Hospital Boston. The service at Grantham and District Hospital would close.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Grantham and District Hospital. The service at Pilgrim Hospital Boston would close.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Grantham and District Hospital and three day per week service at Pilgrim Hospital Boston.

The six initial options were assessed against six factors: patient experience; quality of service; robustness of the service; cost and efficiency; and long-term sustainability. Using these factors, the consultation document refers to (c) as the one providing the most robust, efficient service, which ensured responsiveness for patients.

The ULHT Patient Panel also considered the challenges facing the service and its view was that nuclear medicine should continue at Lincoln County Hospital, but there should be a second site offering the service and ULHT should take seriously that patients may struggle to reach their appointments if the service was centralised. The Patient Panel asked for mitigating actions to be put in place to improve access if the service were to be centralised.

Following this, as set out in the consultation document, there was an evaluation of Grantham and District Hospital and Pilgrim Hospital Boston as potential second sites against six criteria. Pilgrim emerged as the preferred second site when evaluated against four of the six criteria: patient experience; staffing; efficiency of the service; and building compliance with legislation. The remaining two criteria (robustness of the service; quality and governance) did not lead to a preferred second site. This led to the following two consultation options being put forward.

The Two Consultation Options

The consultation document states that running the nuclear medicine service at three sites is not sustainable and centralising the service to either one or two sites would ensure a robust service for the people of Lincolnshire. As a result of the options appraisal process, ULHT is consulting with its staff, stakeholders and public on two possible options:

- Option 1: Centralisation of the service at Lincoln County Hospital
- Option 2: Centralisation of the service at two sites - Lincoln and Pilgrim

The following risks and benefits have been identified for each option.

Option 1 - Benefits
<ul style="list-style-type: none"> • Most efficient use of batching kits and studies. • Most efficient use of the cameras and staff. • Robustness for continuity of service if poor weather/traffic problems. • Greater mix of scans and tasks for technologists, so should be more likely to keep staff interested and improve staff retention. • Improve monitoring of governance (as on one site). Lincoln County Hospital is already ISO9000:2015 accredited. • More capacity to introduce new techniques as clinical scientists and senior staff will have more time to do this. • Ensure that the service is only using the equipment it needs, negating the need to equip three sites at a cost of £650k per camera (plus approximately £50k per annum servicing) as well as the other equipment and consumables needed. • Ensuring a more responsive service to patients, as the radio-pharmacy is on site so can help with discharge. Currently, Grantham and Pilgrim have to order preps the day before, so cannot always do same day request to scan studies. • New camera at Lincoln County Hospital, meaning a reliable service and access to up-to-date technology that will aid diagnosis and turnaround of studies. In addition, this should increase staff retention.

Risks of Option 1	Notes / Mitigations
Requirement for patients to travel for their scans leading to inconvenience to patients and could lead to some patients going out of county for the tests or not having the test.	Patients already travel for a variety of nuclear medicine tests due to equipment, lack of staffing at Pilgrim and legal requirements for performing the tests. There is also support with transport if required.

Risks of Option 1	Notes / Mitigations
Need to transfer inpatients from Pilgrim to Lincoln.	Most nuclear medicine scans do not require the patient to be kept in for their test; those who require a test not performed at Pilgrim already are transferred between sites.
Possible impact on other services that rely on our service before breast surgery.	Will need working through with the teams.

Option 2 - Benefits
<ul style="list-style-type: none"> • Somewhat improved efficiency of batching kits and studies. • More efficient use of the cameras. • More capacity to introduce new techniques as Clinical Scientists and senior staff will have more time to do this. • Robustness of service if problem in Lincoln hospital (power outage, flood). • Ensure that the service is only using the equipment it needs, negating the need to equip three sites at a cost of £650k per camera (plus approximately £50k per annum servicing) as well as the other equipment and consumables needed. • Reduced impact on patients - fewer patients will need to travel further for their nuclear medicine tests. • Reduced impact on staff - fewer members of staff will need to be relocated/displaced.

Risks of Option 2	Notes/ Mitigations
Requirement for some patients to travel for their scans leading to inconvenience to patients and could lead to some patients going out of county for the tests or not having the test.	Patients already travel for a variety of nuclear medicine tests due to equipment. There is also support with transport if required.
Need to transfer inpatients from Grantham to Lincoln or Pilgrim.	Most nuclear medicine scans do not require the patient to be kept in for their test and the number of Grantham inpatients is low.
Retention of some existing issues around effective use of resources and staffing.	Still an improvement on three site model.
Risk that cannot effectively staff 2 sites	Little to mitigate this.
Harder to ensure good governance as management not day to day on site.	Regular visits from Clinical scientists and teams meetings

Drafting the Response to the Consultation

In line with previous approaches, it is proposed that the Committee's response is structured as follows:

Part A - Introduction

Part B - Response to Consultation Survey Questions

This section of the response would follow the format of the survey questions issued by United Lincolnshire Hospitals NHS Trust.

Part C – General Statement

A draft response will be circulated to the Committee prior to the meeting. Attached at Appendix A to this report is the proposed format of the response.

3. Consultation and Conclusion

The Committee is invited to approve its response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Proposed Format for Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation United Lincolnshire Hospitals NHS Trust on its nuclear medicine service (A completed response will be circulated prior to the meeting.)

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 Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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

**RESPONSE OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
TO THE CONSULTATION ON NUCLEAR MEDICINE AT UNITED
LINCOLNSHIRE HOSPITALS NHS TRUST**

To be completed

PART A – INTRODUCTION

PART B – RESPONSE TO SURVEY QUESTIONS

SERVICE CHANGE PROPOSAL

This consultation is on the future of nuclear medicine services in Lincolnshire. Nuclear medicine services are currently provided at Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston.

Due to the fact the nuclear medicine is a very specialist service, there are a number of challenges it faces nationally, and we have these same challenges in Lincolnshire including:

- A shortage of staff
- Workload of the service which only requires three gamma cameras but we have five
- The age of the gamma cameras, all of which are over 10 years old and cost £0.5million per camera to replace
- The impact of other services, specifically the redevelopment of the Emergency Department at Pilgrim Hospital which means that the nuclear medicine department will need to be moved.

To Be Completed by the Committee

We believe that the safest way to provide a sustainable, long term service to the patients of Lincolnshire is to reduce the number of sites that the nuclear medicine service is provided from. This will reduce the redundancy of equipment and create a greater capacity to replace aged equipment.

Q1. How much do you agree or disagree that the Nuclear Medicine service needs to change to ensure a safe and sustainable service to patients in Lincolnshire?

Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree	Don't Know

Q2. Please tell us how much you agree or disagree with the following options. Our clinicians, expert staff and patient representatives have looked at different ways that we could deliver these services in the future and they are explained in more detail in the consultation document.

We believe that centralising the service to either one or two sites would ensure a robust service for the people of Lincolnshire. The radio-pharmacy has recently been built at Lincoln County Hospital and this cannot be moved, therefore closing Lincoln was not considered as an option. As a result of our option appraisal work, this consultation is on the following two options. These are:

Option 1- Centralisation of the Service at Lincoln

Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree	Don't Know

Option 2- Centralisation of the Service at two sites- Lincoln and Pilgrim

Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree	Don't Know

Q3. What is your preferred choice for changes to nuclear medicine services? (please choose only 1 answer)

<input style="width: 100%; height: 100%;" type="checkbox"/>	Option 1: Centralisation of the service at Lincoln
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To Be Completed by the Committee

Option 2: Centralisation of the service at two sites- Lincoln and Pilgrim

- Q4. Please tell us why you chose your preferred option and if you have any other suggested proposals to address the identified challenges

- Q5. Please tell us about the impact the proposed changes to nuclear medicine services might have on you:

No Impact

Positive Impact

Negative Impact

Prefer Not to Say

- Q6. Please tell us the reason for your answer and what could be done to reduce any negative impacts:

- Q7. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. It is against the law to discriminate against someone because of the nine protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any positive or negative impacts that you believe we should take into account in relation to equalities or human rights? If so, are you able to provide any supporting evidence and suggest any ways in which the organisations could reduce or remove any potential negative impacts and increase any positive impacts?

To Be Completed by the Committee

PART C – GENERAL STATEMENT

The Health Scrutiny Committee for Lincolnshire has been appointed by Lincolnshire County Council to fulfil its functions as set out in Section 244 of the National Health Service Act 2006 and Regulations 20 – 34 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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Agenda Item 9

 Lincolnshire COUNTY COUNCIL <i>Working for a better future</i>		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	Health Scrutiny Committee for Lincolnshire - Work Programme

Summary

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is required to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Requested

To consider and comment on 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: -

13 April 2022		
	<i>Item</i>	<i>Contributor</i>
1	Mental Health Update from Lincolnshire Partnership NHS Foundation Trust	Sarah Connery, Chief Executive, or Jane Marshall, Director of Strategy, People and Partnership, Lincolnshire Partnership NHS Foundation Trust
2	General Practice Access	Dr Kieran Sharrock, Medical Director Lincolnshire Local Medical Committee
3	General Practice Provision	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
4	Finalising Response to Consultation by United Lincolnshire Hospitals NHS Trust on Nuclear Medicine	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

18 May 2022		
	<i>Item</i>	<i>Contributor</i>
1	United Lincolnshire Hospitals NHS Trust – Recovery Programme and Action Plan in Response to Care Quality Commission Report	Representatives from United Lincolnshire Hospitals NHS Trust: <ul style="list-style-type: none"> • Karen Dunderdale, Director of Nursing and Deputy Chief Executive • Simon Evans, Chief Operating Officer
2	Lincolnshire Partnership NHS Foundation Trust – Consultation on Mental Health Rehabilitation Services	Representatives from Lincolnshire Partnership NHS Foundation Trust
3	Lincolnshire Acute Services Review – Decision by Lincolnshire Clinical Commissioning Group	Representatives from Lincolnshire Clinical Commissioning Group

15 June 2022		
	<i>Item</i>	<i>Contributor</i>
1	United Lincolnshire Hospitals NHS Trust: Update on Urology Services	United Lincolnshire Hospitals NHS Trust: <ul style="list-style-type: none"> • Colin Farquharson, Medical Director • Andrew Simpson, Consultant Urologist
2	Dental Services Update	Representatives from NHS England
3	Humber Acute Services Programme Update (or 13 July 2022)	Representatives from the Humber Acute Services Programme
4	Finalising Committee's Response to the Lincolnshire Pharmaceutical Needs Assessment	Simon Evans, Health Scrutiny Officer

13 July 2022		
	<i>Item</i>	<i>Contributor</i>
1	Cancer Care Update	Lincolnshire Clinical Commissioning Group: <ul style="list-style-type: none"> • Clair Raybould, Director of Operations, Lincolnshire Clinical Commissioning Group • Louise Jeanes, Programme Lead Cancer Care United Lincolnshire Hospitals NHS Trust: <ul style="list-style-type: none"> • Colin Farquharson, Medical Director
2	Staffing Challenges in Hospitals and NHS Lincolnshire People Plan	Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust. Ceri Lennon, Senior Responsible Officer for the Lincolnshire People Board (to be confirmed)

14 September 2022		
	<i>Item</i>	<i>Contributor</i>
1	Sustainability Transformation Partnership Clinical Care Portal Data Sharing - Update	Lincolnshire County Council (Adult Care and Community Wellbeing) Representatives: <ul style="list-style-type: none"> • Theo Jarratt, Head of Quality and Information • Samantha Francis, Information and Systems Manager Representative from United Lincolnshire Hospitals NHS Trust
2	Lincolnshire Pharmaceutical Needs Assessment – Consideration of Final Draft	Shabana Edinboro, Senior Public Health Officer, Lincolnshire County Council

Items to be Programmed

The following items are due to be programmed at forthcoming meetings:

- **Future Commissioning Arrangements for Dental Services, Ophthalmology and Pharmaceutical Services** – The commissioning of these services is due to transfer to the Lincolnshire Integrated Care Board from July 2022.
- **Lakeside Medical Practice Stamford** – A further inspection report is due to be published, and depending on its content may merit further consideration by the Committee.

4. Access to Mental Health Services

At its last meeting the Committee agreed that it would consider establishing a working group following the presentation from Lincolnshire Partnership NHS Foundation Trust on access to mental health services, and the impact of waiting times on patients, including a decline in their health and wellbeing during the waiting period. The Committee will be making a decision on this as part of this item.

- 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 Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk