



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
9 NOVEMBER 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 K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council), Mrs L Hagues (North Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Samantha Francis (Information and Systems Manager) and David Smith (Digital Programme Director, Lincolnshire Integrated Care System).

The following representatives joined the meeting remotely, via Teams:

Nick Blake (Acting Programme Director – Integrated Primary Care and Communities), Samantha Francis (Information and Systems Manager), Wendy Martin (Associate Director of Nursing, NHS Lincolnshire Integrated Care Board), Sarah-Jane Mills (Director for Primary Care and Community and Social Value), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Reid Baker (Medical Director of the Lincolnshire Local Medical Committee), David Smith (Digital Programme Director, Lincolnshire Integrated Care System), Sarah Starbuck (Head of Transformation and Delivery, NHS Lincolnshire Integrated Care Board), Lynda Stockwell (Deputy Director of Nursing and Quality, NHS Lincolnshire Integrated Care Board) and Terry Vine (Deputy Director of Nursing and Quality, NHS Lincolnshire Integrated Care Board).

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

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An apology for absence was received from Councillor M A Whittington (South Kesteven District Council).

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

11 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interests were received at this stage of the proceedings.

12 MINUTES OF THE RECONVENED HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING (14.09.22) HELD ON 12 OCTOBER 2022

RESOLVED

That the minutes of the reconvened Health Scrutiny Committee for Lincolnshire meeting from 14 September 2022, held on 12 October 2022 be agreed and signed by the Chairman as a correct record.

13 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 12 OCTOBER 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 12 October 2022 be agreed and signed by the Chairman as a correct record.

14 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 8 November 2022. The supplementary announcements referred to:

- The temporary closure of Lincolnshire's Psychiatric Intensive Care Unit for Men (Hartsholme Centre, Lincoln); and
- Spalding GP Surgery – Dispersal of Patient List.

The Chairman advised the Committee that there was to be a change in the agenda order for the meeting, due to the availability of NHS colleagues. The Committee noted that it was proposed that the three GP-related items would be considered first, in the order they appeared on the agenda (7, 8 and 9) followed by the item on Integrated Care System Clinical Care Portal Data Sharing (6)

RESOLVED

That the supplementary announcements circulated on 8 November 2022 and the Chairman's announcements as detailed on pages 19 to 27 of the report pack be noted.

15 GENERAL PRACTICE PROVISION (LINCOLNSHIRE LOCAL MEDICAL COMMITTEE)

Consideration was given to a report from the Lincolnshire Local Medical Committee, which provided the Committee with information relating to the provision of general practice services.

The Chairman invited Dr Reid Baker, Medical Director, Lincolnshire Local Medical and Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board, to remotely present the item to the Committee.

The Committee was advised of the significant changes to general practice since the beginning of the Covid-19 pandemic, and the challenges general practice continued to face.

Reference was also made to the role of Primary Care Networks and the support they provided to practices via multidisciplinary teams.

It was reported that the demand for appointments was still high, and it was noted that data had suggested that the summer of 2022 had been busier than a traditional winter. Information relating to appointments in Lincolnshire's general practices were shown on page 39 of the report pack.

In conclusion, the Committee noted that general practice wanted to do the best it could for the communities they supported, despite the challenges faced. It was highlighted that despite Lincolnshire's general practices being under pressure, practices had significantly increased the number of appointments they were providing, and that self-care and patient understanding of service provision had to be part of the wider agenda to help improve the overall health and care system in Lincolnshire.

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

- Some members of the Committee shared personal experiences of the problems encountered obtaining appointments with practices and referred to the fact that accessing a practice had become too complicated, and assumptions were being made that every patient had access to a phone, mobile or laptop, and, even had access to Wi-Fi, which in some of the more rural parts of the county was not the case. Representatives agreed to look into an incident of a patient not having access to a phone arriving at a practice being denied the facility to book an appointment. Reassurance was given that when a practice was aware of an individual's needs, appropriate adjustments would be made;
- Some concern was expressed to the number of appointments with practices that were not being attended. The Chairman agreed to look into this matter after the meeting;

- Some concern was also expressed to the data provided in the report and what the data covered. The Committee was advised that the data on the number of appointments did not include Covid vaccinations but did include nurse appointments within a practice. Some members of the Committee agreed that there needed to be a more accurate description of what the data was saying. The Committee noted that the issue of data collection was currently being reviewed and developed to capture data in a different way, to help address health inequalities across the system;
- The need to ensure that patients were kept well informed; and that all patients were aware of the options available to them. There was recognition that there was inequality across the county and that a blended approach was necessary to make sure that all patients were aware of any changes;
- One member highlighted the need for data to be provided to ascertain the amount of time GPs were undertaking clinical appointments, as it was apparent that most GP were involved in other duties, which were taking them away from working with patients. Reassurance was given that from an Integrated Care System perspective, steps were being taken to ensure that there was less bureaucracy, and professional networks were being created to ensure that new skills were introduced. Reference was made to a Lincolnshire Training Hub which would develop wrap around professional support to help with recruitment and retention of staff;
- Some concern was expressed to the fact that Lincolnshire has the lowest proportion of primary care appointments undertaken by an actual GP. The Committee noted that it was difficult to recruit and retain GPs in Lincolnshire, and because of that other roles were being introduced within practices, and there was recognition that Lincolnshire had not used its full allocation of additional roles, as the funding was restricted to specific roles, and Lincolnshire had a deficit of available professionals for these roles. Reassurance was given that there was no risk to patients in Lincolnshire, as every effort was made to ensure that a safe and high quality service was being provided. The Committee noted that the independent assessments made by the Care Quality Commission (CQC) of Lincolnshire practices reflected the quality of service being provided with 74 of the 82 practices being rated good or outstanding. It was noted further that colleagues across primary care were working as multi-disciplinary teams and that Lincolnshire was doing everything it could to attract GPs into Lincolnshire, and also working more flexibly with GPs coming to the end of their career to retain them a bit longer in the profession;
- Whether there were any expected effects of the proposed industrial action by nurses. The Committee was advised that the proposed by the Royal College of Nursing related to nurses employed by the NHS trusts or NHS foundation trusts, and that any action would not affect GPs, unless the GP practices were operated by staff employed by these trusts. Furthermore, not all nurses were members of the Royal College of Nursing;
- Whether enhanced appointments were being operated in full across Lincolnshire. Confirmation was given that steps were being taken to ensure that enhanced access was well publicised, and it was noted that currently the appointments were not being fully utilised;

- Whether enough was being done to convey to the residents of Lincolnshire the changes being made in primary care so that they understood why they were not always able to get an appointment with a GP; and the changes implemented to assist them accessing a GP practice. There was recognition that there was more to be done regarding communication for residents to understand how primary care had changed and the range of services now available to them;
- One member enquired whether data was available which identified the number of people attending an A & E, or an Urgent Treatment Centre (UTC) when they were unable to get an appointment with a GP. The Committee noted that this data was not available, but it was hoped that it would be addressed as more work was done on understanding the needs of the patient. It was noted further that UTCs, and A & E departments did not routinely record this data either. The Committee was advised that practices were made aware of when a patient attended A & E or a UTC. There was recognition that such data would be useful to see why it happened, and what could then be done to help the situation reoccurring. Some concern was expressed that the current system of accessing primary care services was not working, as the number of queries/complaints received from residents was proving. The Committee noted that the issue was being discussed regionally and nationally and that this would be looked at as part of the Integrated Care System for Lincolnshire; and
- One member enquired how appointments were monitored, as page 39 of the report stated that 54.6% of appointments were dealt with within 24 hours of request and 82.8% were within two weeks of a request. The Committee noted that those dealt with within two weeks would be something like first contact being a medication review, when a follow up appointment was booked in for two weeks later. It was highlighted that models did vary, and some practices did not offer the same level of access support, but most requests were being dealt with within 24 hours by appointment with a professional, or by telephone consultation.

RESOLVED

1. That thanks be extended to Dr Reid from the Lincolnshire Local Medical Committee for his report and presentation.
2. That the developments in primary care, such as the increase in clinical pharmacists, first contact physiotherapists and occupational therapists, be noted and the need for assurance that the ratio of appointments conducted by GPs, as opposed to other clinicians in primary care, is meeting the needs of Lincolnshire patients be recorded.
3. That a further update report be received in six months' time.

16 GENERAL PRACTICE PROVISION (NHS LINCOLNSHIRE INTEGRATED CARE BOARD)

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board, which provided an update on the current service provision by general practice across the county.

The Chairman invited Sarah-Jane Mills, Director of Primary Care, Community & Social Value, Nick Blake, Acting Programme Director – Integrated Primary Care and Communities, to remotely present the item to the Committee.

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

- The need for better communication to ensure that residents understand the role of the Integrated Care Board (ICB) and what was proposed for health and care in Lincolnshire. Reference was made to the excellent ICB U-tube channel and to the low number of views. There was recognition that there was more to be done regarding the public's understanding of services;
- A request was made for more information relating to the other pressures on GPs and how many patients managed to get an appointment with a GP. It was highlighted that professional development should be seen as a positive step for enhancing the workforce, to enable patients to be able to access the best professional for their need at the right time;
- Some reference was made to recruitment packages to encourage GPs to come and work in Lincolnshire; and the fine balance of maintaining excellent access to primary care and GP services. The Committee noted that getting a GP skilled in a particular specialism would also help reduce the backlog in some instances for secondary care;
- The Committee was advised of a trial recruitment campaign for the Boston area, and that if successful, the trial would then be rolled out to other areas of the county;
- One member enquired as to how many of the CQC ratings of GP practices in Lincolnshire were based on inspections that were carried out over the last two years. The Committee was advised that this information would have to be investigated and provided after the meeting; and
- Reference was made to information on the NHS Digital website, which enabled comparisons with other ICB areas. One member enquired what the ideal ratio of appointments was for a GP compared to appointments with another clinician. The Committee noted that this was a complicated area, which would be dependent on patient need.

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

RESOLVED

1. That the development in primary care, such as the increase in clinical Pharmacists, first contact physiotherapists and occupational therapists, be noted, and the need for the ratio of appointments conducted by GPs, as opposed to other clinicians in primary care is meeting the needs of Lincolnshire patients be recorded.
2. That a further update be received in six months' time, to seek a more detailed report on the role of primary care networks, enhanced appointments; u-tube weblinks, and the messaging App.

17 HAWTHORN MEDICAL PRACTICE SKEGNESS - CARE QUALITY COMMISSION REPORT

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which advised on the Hawthorn Practice in Skegness Care Quality Commission (CQC) Report, and the work the Lincolnshire Integrated Care Board were doing to support the practice with their improvement plan to address the concerns identified.

The Chairman invited the following representatives from the NHS Lincolnshire Integrated Care Board, to remotely present the item to the Committee: Wendy Martin, Associate Director of Nursing, Terry Vine, Deputy Director of Nursing and Quality, Lynda Stockwell, Deputy Director of Nursing and Quality and Sarah Starbuck, Head of Transformation and Delivery.

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

- The Care Quality Commission visit to the practice on 23 August 2022, a copy of the Hawthorn CQC Report published on 30 September 2022 was attached at Appendix A to the report, which had published an overall rating of 'Inadequate', placing the practice into CQC special measures;
- A summary of the findings of the CQC report were shown on page 52 of the report pack, and Appendix B provided a copy of the CQC evidence Table for the Committee to consider;
- Details of the progress made since the CQC Inspection report were included on pages 53 to 54 of the report pack along with details of reporting mechanisms, it was highlighted that the monthly Primary Care Commissioning Committee would have oversight of delivery against the action plan.

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

- Concerns were expressed about the issues raised in the CQC report, which had included the lack of cleanliness, health and safety measures, training and development, leadership, and governance arrangements and some doubt was expressed as to whether the practice should have been allowed to continue operating. The Committee was advised that where possible the de-registration of any practice would be avoided, and that the ICB would work closely with the practice to ensure actions highlighted in the report were addressed through an action plan. One member referred to evidence that as the Hawthorn Practice's net earnings were substantially higher than other practices, due to the increase in temporary patients during the summer period, it was felt that more investment needed to be made by partners in the practice to overcome some of the issues highlighted;
- It was highlighted that a Patient Participation Group was not in existence at the practice. The representative from Healthwatch Lincolnshire offered their support facilitating the development of a Patient Participation Group;
- Improvements seen by the ICB. The Committee noted that the practice had taken some immediate actions around the clinical oversight of the dispensary, recruitment for Pharmacy Manager and Dispensary Manager, and put plans in place to increase

access to appointments, and infection prevention and control improvements. The Committee noted further there had been improvements regarding phone access, but access was still a challenge. Reassurance was given that any immediate risks highlighted were sorted straight away;

- Clarification was sort as to the status of the Wainfleet branch surgery operated by the Hawthorn Medical Practice. The Committee was advised that the main focus for the moment was on the main sites at Skegness and Burgh le Marsh. It was however confirmed that the site at Wainfleet had not been de-commissioned, and that it would be brought back into use in the near future;
- Some concern was expressed as to how the Hawthorn practice had been allowed to get to the point of such a damning report when the Clinical Commissioning Group and the ICB had oversight of all GP practices in Lincolnshire. The Committee was advised that during Covid-19 there had been less capacity available to complete quality assurance checks. The Committee was advised further that the extent of the findings had taken both the ICB and the CQC by surprise. Further concern was expressed as to whether this was an isolated case and reference was made to neighbouring practices along the east coast. The Committee was advised that the ICB had done significant amount of support work with both the Marisco and Beacon practices;
- Confirmation was given that the Primary Care Commissioning Committee, which met monthly, had oversight of delivery against the action plan, and their role was to determine if any contractual or other actions were required to be taken by Commissioners. Confirmation was given that contractual actions were taken seriously, but the ICB had to work within the national contractual framework;
- Reference was made to page 86 of the report pack which referred to there being around 700 to 800 appointments per week in the practice, and how this compared to 1,200 appointments expected when using the national calculation. A question was asked as to where the 400 to 500 patients a week were going. Presenters agreed to take the matter away and provide the Committee with a response after the meeting; and
- Whether the ICB could do anything to support the practice overcome its accommodation constraints. The Committee was advised that this matter was being investigated and more would be known for a future update.

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

RESOLVED

1. That the Committee's grave concerns on the services provided to patients by the Hawthorn Medical Practice in Skegness, following the Care Quality Commission's rating of the practice as *Inadequate* and the consequent placement of the practice in *special measures* be recorded.
2. That the support given to Hawthorn Medical Practice by NHS Lincolnshire Integrated Care Board be noted and that priority be given to addressing the response to phone calls and increasing the number of appointments.

3. That a further report be received after the publication of the next Care Quality Commission report, unless the NHS Lincolnshire Integrated Care Board is not satisfied in the interim with the progress made.
4. That a copy of the action plan be made available to members of the Committee.

18 INTEGRATED CARE SYSTEM CLINICAL CARE PORTAL DATA SHARING

Consideration was given to a report from the Director of Public Health, which provided the Committee with an update on the Integrated Care System Clinical Care Portal Data Sharing programme.

The Chairman invited the following presenters, to present the item to the Committee: Samantha Francis, Information and Systems Manager, LCC and David Smith, Digital Programme Director for the Lincolnshire Integrated Care System.

In guiding the Committee through the report reference was made to the background behind the Portal system; the benefits of integrating Mosaic and the Portal, details of which were show on page 30 of the report pack; and future portal development, which included a Patient Portal (Personal Community) and an analytics module to support direct care (Health Insight).

Appendix A provided details of the total Care Portal record views by Mosaic users for the period February 2021 to October 2022, and details of the total weekly Mosaic record views by Care Portal users for the period April 2022 to October 2022. Appendix B provided the Committee with responses to questions raised by the Committee at the 19 January 2022 meeting.

In conclusion, the Committee noted that having the shared access to patient data was of great benefit to frontline practitioners and managers, as it enabled a more holistic view of the person, and more efficient information sharing. It was highlighted that various areas of development across the Portal programme would be combining to create a hub for multi-agency case management, informing and improving health and care services.

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

- Confirmation was given that patients/carers had been engaged in the process and that this was an on-going piece of work;
- The Committee was advised that the uptake amongst primary care was variable, however, that had been a significant uptake in the south of the county, to which positive feedback had been received; and
- The Committee was advised that one the outcomes of the system had been that frontline practitioners and managers were able to gain a more holistic view of a person because of efficient information sharing.

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

RESOLVED

That the progress with the development of the Clinical Care Portal in Lincolnshire be noted and that a further update be received in nine months.

19 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 98 to 100 of the report pack.

Attached at Appendix A to the report was a scheduled of items covered by the Committee since the beginning of the current Council term May 2021, as well as planned work for the coming months for the Committee to consider.

The Committee was advised that since the publication of the agenda, there was to be the following additional two items for the 14 December 2022 meeting: Hartsholme Centre (Psychiatric Intensive Care Unit) – Temporary Closure; and Patient Flow from United Lincolnshire Hospitals NHS Trust from A & E Admissions to Discharge.

As reference had been made to recruitment and retention in previous items, it was noted that on 15 March 2023, there would be a Lincolnshire People Board update. In addition, consultation on the proposed closure of Ashley House in Grantham would need to be programmed in early 2023.

During discussion, reference was made to the Urgent Treatment Centre (UTC) at Grantham and District Hospital and to the services it planned to be providing. The Committee was advised that item was scheduled for the 14 December 2022 meeting, and that a request would be made for the report to include a planned list of services for Grantham and District UTC.

RESOLVED

That the Committee's work programme as detailed on pages 98 to 100 of the report pack be received, subject to the additions mentioned above and the items at minute numbers 15(3), 16(2), 17(3)(4) and 18.

The meeting closed at 1.02 pm