Lincolnshire COUNTY COUNCIL Working for a better future		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

Direct Dialling: 07385 463994

E-Mail: katrina.cope@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A reconvened meeting of the Health Scrutiny Committee for Lincolnshire from the 14 September 2022 will be held on Wednesday, 12 October 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: K Chalmers (Boston Borough Council), J Loffhagen (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: Liz Ball

AGENDA

Item	Title	Pages
5	**North West Anglia NHS Foundation Trust: Restoration Recovery Update and Progress on Clinical Strategy for Stamford and Rutland Hospital Site** *(To receive a report from North West Anglia NHS Trust (NWAFT), which provides the Committee with an overview of the Trust's recovery from the pandemic. Caroline Walker, Chief Executive, NWAFT will be in attendance for this item)*	27 - 34
6	**Lincoln Medical School** *(To receive an introductory update report from Simon Evans, Health Scrutiny Officer, and a presentation on the Lincoln Medical School. Professor Danny McLaughlin, Associate Dean of Medicine, Lincoln Medical School will be in attendance for this item)*	35 - 38
7	**Lincolnshire Pharmaceutical Needs Assessment 2022** *(To receive a report from Public Health, Lincolnshire County Council, which invites the Committee to consider the final draft of the Pharmaceutical Needs Assessment. Lucy Gavens, Consultant in Public Health and Alison Christie, Programme Manager, Public Health will be in attendance for this item)*	39 - 200
8	**Ashley House Service Change** *(To receive a report from Lincolnshire Partnership NHS Foundation Trust, which invites the Committee to consider and comment the proposed changes to Ashley House, an open mental health rehabilitation unit. Peter Burnett, System Strategy and Planning Director, NHS Lincolnshire Integrated Care Board, Sarah Connery, chief Executive, Lincolnshire Partnership NHS Foundation Trust and Paula Jelly, Associate Director of Adult Inpatient and Urgent Care, Lincolnshire Partnership NHS Foundation Trust will be in attendance for this item)*	201 - 226
BREAK FROM 1.00PM TO 2.00PM		
9	**Spalding GP Surgery Managed List Dispersal** *(To receive a report from NHS Lincolnshire Integrated Care Board, which invites the Committee to consider and comment on the consultation on proposal for list dispersal for the Spalding surgery. Sarah-Jane Mills, Director for Primary Care and Community and Social Value and Shona Brewster, Head of Transformation, South West Locality and Primary Care Team Commissioning, Operations and Delivery will be in attendance for this item)*	227 - 238
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its forthcoming work programme)*	239 - 244

Debbie Barnes OBE
Chief Executive

4 October 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, 12th October, 2022, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
13 JULY 2022

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, Dr M E Thompson 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), M A Whittington (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and Ceri Lennon (Senior Responsible Officer for the People Board.

The following representatives joined the meeting remotely, via Teams:

Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board), Linsay Cunningham (Associate Director Communications and Engagement, Humber Acute Programme), Ivan McConnell (Programme Director, Humber Acute Programme), Amy Beeton (Deputy Director of People, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Gray (Deputy Cancer Programme Manager, Lincolnshire Integrated Care Board), Saumya Hebbar (Associate Director of People, Lincolnshire Integrated Care System), Claire Low (Deputy Director of People, United Lincolnshire Hospitals NHS Trust), Kathie McPeake (Macmillan Living with Cancer Programme Manager), Dr Adrian Tams (Associate Director of People, United Lincolnshire Hospitals NHS Trust) and Dr Kevin Thomas (GP).

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

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors T J N Smith, Mrs S Harrison (East Lindsey District Council) and G P Scalese (South Holland District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed

Councillor P A Skinner to replace Councillor T J N Smith on the Committee for this meeting only.

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

13 DECLARATIONS OF MEMBERS' INTEREST

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

14 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 15 JUNE 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 June 2022 be agreed and signed by the Chairman as a correct record.

15 CHAIRMAN'S ANNOUNCEMENTS

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

- Some concern was raised regarding the rising number of Covid-19 cases. The Health Scrutiny Officer agreed to obtain the latest Lincolnshire Covid-19 infection figures, and circulate the said data to Committee members following the meeting;
- Concern was also expressed to the lack of water fluoridation in the eastern part of Lincolnshire. The Committee was advised that this matter would be considered by the Children and Young People Scrutiny Committee;
- One member enquired whether the Committee would have the opportunity to comment on the Integrated Care Board/Partnership plans. It was reported that this would be something the Lincolnshire Health and Wellbeing Board would be involved in. The Health Scrutiny Officer agreed to investigate the matter further.

RESOLVED

That the Chairman's announcements as detailed on pages 17 to 22 of the report pack be noted.

16 CANCER PROGRAMME UPDATE AND LINCOLNSHIRE LIVING WITH CANCER PROGRAMME

The Committee considered a report from the Lincolnshire Integrated Care System (ICS), which provided an update on the Cancer Programme and the Lincolnshire Living with Cancer Programme.

The Chairman invited the following presenters, to remotely present the item to the Committee: Clair Raybould, Director for System Delivery, Lincolnshire Integrated Care Board (ICB); Sarah-Jane Gray, Deputy Cancer Programme Manager, Lincolnshire ICB, and Kathie McPeake, McMillan Living with Cancer Programme Manager.

The presentation referred to:

- System performance;
- Benchmarking information;
- Cancer Alliance support in Lincolnshire;
- Governance Structure for the ICB;
- Challenges and Opportunities for the cancer programme; Improvements made by – Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), North West Anglia NHS Foundation Trust (NWFT) and United Lincolnshire Hospitals NHS Trust (ULHT) in the cancer care programme;
- Future work;
- An overview of the Lincolnshire Living with Cancer programme; and
- A short video of the Cancer Summit 2022.

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

- There was recognition that action was being taken to enhance cancer care in Lincolnshire, but some disappointment was expressed to Lincolnshire's poor benchmarking performance in only achieving 55.0% against the measure for 62 day urgent GP referral to treatment. Some concern was expressed that the management of cancer care seemed to be spread across too many parties with no-one taking overall control. The Committee was advised that one of the biggest concerns was resources, and that recent recruitment drives had been more successful. It was highlighted over the last three/four weeks there had been a wider system approach which had produced better results. It was highlighted that 90% of patients on a cancer pathway did not always have cancer, and as a result significant numbers of patients came off the cancer care pathway. There was recognition that the situation was a difficult one, but reassurance was given that significant improvements were being made not just locally, but nationally as well. A request was made by one member for a further report in six months' time to show the improvements being made;
- Some concern was expressed that patients were unable to get appointments with GPs, and that when they did, some GPs were reluctant to perform some tests, for example, the test for prostate cancer. The Committee was advised that there was no evidence to suggest that patients were unable to get to see their GP; and that the PSA (Prostate-Specific Antigen) test would not be undertaken unless the patient had symptoms. Some Committee members stressed that GP access was a massive issue and one that their electorate continually raised with them. It was felt that access to GPs/primary care was a fundamental step in improving the process;

- Robotic surgery and whether there were plans to extend the capacity. It was reported that robotic surgery had been a success and that there was no reason that the provision would not be expanded further in the future;
- A request was made for the return of mobile breast screening unit in the south of the county;
- Cancer pathways with NWAFT. Reassurance was given that there was good relationship with NWAFT, as with all other trusts, to ensure the holistic needs of patients were met;
- What NWAFT and NLAG were doing differently, as the report detailed both were doing better with the targets: patients waiting over 104 days and patients waiting over 62 days;
- The need for more information to show the outcomes of the improvements being carried out. It was reported that some data was three years out of date. The Committee was advised that staff worked hard to deliver the best service they could in the current circumstances;
- The likelihood of funding to secure the seven roles to support the Living with Cancer Programme; and if funding was not secured what impact would this have on the programme going forward. It was reported that it was thought that funding would not be an issue, however, it was highlighted that the funding bid would have to go through governance processes; and
- A request was made to see if there was any data on how differences in waiting times translated into survival rates. It was noted that this would be dependent of the type of cancer. The Committee noted further that patients having to wait were monitored closely; and that if an aggressive cancer was diagnosed, each hospital trust would determine if the patient should be prioritised on the waiting list.

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

RESOLVED

1. That the Committee extended its thanks to all NHS staff working in cancer care.

2. That the information presented on the Cancer Care Programme and the Lincolnshire Cancer Programme, including the improvements in the three acute hospital trusts and the importance of the Living with Cancer Programme be noted

3. That a further update be received by the Committee in six months' time.

17 THE LINCOLNSHIRE PEOPLE BOARD STRATEGY FOR RECRUITING AND RETAINING TALENT

Consideration was given to a report from the Lincolnshire People Board, which advised the Committee of the current challenges and opportunities to deliver on the People Plan for Lincolnshire.

The Chairman invited the following presenters Ceri Lennon, Senior Responsible Officer for the Lincolnshire People (in person in the Chamber), Dr Adrian Tams, Associate Director of People, United Lincolnshire Hospitals NHS Trust (ULHT), Dr Kevin Thomas, GP, Claire Low, Deputy Director of People ULHT, Amy Beeton, Deputy Director of People Lincolnshire Partnership Foundation Trust (LPFT) and Saumya Hebbar, Associate Director of People, Lincolnshire Integrated Care System (all attended remotely via Teams) to present the item to the Committee.

The presentation referred to:

- Workforce challenges in Lincolnshire and the commitment of working together to find long-term sustainable solutions, building on the opportunities Covid-19 had presented, with regard to relationships across health and care;
- The make-up of the Lincolnshire People Board and the ambition of senior people leaders in Lincolnshire to deliver the People Plan, a copy of which was attached at Appendix A to the report;
- The formation of a People Hub, an innovative programme delivery arm of the People Team who were focussed on delivering the eight key priorities of the 2022/2023 Lincolnshire People Plan;
- Attraction campaigns which included 'Be Lincolnshire', International recruitment (including the Refugee Doctor Programme);
- The Primary Care Workforce Strategy;
- The Rural and Coastal Transformation Programme; and
- Retention and workforce planning.

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

- The number of GPs working full time. The Committee was advised that a lot more GPs now wished to work part-time. It was also noted that part-time working was a retention tool to allow some GPs to semi-retire; and to allow others to have a more flexible approach to working;
- Confirmation was received that the GP pension issue had not been resolved;
- The need for more resources into primary care, to help alleviate the issue of patients being unable to access a GP appointment. The Committee was advised of the short and medium plans within the Primary Care workforce strategy, details of which were shown on page 55 of the report pack;
- The need for key performance indicators (KPI's) or milestones against the initiatives proposed. It was reported that some areas already had KPI's and targets and that this information could be shared with the Committee. The Committee noted that with the recently created People Hub, further KPI and milestone information would become available as delivery of the eight priorities for 2022/2023 progressed;
- The need to have more attractive recruitment campaigns, for example, a video, to attract potential applicants and their families into Lincolnshire; and why were some applicants choosing other areas over Lincolnshire. It was reported that the 'Be Lincolnshire' campaign promoted Lincolnshire as a great place to live and work. It

targeted those with young families, due to the excellent schools in the county; those fifty and above to come to Lincolnshire for their last career move prior to retirement; and those with an interest in delivering training, due to the Medical School and the growing University opportunities;

- Some concern was expressed that more junior GP's working part-time would cause a lack experience and knowledge in the longer-term, which in the future could cause the system further problems;
- Training and development of direct patient care staff. It was reported that various development measures were ongoing in Lincolnshire, which included: the Lincoln Medical School, the Rural and Coastal Transformation Programme, expansion of training programmes targeted at nursing roles with Lincoln University, a partnership arrangement with Boston College; and an increase in student clinical placements options through the Talent Academy;
- Internal recruitment and whether the permit rules needed to be relaxed;
- Whether GP partnerships was still being offered, as the report indicated that there were more salaried GPs. It was reported that the picture in Lincolnshire was representative of the trend regionally and nationally, a steady decline in the number of senior partner/senior partners in Primary Care and an increase in the number of salaried GPs and training grade GPs;
- Inclusion and belonging – It was reported that inclusion and belonging was promoted as part of the People Plan, to ensure that staff were protected in the Trust. It was highlighted that there was a need for inclusion and belonging to be promoted within communities, a suggestion was made for the Lincolnshire Association of Local Councils to be contacted help get the message out to town and parish councils; as communities needed to be able to embrace change; and
- Page 83, fourth bullet point referred to the Health Education England (HEE) report which referred to a plan to interact with the local population to support successful rural workforce transformation, one member enquired whether this was something planned for Lincolnshire and what the timescales were likely to be. It was reported that Lincolnshire had been selected as one of four 'test beds' for education, training, and workforce transformation; and that the findings of the pilot would be shared to deliver transformation with other rural and coastal areas. It was reported that work was already underway, details of the HEE offer were shown in Appendix 4, on pages 107 to 115 of the report pack.

Councillors Mrs L Hagues and S R Parkin left the meeting at 12:42pm.

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

RESOLVED

1. That the People Board Strategy for 2022/23, including the various initiatives to drive forward improvements in the overall staffing position be noted.

2. That a further report be received at the 15 March 2023 meeting on the outcomes of the 2022/2023 strategy, and information on performance indicators and timescales.

18 HUMBER ACUTE SERVICES PROGRAMME - UPDATE

The Committee considered a report from Simon Evans, Health Scrutiny Officer, which provided an update on the progress of the Humber Acute Services Programme.

The Chairman invited Ivan McConnell, Programme Director, Humber Acute Programme and Linsay Cunningham, Associate Director Communications and Engagement, Humber Acute Programme, to remotely present the item to the Committee.

The presentation referred to:

- The programme overview with details of the challenges and opportunities;
- Engagement information;
- A summary of the findings of what mattered via the various methods of consultation;
- Birthing choices - summary of the findings for the Humber;
- A & E Survey – summary of the findings;
- Summary of the findings for staff in the Humber area;
- What was known so far with regard to existing services;
- Programmes two and three, and the need for significant changes across the health and care system to enabled both programmes to be delivered;
- Developing solutions; and
- Conclusion and next steps. Page 144 of the report provided the Committee with a timeline and details of the next steps to be taken.

Attached to the report presented at Appendix A was a copy of a letter from the Chairman of the Health Scrutiny Committee for Lincolnshire; Appendix B provided the Committee with details of the Humber Services Programme; and Appendix C provided briefing information for the Committee to consider.

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

- What was Plan B, if some or all the funding from the New Hospitals Programme was not forthcoming (£720m); and when was it likely the outcome of the bid would be known. It was reported that at the moment there was not a designated timeline as to when the outcome of the bid would be known. It was highlighted that the national hospital programme had been delayed and that the earliest build time for Scunthorpe Hospital would be 2030 to 2035. It was noted that not all the money was needed straight away, the £60 million already in hand would enable the required work for urgent and emergency care to be done. The Committee was advised that one refurbished emergency department was due to open in the next month; and

- Whether the Pre-Consultation Business Case, due to be completed in July 2022 would be available to the public. Confirmation was given that the said document would be made available to the public.

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

RESOLVED

1. That the Committee's position, as set out in the Chairman's letter of the 19 January 2022 be confirmed.

2. That a further update be received at a later date when information on detailed proposals, including their impact in Lincolnshire, becomes available.

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 146 to 148 of the report pack.

It was highlighted that due to the large number of items on the September agenda, the 14 September 2022 meeting was likely to be a full day meeting.

During consideration of this item, some concern was expressed to role of the Health Scrutiny Committee for Lincolnshire in scrutinising the plans of the Integrated Care Board concerning the provision of integrated care across Lincolnshire. The Committee was advised that at this stage only minimal changes had been made to the Health and Care Act and that more changes were expected, which might assist the Committee in its role.

The possible inclusion of the Primary Care Network Alliance Annual report to the work programme for the 9 November 2022 meeting.

RESOLVED

That the Committee's work programme as detailed on pages 146 to 148 of the repot pack be received, subject to the comments/suggestions made above and the items agreed at minute numbers 16(2), 17(2) and 18 (2).

The meeting closed at 1.05 pm

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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**Chairman's Announcements**

1. Information Requested at Previous Meetings

Covid-19 Update on Infection Rates

At the Committee's last meeting a request was made for information on Covid-19 infection rates. Data continue to be updated on data.gov.uk on a daily basis, and the latest data for Lincolnshire are available at Cases in Lincolnshire | Coronavirus in the UK (data.gov.uk)

Over the summer there has been a mini-peak in the number of cases in Lincolnshire, which was recorded on 4 July at 383 cases. However, it should be noted that in 2022 there were two previous larger peaks of 2,617 cases on 4 January, and 1,167 cases on 14 March. As of 26 August 2022, 35 cases were recorded in Lincolnshire, comprising 27 new episodes and 8 new reinfections.

Covid-19 Autumn 2022 Vaccination Programme

The Government has accepted the advice of the Joint Committee on Vaccination and Immunisation that the following people should be offered a Covid-19 booster vaccine during the autumn of 2022:

- residents in a care home for older adults and staff working in care homes for older adults;
- frontline health and social care workers;
- all adults aged 50 years and over;
- persons aged 5 to 49 years in a clinical risk group;
- persons aged 5 to 49 years who are household contacts of people with immunosuppression; and

- persons aged 16 to 49 years who are carers.

A national booking service opened in the week commencing 5 September to enable those aged 75 years and over and health and social care workers to book their Covid-19 vaccination appointment in the week commencing 12 September.

The next step will be offering bookings to people aged 65 and over and self-declaring pregnant women, carers, household contacts of immunosuppressed people and those at increased risk of COVID-19. It is intended that all categories in the list will be offered a vaccination by the start of December.

2. NHS Dental Services – Changes to NHS Dental Contracts

On 19 July 2022, NHS England announced changes to the contract for NHS dentists. These are the first reforms to the NHS contract for 16 years and mean NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more. As reported to the Committee on 15 June 2022 NHS dentists currently receive the same payment for a course of treatment, whether the patient requires one filling or several fillings.

As part of the reforms, dental therapists will also be able to accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, which will free up dentist time for urgent and complex cases.

In addition, NHS dentists will be required to update the NHS website and directory of services so patients can easily find the availability of NHS dentists in their local area. High-performing dental practices will have the opportunity to increase their activity by a further ten per cent and to see as many patients as possible.

The reforms, according to the Chief Dental Officer for England, represent the first step on a plan to increasing necessary dental care and support prevention, and will also help reduce the backlogs from the Covid-19 pandemic.

3. NHS Dental Services – Additional Weekend Sessions of Dentistry

On 16 August 2022, NHS England (Midlands) announced a scheme has begun that would create more than 3,800 additional weekend sessions of dentistry until the end of March 2023. NHS England has stated that not only would this create additional appointments for more routine care at weekends, but there would be additional capacity in the week for people who had an urgent need to be seen more quickly too. Dentists with NHS contracts had applied to be part of the scheme and 72 dental practices were participating across the Midlands.

However, as with a previous scheme in 2021/22 to create additional dental sessions, participation in Lincolnshire is not as high as elsewhere in the East Midlands. It is expected there will be 73 sessions in total in Lincolnshire up to the end of March. The reasons for this low take-up were explored in the report to the Committee on 15 June 2022. A further report on NHS dental services in Lincolnshire is programmed for 18 January 2023.

4. Grantham and District Hospital – Plans for Increased Theatre Capacity

It has been reported that South Kesteven District Council has received a planning application from United Lincolnshire Hospitals NHS Trust for additional orthopaedic theatre capacity at Grantham and District Hospital. The plans, which are supported by capital investment of £5.3 million, would lead to a two-storey building comprising modular orthopaedic theatres, together with associated preparation rooms, utility facilities and a six-bed recovery ward with an ultraclean ventilation system.

5. Mablethorpe *Campus for Future Living* and *Mobi-Hub*

On 27 July 2022, it was announced that £8.5 million of Government Town Deal funding had been approved for the Mablethorpe *Campus for Future Living*. The Government had also approved the Mablethorpe *Mobi-Hub*. These initiatives are expected to put Mablethorpe at the forefront of medical technology, and health and care related research and training. As well as providing a base for the development and testing of medical technology, they will also enable the continued professional development of clinicians, and will provide support and training for people working in care. In addition to attracting health and care staff to Lincolnshire, it is expected that other businesses will also be attracted to the area, generating jobs and investment.

6. Healthwatch Lincolnshire – Your Health and Care Services in Lincolnshire (26 October 2022)

Healthwatch Lincolnshire has announced that it will be hosting an event on 26 October 2022 (11am to 2pm) at the Storehouse Skegness which will focus on *Your Health & Care Services in Lincolnshire*, as well as presenting Healthwatch's annual report. The event, which is open to the public, will include a market place highlighting local services and opportunity to get up to date information and advice; invited guests from Health and Care Services; and round table discussions with representatives from Health and Care Services as well as Healthwatch representatives.

Registration for the event may be made via email: info@healthwatchlincolnshire.co.uk or telephone 01205 820892.

7. Department of Health and Social Care Guidance – 29 July 2022

On 29 July 2022, the Department of Health and Social Care published four items of guidance on the following topics, which are all available at the links under each heading:

(1) The Preparation of Integrated Care Strategies
Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)

The preparation of integrated care strategies will be a role for each integrated care partnership, with the first integrated care strategy required to be in place by December 2022. This Committee has an item on the Lincolnshire Integrated Care Strategy programmed for 9 November 2022.

(2) The Role of Health and Wellbeing Boards – Draft Guidance
Health and wellbeing boards: draft guidance for engagement - GOV.UK (www.gov.uk)

The draft guidance reaffirms the role and responsibilities of health and wellbeing boards, which include the previous statutory duties such as the promotion of integrated working; the preparation of a joint strategic needs assessment and a health and wellbeing strategy. The Department of Health and Social Care has requested feedback on this draft guidance by 16 September 2022.

(3) Adult Social Care Principles for Integrated Care Partnerships
Adult social care principles for integrated care partnerships - GOV.UK (www.gov.uk)

This guidance was developed by the Department of Health and Social Care; the Local Government Association and NHS England, in partnership with the Care Provider Alliance. It sets out a series of advisory principles for integrated care partnerships and adult social care providers to guide their work together.

(4) Health Overview and Scrutiny Committee Principles.
Health overview and scrutiny committee principles - GOV.UK (www.gov.uk)

The Health and Care Act 2022 will provide the Secretary of State for Health and Social Care with a series of new powers on the proposed reconfiguration of NHS services, which will impact on the existing powers of health overview and scrutiny committees. Regulations are expected in the coming year. In advance of these new regulations, the existing 2013 regulations and 2014 statutory guidance apply.

In the meantime, the Secretary of State has issued Health Overview and Scrutiny Committee principles. These five principles set out best practice for ways of working between health overview and scrutiny committees, integrated care boards, integrated care partnerships and other local system partners. The five principles are: outcome focused; balanced; inclusive; collaborative; and evidence informed. The full document is attached at Appendix A to these announcements.

8. HTG – UK: Non-Emergency Patient Transport

On 15 June 2022, it was reported to the Committee that Thames Ambulance Service Ltd would be continuing to provide the non-emergency patient transport in Lincolnshire until 30 June 2023, with the East Midlands Ambulance Service undertaking the role from that date.

From 1 August 2022, Thames Ambulance Service Ltd announced that it had changed its name to HTG-UK. All contact details and telephone numbers for use by patients have remained the same as they were previously; and the same crews have continued to provide the service.

Department of Health and Social Care - Guidance

Health Overview and Scrutiny Committee Principles

Published 29 July 2022

Purpose of this Document

In advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, this document sets out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

HOSCs, local authorities, ICBs, ICPs and other NHS bodies should use this document to ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.

Further information on the role of health scrutiny can be found in the Local authority health scrutiny: guidance to support local authorities and their partners to deliver effective health scrutiny.

Integrated Care Systems

The Health and Care Act 2022 builds on the work of existing non-statutory integrated care systems (ICSs) to encourage more integrated system working, and to improve local population health outcomes through the planning and provision of services.

The act also provides for the creation of new NHS bodies, ICBs, and for each ICB and its partner local authorities to form a joint committee to be known as the ICP.

42 ICBs will be established, and the 106 existing clinical commissioning groups (CCGs) will be abolished. The ICB will take on the commissioning functions of the CCG and have a governance model that reflects the need for integration and collaboration across the system.

Each ICP will have, as a statutory minimum, a representative from the ICB and a representative from each of the partner local authorities. It may decide locally to include a broad range of representatives in its membership – including those from the independent and voluntary, community and social enterprise (VCSE) sector – concerned with improving the care, health and wellbeing of the local population. The ICP will be tasked with developing an integrated care strategy to address the health, social care and public health needs of its system. The ICB and local authorities will have to have regard to that strategy when exercising their functions. It is important to note that ICPs, as a joint committee between the ICB and partner local authorities as well as other members agreed by the ICP locally will be within the scope of HOSCs.

There will be a continuing role for HOSCs, health and wellbeing boards (HWBs) and the local Healthwatch as their roles are protected and preserved in the new system.

HOSCs will continue to play a vital role as the body responsible for scrutinising health services for their local area. They will retain their legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. As is currently the situation, some local authority areas may have separate scrutiny committees for health and for adult social care. ICBs and ICPs should develop a trusting relationship with HOSCs to enable effective scrutiny.

HWBs will continue to bring together leaders at a place level to develop joint strategic needs assessments and prepare joint local health and wellbeing strategies for their local area. HOSCs should consider these strategies when scrutinising outcomes for their local area.

Local Healthwatch organisations will retain their statutory duty to obtain the views of people about their needs and experience of local health and social care services and will need to continue working with HOSCs to make these views known.

The Benefits of Scrutiny

Proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities; the people who represent them, and the commissioners and providers of health and care services. It also has other benefits including:

- providing an opportunity for local people and their elected representatives to contribute to and comment on the local priorities for improving health and care services and outcomes
- giving a voice to local people and communities on the quality, safety, accessibility and effectiveness of local health and care services
- assuring local elected members and the public that health and care services are safe and effective, address local health priorities and reduce health inequalities
- helping health and care providers and commissioners gain insight into the health needs and concerns of particular groups
- enabling health and care providers and commissioners to develop new services and care pathways to address local health priorities more effectively

While the procedures of review and scrutiny are at the discretion of the local authority, we recommend that each individual HOSC develops a framework to help them ensure that their scrutiny work is effective, focused and adds value. While this will be informed by other partners in the system, the assessment of risks, effects and impacts should be the HOSC's own. In particular, we recommend that a framework should consider:

- risks, effects and impacts to individual populations
- risks, effects and impacts to the whole local population
- support and input from local health colleagues

Responsibilities

HOSCs, HWBs, local Healthwatch and NHS bodies collectively have a role to play in good governance and accountability across the health and care system. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 will continue to apply although the formal statutory route for local authorities to report to the Secretary of State will be removed when the new reconfiguration provisions in the Health and Care Act 2022 take effect.

Local Authorities

Local authorities will retain the power to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny
- require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions
- make reports and recommendations to certain NHS bodies and expect a response within 28 days
- set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority
- have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals
- have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors
- report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

NHS Bodies

NHS bodies will retain the power to:

- provide information about the planning, provision and operation of health services as reasonably required, depending on the subject by local authorities to enable them to carry out health scrutiny
- attend before local authorities to answer questions necessary for local authorities to carry out health scrutiny
- consult on any proposed substantial developments or variations in the provision of the health service
- respond to health scrutiny reports and recommendations: NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, local authorities and joint health scrutiny committees or sub-committees.

Health and Wellbeing Boards

HWBs will retain the power to:

- provide assessments of the current and future health and care needs of the local population
- develop joint strategic needs assessments
- develop joint local health and wellbeing strategies at a place level

Local Healthwatch

Local Healthwatch organisations will retain the power to:

- obtain the views of people about their needs and experience of local health and social care services, and to make these views known to those involved in the commissioning and scrutiny of care services
- make reports and make recommendations about how those services could or should be improved
- promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services

The design of new models of integrated care and support that are being introduced through the Health and Care Act 2022 will inevitably lead to changes in how and where services are provided.

HOSCs will have an invaluable role to play during the initial transition and implementation of ICBs and ICPs, and beyond, in scrutinising the impact and effectiveness of integration on health services and outcomes. Under this new structure, there will be a need for scrutiny of health services and outcomes at a local place-based level, as well as more strategic scrutiny of health services and system-level outcomes. Both levels of scrutiny are important; HOSCs should maintain an appropriate balance between the two, and establish joint health overview and scrutiny committees (JHOSCs) where appropriate and necessary. Individual local authorities hold responsibility for carrying out scrutiny tests.

Scrutiny can play a valuable role in improving the evidence base for decisions about integration and in holding local authorities, NHS bodies, and health service providers to account for the level of local ambition to improve health and integrate services in ways that benefit people who use services and in the interests of taxpayers. It can also help to ensure that the views of people in an area are fully reflected in the consideration of any proposals.

Principles and Ways of Working

The following five principles set out best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits of scrutiny are realised and should form the basis of ongoing discussions between these partners about how they will work together. The five principles are:

- outcome focused
- balanced
- inclusive
- collaborative
- evidence informed

1. Outcome Focused

Outcome-focused scrutiny can provide a valuable and relevant platform for looking at cross-cutting issues, including:

- general health improvement
- wellbeing
- specific treatment services and care pathways
- patient safety and experience
- overall value for money

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working and in making recommendations on how it could be improved locally.

By focusing on outcomes, ICPs, ICBs, local political leaders, professionals and communities can explore and consider the complexities of health and wellbeing and help to evaluate the planning, delivery and reconfiguration of health and care services. A strategic approach should be taken to consider how best to apply scrutiny to evaluating key strategies and outcomes of the ICB and ICP, including the integrated care strategy and the ICB joint five-year forward plan.

Within the wider ICB area, HOSCs will have a valuable role to play in scrutinising and evaluating place-based outcomes at local authority level. HWBs will continue to develop joint strategic needs assessments and establish joint local health and wellbeing strategies; HOSCs will continue to scrutinise place-based health services in relation to these.

However, HOSCs will also play a valuable role in scrutinising the health services of the wider ICB area and should work with other local authority areas, forming JHOSCs where appropriate, to scrutinise outcomes against the joint 5-year forward plan and the integrated care strategy.

2. Balanced

Good scrutiny needs to maintain balance between being future focused and responsive. When scrutiny is future focused it can help system partners to understand how local needs are changing, as well as understand the issues that communities face and suggest and test solutions. Future-focused scrutiny can also add value to integration planning and implementation by improving the evidence base for holding local decision makers to account for the level of local ambition to integrate services and improve population health.

ICBs and ICPs should take an inclusive and future-focused approach to agreeing a clear set of arrangements for scrutiny to be built into the whole cycle of planning, commissioning, delivery and evaluation. Leaders from across health and social care should work with openness and candour to establish a clear shared set of priorities and a future work programme to improve health and social care outcomes.

Scrutiny also needs to be reactive and responsive to issues of concern to local communities, including service performance and proposed NHS reconfigurations, local authorities, and other system partners, should ensure that HOSCs have the capacity to respond reactively to public concerns and reconfigurations. ICBs can assist with this by working with HOSCs to shape their forward plans. ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant

bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services.

With regard to concerns about service performance, ICBs should be open and transparent with HOSCs, bearing in mind that in some cases there may be legal or assurance proceedings. Equally, HOSCs must appreciate the need for regulatory and legal processes to run their course, but ICBs should update HOSCs on the progress of these processes.

3. Inclusive

The primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability. They should ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe. Effective scrutiny allows for more inclusive public conversation than might be delivered as part of a formal consultation exercise. As such, it is important for scrutiny to engage the community, involving the right people at the right time in the right place.

HOSCs are a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system and relevant NHS bodies and relevant health service providers to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges. Flexible and accessible arrangements to scrutinise integration issues provide the best opportunities for councillors to hear from people and groups with whom they may not have previously had much contact, for example primary care practitioners or people who use services. HOSCs, subject to time and resource constraints, may be well placed to engage with members of the public directly.

Systems and NHS bodies should form trusting working relationships with HOSCs, and work together to ensure that this important community intelligence is fed directly into system-wide decision making. Engaging with scrutiny is a way for ICBs and ICPs to add richness to their understanding of local need, and a way to connect strategic planning at system level to the nuances of local pressures and requirements.

4. Collaborative

Work plans that detail the future decisions and issues to be scrutinised by HOSCs should be informed by communities, providers and planners of health and care services to ensure that scrutiny is focused on achieving the most value for its population. Effective health scrutiny requires clarity at a local level about respective roles between the health overview and scrutiny committees, ICBs, ICPs, the NHS, local authorities, HWBs and local Healthwatch.

Service change and integration are typically not challenges that are confined to one local authority's area; these are issues that can straddle one or more local authority population. Under the new system-level structures, health scrutiny may increasingly need to cover issues that cut across local authority boundaries. Therefore, local authorities on ICB boundaries, and neighbouring councils within an ICB area should take a collaborative approach in order to identify any strategic issues that would benefit from joint scrutiny. Under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities must appoint a joint health overview and scrutiny committee where a relevant NHS body or health service provider consults more than one local authority health scrutiny function about substantial reconfiguration proposals; however local authorities also have the discretion to set up joint committees in other circumstances.

The role of JHOSCs is particularly important in assessing strategic issues that cover two or more local authority areas, and will be even more important under the new arrangements as ICB areas will span more than one local authority area in most cases. In particular, JHOSCs will have a strategic role to play in scrutinising the delivery and outcomes of the integrated care strategy.

It is important for ICBs, councils and scrutiny committees to develop joint protocols in advance of the need for any joint scrutiny arrangements, whether these arise under legislation or are optional arrangements. This includes having a clear view about how councils should work together, the structure of joint arrangements, and the time needed to establish these arrangements. JHOSCs will also need to recognise and take into account the potential difficulties of working together, particularly around the political balance between different local areas, as well as resourcing. Developing this shared understanding helps build the foundations for effective joint working. ICBs should have an active role in providing support in these situations and should recognise the complexity and time involved in establishing formal JHOSCs.

5. Evidence informed

Scrutiny informed by evidence can help make the case for better integration of services, better joint working around service improvements and better approaches to major service reconfigurations. Scrutiny adds value to decision making by ensuring that evidence is sound and based on the right insight, so that no voice is unheard or evidence overlooked. The types of evidence that aid effective scrutiny include evidence on quality and safety of services and evidence on population health needs. Qualitative evidence from those with lived experience – including patients, the public and those who are most likely to be excluded from services – are particularly valuable forms of evidence for aiding scrutiny.

Health scrutiny has a role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service locally and in testing this information by drawing on different sources of intelligence. Local Healthwatch are an important source of evidence and should work with HOSCs to pass on the views of people about their needs and experience of local health and social care services.

HOSCs can request evidence from systems and NHS bodies, and should ensure that their requests for evidence are reasonable, proportionate and relevant.

The health system has a responsibility to provide information needed for health scrutiny. Health and care providers and commissioners should respond positively and constructively to the requests for information from HOSCs. Where an NHS body cannot provide a response to a request for information, it should work with the HOSC to attempt to provide information and support where possible. ICBs should have plans and protocols in place for sharing information for the purpose of scrutiny, as this will avoid the need for continual ad-hoc decision-making when information is requested.

Next Steps

The Health and Care Act 2022 introduces a power for the Secretary of State to call in and take decisions on or connected to reconfiguration proposals at any stage in the proposal's process. This does not change local authorities' scrutiny responsibilities for service change. To support this intervention power, the local authority referral power, which is set out in regulations, will be amended to reflect the new process.

DHSC will also issue statutory guidance on the new powers outlining how the Secretary of State proposes to exercise their functions during this new process, including the new Secretary of State call in power. This guidance will also include information for NHS commissioning bodies, NHS trusts and NHS foundation trusts about how they should be exercising their functions under the new reconfigurations process. We expect that these principles will complement the new guidance to help ensure that scrutiny is embedded across the new statutory system-level bodies.

Exact timelines are still to be determined; however, any changes to the reconfiguration process introduced through the Health and Care Act 2022 will not be implemented immediately following Royal Assent. We will work with the system to help prepare for any proposed changes and to develop the new statutory guidance.

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Open Report on behalf of Caroline Walker, Chief Executive at North West Anglia NHS FT
(Author: Pradip Karanjit, Deputy Chief Operating Officer)

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**North West Anglia NHS Foundation Trust: Restoration Recovery Update and Progress on Clinical Strategy for Stamford and Rutland Hospital Site**

Summary:

This report provides an overview of the Trust's recovery from the pandemic; describing the approach as well as progress to date on restoration and recovery of the services compared to pre-pandemic level. The report also covers the measures taken by the Trust to support staff during and after the pandemic. Included also in the report is the summary of the clinical strategy for Stamford and Rutland Hospital site supporting the recovery of services at the Trust and in particular for the Lincolnshire populations.

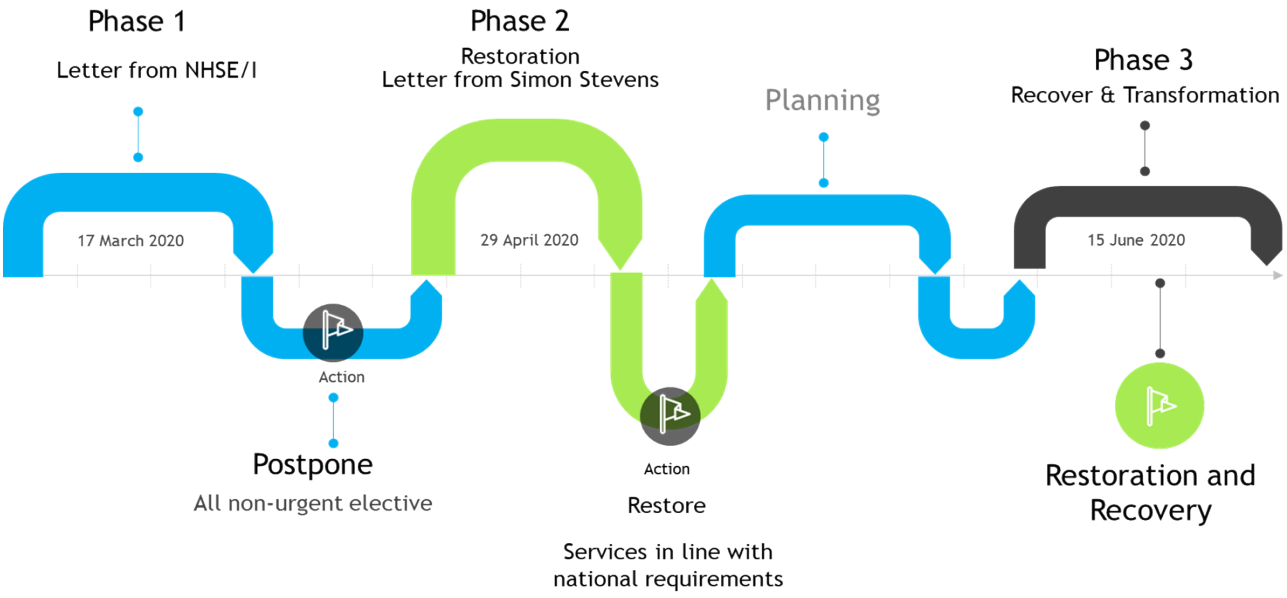
Actions Requested:

The Committee is asked to note the contents of the report.

1 Background

1.1 North West Anglia NHS Foundation Trust operates across three main hospital sites in Peterborough, Stamford and Huntingdon, and three smaller sites in Doddington, Wisbech and Ely. With over 7,000 substantive staff and a further 800 bank workers spanning across over 300 roles, the Trust is committed to staff promoting and supporting health and wellbeing.

1.2 In response to national Pandemic, during March 2020 North West Anglia NHS Foundation Trust made changes to the provision of services to support release of capacity to manage Covid-19 presentations. This included reduction in face-to-face outpatients, diagnostics and routine elective work. Nationally, the response to management of Covid-19 led to a three-phased approach in the NHS. The Trust responded effectively to the national approach. The diagram below outlines phased response to the pandemic:



1.3 As part of priorities and operational planning guidance for 2022/23, NHS England and NHS Improvement have set objective to maximise elective activity and reduce long waits. The planning guidance sets the ambitious goal of delivering around 30% more elective activity by 2024/25 than before the pandemic.

1.4 The Covid-19 pandemic impacted all Trust staff including temporary workers. Some staff were redeployed to priority areas or to where staffing gaps required additional support, this continued until March 2022 to varying degrees. Some staff were anxious about working in areas they were unfamiliar with, for example, in Intensive Care or with Continuous Positive Airway Pressure (CPAP) patients.

2 Route to Full Restoration of the Services

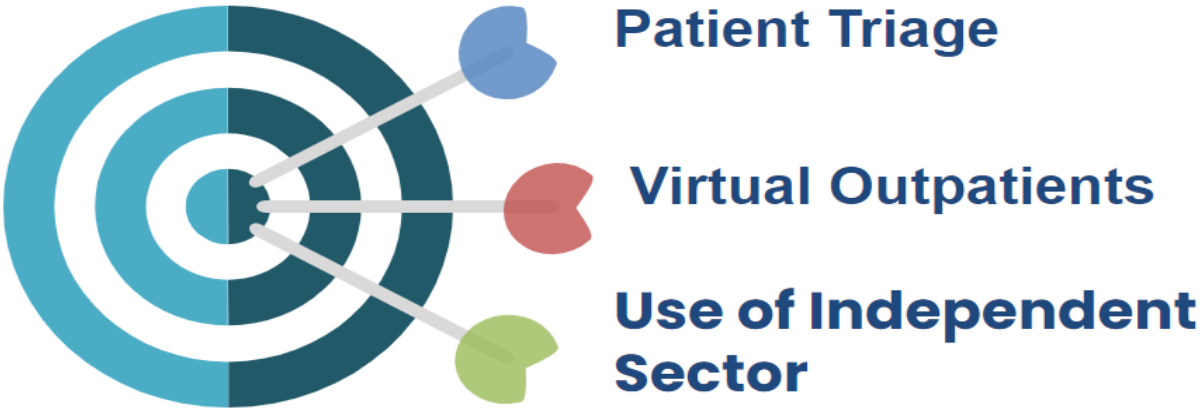
Restoration and Recovery of services at the Trust was then prioritised in the following order:

Following the first wave and as a part of recover and transformation, the Trust worked collaboratively with system partners as part of the then North Alliance and now the North Place and set up a system wide outpatient and diagnostics board to explore use of community facilities for services that could be moved from acute site to create more capacity and the use of technology to support restoration of services. The Trust set up services such as spirometry and phlebotomy in the community setting.

The Trust also rapidly developed plan on the restoration of services in conjunction with Covid-19 Infection Control & Prevention (IPC) guidance. The goal of the plan was to deliver 'safe re-start' of services stood down or cancelled to manage Covid-19 spread and infection in our hospitals so that both patients and staff had confidence to continue to use and work in our hospitals.

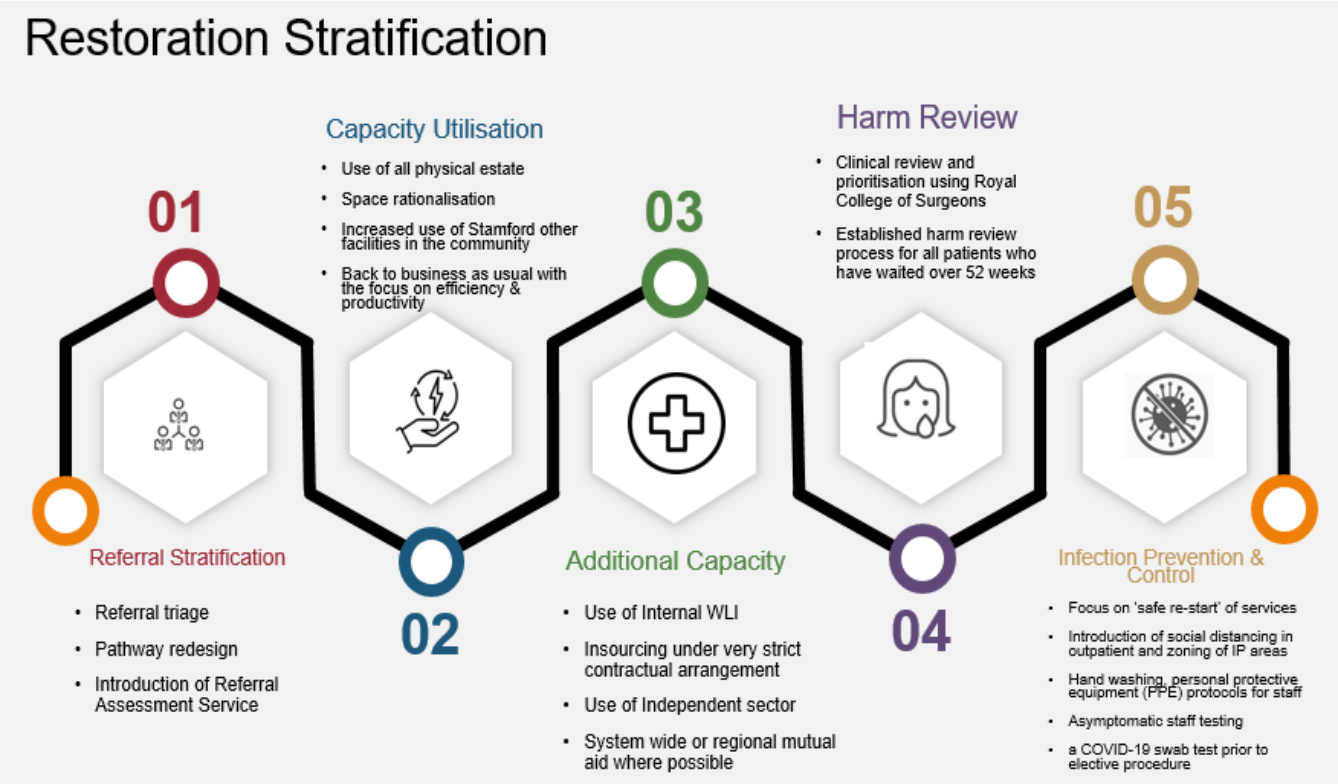
The plan therefore explored number of initiatives including use of technology, changes in clinical pathway and Virtual, telephone & triage clinics. Implementation of Referral Assessment Service (RAS) and use of independent health sector as a part of national framework.

2.1 Changes to Delivery of Care



2.2 Restoration Stratification

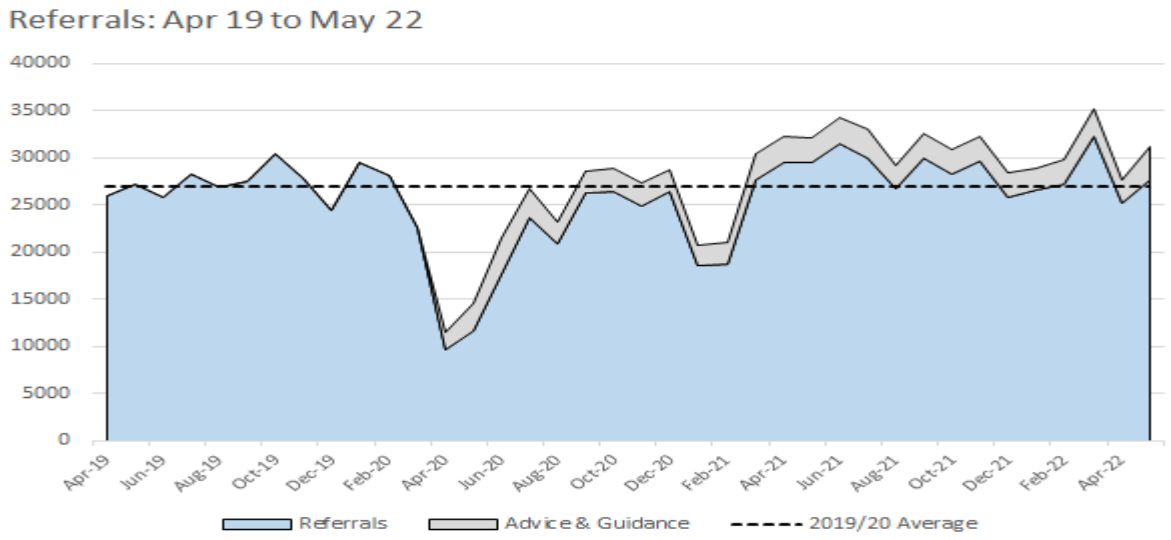
As part of our approach to 'safe re-start' of services, the Trust took a holistic approach including assessment of cumulative backlog as well as appreciation of unmet demand in the community. The Trust also restarted the Minor Injuries Unit at Stamford from 1 October 2021. Since recommencing the service, the unit sees an average of 32 patients a day, compared to 37 a day pre-pandemic.



2.3 Innovation/ Service Changes

The Trust has led on a number of innovations including different ways of working, use of technology and changes in clinical pathways. The Trust also played crucial role in setting up Integrated Neighbourhoods, in conjunction with community, acute and social care.

2.4 Demand

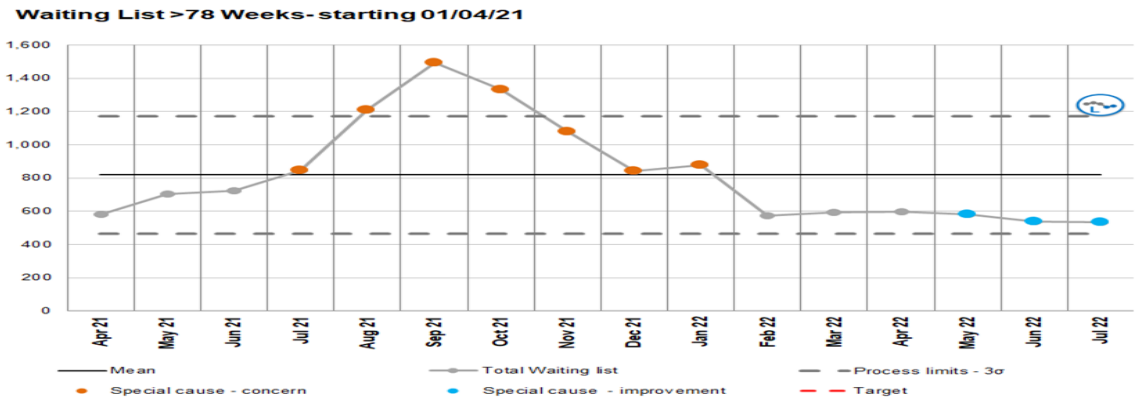


- Whilst there were changes in capacity during pandemic, the demand had also been curtailed in some areas.

- Post pandemic the Trust has seen sustained increase in demand for its services over and above the 2019/20 demand levels which together with the Covid-19 activity backlog is placing a significant pressure on our elective services.

2.5 Delayed Treatment

The Trust is one of the best performing for patients waited over two years for an elective surgery nationally. By end of August 2022, it is not expecting any patients to have waited over two years. The Trust also has a robust plan to start reducing patients waited over 78 weeks for their treatment by March 2023, which is in line with national planning assumptions for 2022/23.



2.6 Harm Reviews

Our organisation was one of the first Trusts to start a process for Harm Review of the longest waiting patients. We started Harm Reviews before the national guidance was rolled out this meant we were ahead in the process. We combined the process with prioritising patients from areas with highest deprivations and known health inequalities to ensure we treat and care for these patients and manage those that do not necessarily access health and care in a timely manner.

3. Staff Health and Wellbeing

2.7 Additional support has been provided via mental health first aiders, occupational health, counselling, quiet spaces (wobble rooms), psychologist support and access to a wide range of local and national NHS resources.

2.8 As part of the supervision and appraisals processes, staff are entitled to have regular wellbeing conversations with their line managers. Stress risk assessments are completed by staff and managers where someone is demonstrating they are not coping, and a range of supportive action are agreed and put in place.

2.9 The Trust has committed to expanding the equality, diversity and inclusion awareness across the Trust to ensure that all staff feel they have a voice and are able to progress effectively in their careers. The Trust has a number of staff networks, which offer additional support to staff.

2.10 The Trust employs a dedicated Freedom to Speak Up (FTSU) Guardian who encourages staff to speak up about things they are concerned about, including how they feel they are being treated at work. All issues are considered and/or investigated and actions taken. There are regular updates to the Trust Board. This is another way we try to support staff and improve their experience of working for the Trust.

2.11 The Trust continues to use the annual NHS Staff Survey and quarterly surveys to gain feedback and to help prioritise targeted actions to address the issues identified. The Good to Outstanding Programme delivers this through five work streams: Health and Wellbeing, Leadership, People and Culture, Quality and Communication.

4. Stamford and Rutland Hospital Site Strategy

2.12 The Stamford and Rutland Hospital is an important site in the North West Anglia NHS Foundation Trust, where we provide integrated care for people living mainly in South Lincolnshire, Rutland and Peterborough. The Trust has worked with the clinicians in the Trust to develop a clear vision to meet the needs of the South Lincolnshire and Rutland population by working with community providers to deliver low complexity care close to home in a calm environment. Our strategy is to provide a combination of outreach clinics by teams based at the main Trust sites, a step down ward for patients as part of their inpatient journey, and a minor injuries service.

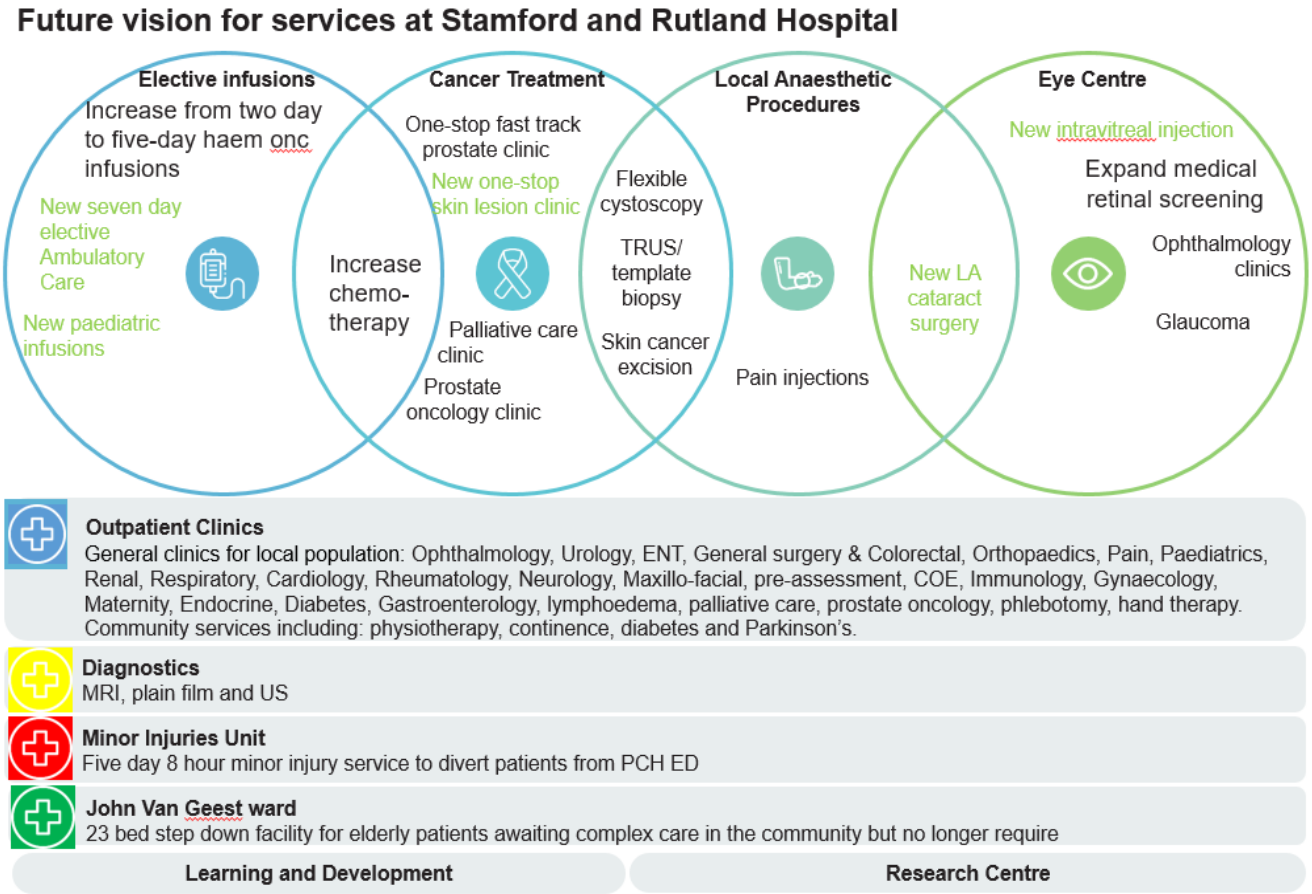
2.13 Stamford Clinical Strategy:

- The Stamford Clinical Strategy has now been launched.
- The Clinical Strategy was recently presented and discussed at the Rutland Strategic Health Developments Project Board
- The aim is to provide more day-case services at Stamford and Rutland Hospital, including cancer treatments, prostate oncology clinics, increase Chemotherapy treatments, and expand diagnostics, new ophthalmology clinics for retinal screening and glaucoma, pain injection services and (eventually) seven-day elective ambulatory care.

2.14 Next steps for implementing the Clinical Strategy:

- The next level changes that would require some / relatively low levels of investment including more use of the procedure rooms.
- We plan to utilise the £250k funding to take forward the clinical strategy; and build on this to perform a detailed clinical coding exercise to determine the optimal use of the site in line with the clinical strategy.

2.15 Future vision for services



5. Recommendation

The Committee is asked to note the contents of the report.

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Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**Lincoln Medical School**

Summary

Professor Danny McLoughlin, the Associate Dean of Lincoln Medical School, is due to provide a presentation on Lincoln Medical School.

Actions Requested

To consider the information presented on the Lincoln Medical School.

1. Establishment of Lincoln Medical School

Expansion of Medical Training and Creation of New Medical Schools

In 2016, the Government announced its commitment to expanding the number of undergraduate medical training places by increasing the annual intake of medical students in England by 1,500, an increase from 6,000 to 7,500. This would be achieved by both the expansion of existing medical schools and the creation of new medical schools. As there was evidence that doctors were more likely to work in the areas where they trained, one of the aims of the new medical schools was to recruit and attract doctors to parts of the country that had historically a relative shortage of medical staff. Five new medical schools were created in England, and authorised by General Medical Council, and the Lincoln Medical School was one of the five.

Lincoln Medical School

The Lincoln Medical School was established in 2018, as a joint venture between the Universities of Lincoln and Nottingham, and would address the specific aim of improving the recruitment and retention of doctors to Lincolnshire. The first students started their studies in September 2019. The Lincoln Medical School offers two courses:

- the five-year Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree; and
- the six-year Foundation Year and Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree.

New Building and Facilities

For the first two years, students were taught in existing university buildings. In March 2021, a new purpose-built Ross Lucas Medical Sciences Building was completed, which incorporates lecture theatres, laboratories, a clinical skills suite with consultation rooms, a prosection anatomy suite, and a bio-medical and health sciences library. It is the most sustainable building on the University of Lincoln estate and features both solar panels and a 'living wall'.

Student Numbers

The Medical School is expecting the following student numbers for September 2022:

Year 0 -	20
Year 1 -	80
Year 2 -	90
Year 3 -	102
Year 4 -	75
Total -	**367**

An additional 80 students will enrol in September 2023, at which point the Medical School will be in a steady state.

2. Course Content

The course is split into two phases: the early years, where students can learn the skills and knowledge required to become a doctor and complete a research project; and the later years, called the Clinical Phase, where students put their learning into practice on placements at hospitals and GP surgeries.

The third year begins with a supervised research project in an area of each student's choice and an accompanying research methods module to help with the project. Students are also able to take two optional advanced medical science modules which may or may not be related to their project.

Students will also spend a compulsory week in primary care developing skills to assess patients in a general practice environment and participate in a therapeutics module that aims to develop prescribing skills before they move into the clinical phases of the programme.

The final two years form the majority of the Clinical Phase. Students rotate through a series of placements at hospitals and within primary care across the region. These years are designed to provide the professional knowledge, skills, values, and behaviours to succeed through direct experience.

During both years there will be the option of student-selected modules will end with a six-week elective of choice, which can take place in the UK or abroad, and a medical assistantship to prepare students for the UK Foundation Programme.

3. After Graduation

Following graduation with a BMBS degree, students can obtain provisional registration with the General Medical Council and a licence to practise Medicine, and begin the two-year Foundation Programme ('F1' and 'F2'), which allows graduates to put into practice their learning in preparation for practising as a fully registered doctor in the UK.

Completion of F2 will lead to the award of a *Foundation Programme Certificate of Completion*, which indicates that a foundation doctor is ready to enter a core, specialty or general practice training programme, which can last from three years (for example, for a GP) to six or more years for many other specialties (such as trauma and orthopaedics; and emergency medicine).

4. Benefits of Medical School for Lincolnshire

For many years, the establishment of a local medical school at the University of Lincoln has been supported by the local community, as a means of raising the profile of Lincolnshire, as a place for medical professionals to live, work and develop their careers.

5. Other Health and Care Related Undergraduate Degree Courses at University of Lincoln

The University of Lincoln's School of Health and Social Care continues to provide a number of undergraduate degree courses, which support the training and development of health and care staff. These courses include:

- Midwifery
- Nursing (Registered Nurse – Adult)
- Nursing (Registered Nurse – Child)
- Nursing (Registered nurse - Mental Health)
- Paramedic Science
- Physiotherapy

The University of Lincoln's School of Pharmacy also offers an MPharm degree, accredited by the General Pharmaceutical Council, that allows graduates to take up employment as a pre-registration Pharmacist in the NHS.

6. Consultation

This is not a consultation item.

7. Conclusion

The Committee is requested to consider the information presented on the Lincoln Medical School.

8. 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

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Open Report on behalf of Derek Ward, Director of Public Health, Lincolnshire County Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment 2022**

Summary:

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards (HWBs) to undertake at least every three years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The consultation has now concluded, and the final Lincolnshire PNA 2022 has been updated and approved by the Steering Group on 16 August 2022. The PNA will be presented to the HWB on 27 September for final approval to enable publication by 1 October 2022, as required by the guidance.

Actions Requested:

The Health Scrutiny Committee is asked to receive and note the final Lincolnshire PNA 2022, and associated documents.

1. Background

1.1. The PNA describes the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The PNA also includes a range of maps that are produced from data collected as part of the PNA process.

1.2. As reported to the Board in June 2021, the PNA Steering Group has been delegated responsibility for developing the document on behalf of the HWB. The PNA Steering Group held its third meeting on 5 July 2022. At this meeting, the consultation results and comments were presented and considered by the Steering Group, and agreed what changes were required for the final PNA.

1.3. The Lincolnshire PNA 2022, Lincolnshire PNA 2022 Appendices, and the Lincolnshire PNA 2022 Statutory Consultation Report, are presented as Appendices A, B and C respectively; and were approved by the Steering Group on 16 August 2022 and are being presented to the HWB for approval. Pending approval, it will be made available for publication by 1 October 2022.

2. Consultation

2.1. As required by the Pharmaceutical Regulations 2013, the HWB held a 63-day consultation on the draft Pharmaceutical Needs Assessment (PNA) from 19 April 2022 to 20 June 2022.

2.2. The draft PNA, questionnaire and relevant documentation were hosted on the Lincolnshire County Council (LCC) 'Let's Talk Lincolnshire' website and invitations to review the assessment and comment were sent to a wide range of stakeholders, including all community pharmacies in Lincolnshire. Members of the public had expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups in Lincolnshire as identified by the HWB, Health Scrutiny Committee for Lincolnshire, Lincolnshire County Council Community Engagement Team, Healthwatch Lincolnshire and the PNA Steering Group. Responses to the consultation were possible via an online survey, paper or email.

2.3. Provision was put in place for people to request paper copies of the draft PNA, accompanying documents and questionnaire should they prefer this method.

2.4. Provision was put in place for Healthwatch Lincolnshire to provide support to those that may need it, to read the draft PNA and to complete the questionnaire.

2.5. During the consultation period a workshop was set up on 23 May 2022 with members of the Health Scrutiny Committee to review the draft PNA. Formal feedback was received and considered when editing the final PNA document.

2.6. A total of 63 responses were reviewed at the Steering Group meeting held on 5 July 2022 and some changes made to the draft PNA 2022, as a result. The Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation Report can be found in Appendix C.

2.7. The PNA Steering Group have worked closely with LCC's Corporate Engagement Team and the PNA Guidance has been followed to ensure due process has been observed and every opportunity was available for people to feed into the draft PNA.

2.8. The PNA Steering Group and LCC's Corporate Engagement Team have completed an Equality Impact Analysis (EIA) of the PNA, for those with protected characteristics, as part of the pre-engagement work for the draft PNA. The EIA was updated to reflect any feedback received during the consultation period.

3. Key Strategy Documents

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The final draft PNA refers to the JSNA as a valuable source of information and the evidence from the JSNA was used to inform the analysis used in the PNA 2022. The PNA complements the JSNA, and forms part of the evidence base on the present and future needs for pharmaceutical services in Lincolnshire. The final draft PNA refers the reader to the JHWS and the JSNA for the most up to date information.

4. Conclusion

Following the consultation, the conclusion remains the same and can be found in section 7 of the final Lincolnshire PNA 2022. The HWB has a statutory responsibility to approve the PNA ready for published prior to 1 October 2022

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Pharmaceutical Needs Assessment 2022
Appendix B	Lincolnshire Pharmaceutical Needs Assessment 2022 Appendices
Appendix C	Lincolnshire Pharmaceutical Needs 2022 Assessment Statutory Consultation Report

6. Background Papers

Document	**Where can it be accessed**
The National Health Service (Charges, Primary Medical Services and Pharmaceutical and Local Pharmaceutical Services) (Coronavirus) (Further Amendments) Regulations 2021	https://www.legislation.gov.uk/uksi/2021/1346/introduction/made

This report was written by Shabana Edinboro, Senior Public Health Officer, who can be contacted on shabana.edinboro@lincolnshire.gov.uk

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Pharmaceutical Needs Assessment 2022

Lincolnshire Health and Wellbeing Board

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List of Abbreviations

AUR: Appliance Use Review
B&B: Bed and Breakfast
BBC: British Broadcasting Corporation
C-19/COVID–19: Coronavirus Disease 2019
CBR: Crude Birth Rate
COPD: Chronic Obstructive Pulmonary Disease
CPCF: Community Pharmacy Contractual Framework
CPCS: Community Pharmacy Consultation Service
DAC: Dispensing Appliance Contractor
DALY: Disability-Adjusted Life Year
DHSC: Department of Health and Social Care
DMS: Discharge Medicine Service
DRUM: Dispensing Review Use of Medicines
DSP: Distance Selling Pharmacy
DSQS: Dispensary Services Quality Scheme
EHC: Emergency Hormonal Contraception
GBD: Global Burden of Disease
GP: General Practitioner
HD: High Dependency
HIV: Human Immunodeficiency Virus
HMP: Her Majesty's Prison
HWB: Health and Wellbeing Board
ICB: Integrated Care Board
ICP: Integrated Care Partnership
ICS: Integrated Care System
IMD: Index of Multiple Depravation
IRC: Immigration Removal Centre
JCVI: Joint Committee on Vaccination and Immunisation
JHWS: Joint Health and Wellbeing Strategy

JSNA: Joint Strategic Needs Assessment
LCC: Lincolnshire County Council
LCHS: Lincolnshire Community Health Services
LCS: Locally Commissioned Service
LHCC: Lincolnshire Health and Care Collaborative
LiSH: Lincolnshire Sexual Health
LMC: Local Medical Committee
LPC: Local Pharmaceutical Committee
LPS: Local Pharmaceutical Service
LSOA: Lower Layer Super Output Area
MDS: Monitored Dosage System
n: total number of individuals in the sample
NHS: National Health Service
NHSE: NHS England
NHSE&I: NHS England and Improvement
NICE: National Institute for Health and Clinical Excellence
NIHR: National Institute for Health Research
NiNo: National Insurance Number
NMS: New Medicine Service
NOMIS: National Online Manpower Information System
NUMSAS: NHS Urgent Medicine Supply Advanced Service
NSP: Needle and Syringe Programme
ONS: Office for National Statistics
PANSI: Projecting Adult Needs and Service Information
PBSAP: Pharmacy Based Supervised Administration Programme
PCN: Primary Care Network
PCT: Primary Care Trust
PGD: Patient Group Direction
PhAS: Pharmacy Access Scheme
PHE: Public Health England
PNA: Pharmaceutical Needs Assessment
POPPI: Projecting Older People Population Information System
PQS: Pharmacy Quality Scheme
PSNC: Pharmaceutical Services Negotiating Committee
QOF: Quality and Outcomes Framework
SAC: Stoma Appliance Customisation
SALT: Short And Long Term
SCS: Smoking Cessation Service
SHAPE: Strategic Health Asset Planning and Evaluation

STI: Sexually Transmitted Infection
SUE: Sustainable Urban Extension
TFR: Total Fertility Rate
ULHT: United Lincolnshire Hospital Trust
UoL: University of Lincoln
WAWY: We Are With You
YLD: Years of healthy life lost due to disability
YLL: Years of Life Lost

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This analysis and mapping of NHS England (NHSE) commissioned pharmaceutical services against local health needs provides the Lincolnshire HWB with a framework to support the local health and care system to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for NHS pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

This PNA has been produced through the PNA Steering Group on behalf of the Lincolnshire HWB, with authoring support from the School of Pharmacy at the University of Lincoln (UoL). Data presented throughout the document are accurate as of 31st December 2021, unless stated otherwise. Any subsequent changes will be monitored, and any changes updated through supplementary statements (published alongside the PNA document), when necessary.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'Pharmaceutical List' held by NHS England & Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies (DSPs).
- Dispensing appliance contractors (DACs).
- Local pharmaceutical service (LPS) providers.
- Dispensing GP surgeries.

Community pharmacies operate under the NHS Community Pharmacy Contractual Framework (CPCF) 2019 – 2024 (contract) which sets out three levels of service:

Essential Services

- Negotiated nationally and commissioned by NHSE.
- Provided from all pharmacies.

Advanced Services

- Negotiated nationally and commissioned by NHSE.
- Provided by pharmacies which choose to offer them.

Enhanced Services/locally commissioned services (LCS)

- Negotiated locally and commissioned by local authorities, NHS Lincolnshire Integrated Care Board (ICB) or NHSE to address local health needs.
- Provided by some pharmacies dependent on commissioning.

The CPCF enables NHSE to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support of self-care from pharmacies. For the purpose of this PNA, Essential Services and GP dispensing services are defined as necessary services, while Advanced and Enhanced Services are other relevant services.

Lincolnshire

Lincolnshire is located in the East Midlands and is the fourth largest county in England. The county has seven districts – Boston, East Lindsey, Lincoln City, North Kesteven, South Holland, South Kesteven, and West Lindsey – and has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a long eastern coastline. The estimated resident Lincolnshire population is 766,300 (based on Office for National Statistics (ONS) 2020 Mid-Year Population Estimates) with a 49% male and 51% female breakdown.

In the Index of Multiple Deprivation (IMD) showing overall deprivation, the 2019 data shows Lincolnshire ranked 91st out of 152 upper-tier authorities in England, where 1st is the most deprived. Levels of deprivation vary significantly across the county, with urban areas and the east coast having much higher levels of multiple deprivation compared to the rural areas of the county.

The main causes of ill health in Lincolnshire are coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), diabetes and cancer. There is also a high prevalence of obesity, stroke, and musculoskeletal conditions.

Current pharmaceutical provision

Pharmaceutical services are provided in Lincolnshire through three types of providers: community pharmacies (including DSPs), DACs and dispensing GP surgeries. Other NHS providers of pharmaceutical services in Lincolnshire are out of scope of this PNA.

There are 117 community pharmacies in the Lincolnshire HWB area (as of 30th June 2022), including 5 DSPs. Due to the mainly rural nature of Lincolnshire, the number of community pharmacies varies by district. Some populations may find community pharmacies in neighbouring HWB areas more accessible and/or convenient. Most people in Lincolnshire can access a community pharmacy within 15-30 minutes either by car or public transport on any day of the week.

There are currently 55 dispensing GP surgeries in Lincolnshire, as of February 2022 (Source: OHID, SHAPE Place Atlas), offering access to pharmaceutical services predominantly to people living in specific, rural locations in the county.

There is one DAC based in Lincolnshire, as of February 2022. People of Lincolnshire can access services remotely from any DAC in the country. In addition, a variety of appliances can be accessed through most community pharmacies and dispensing GP surgeries in Lincolnshire.

The existing evidence suggests that the availability of necessary and other relevant services through the current network of pharmaceutical contractors meets the need for the access to, and the choice of pharmaceutical services in Lincolnshire.

Conclusion

The Lincolnshire HWB considered the number, distribution, access, and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB, and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible.

Section 1: Introduction

1.1 Legislative Framework

The Health and Social Care Act 2012 requires each HWB in England to assess the needs for pharmaceutical services in its area and publish relevant statements in the PNA.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2012/349) came into force on 1 April 2013. The Regulations require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

The Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

The Community Pharmacy Contractual Framework 2019 - 2024: supporting delivery for the NHS Long Term Plan, published July 2019, sets out an expanded the role for community pharmacies, placing them at the forefront of treating minor illness and providing health advice. The five-year deal:

- Commits almost £13 billion to community pharmacy through its contractual framework.
- Builds upon the reforms started in 2015 with the introduction of the Pharmacy Quality Scheme (PQS) to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks (PCNs).
- Describes new services which will be introduced, the foremost amongst the new services was the new national NHS Community Pharmacist Consultation Service (CPCS), introduced in 2019, connecting patients who have a minor illness with a community pharmacy which should be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health prevention, embedded in the local community.
- Maximises the opportunities of automation and developments in information technology and skill mix to deliver efficiencies in dispensing and services that release pharmacist time.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme (PhAS).

PhAS was introduced in 2016 as a new way in which community pharmacies receive their funding. Since then, PhAS has been reviewed, updated and started in January 2022. PhAS aims to support access to pharmacies that are sparsely spread, as patients depend on them most. As of 2022, any directly accessible pharmacy that is more than a mile from another pharmacy by road (or 0.8 miles in deprived areas), is on the pharmaceutical list on 31st March 2021, and meets a small number of other criteria, is eligible for PhAS. Nationally, there are 1,405 pharmacies eligible for PhAS funding based on these criteria, as indicated by Department of Health and Social Care (DHSC). These pharmacies receive additional funding that is appropriately banded. Pharmacies not deemed as eligible for PhAS payment can apply for inclusion based on very specific criteria only. The PhAS is fixed up until next review and has a budget of up to £20M nationally.

A PQS was re-introduced in September 2021 and makes £75M available nationally to qualifying pharmacies based on a points system. Each pharmacy that chooses to participate is required to meet different criteria across several quality domains in order to qualify for the funding.

1.2 Local Context

1.2.1 Joint Strategic Needs Assessment

The Health and Care Act (2012) requires each HWB to prepare and publish a Joint Strategic Needs Assessment (JSNA) and to use the JSNA to inform decision making, commissioning and the development of the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and wellbeing needs of the people of Lincolnshire. It brings together a range of data, information and intelligence into an overarching shared evidence base across health and care.

1.2.2 Joint Health and Wellbeing Strategy

The JHWS, agreed by the Lincolnshire HWB in June 2018, has a strong emphasis on prevention and early intervention, with a clear aim to deliver transformational change which shifts the focus from treating ill health and disability to prevention and self-care. The overarching themes of the JHWS are to:

- Embed prevention across all health and care services.
- Develop joined up intelligence and research opportunities to improve health and wellbeing.
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to improve their health and wellbeing.
- Harness digital technology to provide people with tools that will support prevention and self-care.
- Ensure safeguarding is embedded.

Priorities in the JHWS are focused on the areas identified from the JSNA as being the most important health and wellbeing issues facing the county. These are:

- Mental Health and Emotional Wellbeing (Children & Young People)
- Carers
- Obesity
- Mental Health (Adults)
- Dementia
- Physical Activity
- Housing and Health

1.2.3 Integrated Care Systems

ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped that they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development. Each ICS will be led by NHS Integrated Care Board (ICB), an organisation responsible for NHS functions and budgets, and Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

1.2.4 Primary Care Networks

In July 2019, the majority of GP practices in England were combined to form around 1,300 geographical networks called Primary Care Networks (PCNs), which cover populations of approximately 30,000-50,000 patients. PCNs form a key building block of the NHS Long-Term Plan. They were formed: to combine general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services for patients and to integrate with the wider health and care system more easily. (Source: Kings Fund (2019), Primary care networks explained)

As of December 2021, Lincolnshire had 14 PCNs; the most up-to-date list can be accessed here*.

1.3 Purpose of the PNA

The PNA is considered alongside the JSNA. The PNA identifies where pharmaceutical services address public health needs outlined in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the ICB, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within the PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other NHS services

In addition, the PNA details how the assessment was carried out. This includes:

* By the time of publication, the number of PCNs may change

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA Statutory Consultation

To comprehend the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers in the pharmaceutical list maintained by NHSE. The types of NHS pharmaceutical provides are:

- Pharmacy contractors
- DACs
- LPS providers
- Dispensing GP surgeries

Pharmaceutical services provided by community pharmacies, dispensing GP surgeries and appliance contractors are defined by the regulations and consist of services that are/may be commissioned under the provider's contract with NHSE.

For the purpose of this PNA, 'necessary services' are understood to be equivalent to Essential Services and GP dispensing services, while 'other relevant services' are equivalent to Advanced and Enhanced Services.

1.4.1 Pharmacy Contractors

Pharmacy contractors operate under the CPCF which sets out three levels of service under which pharmacy contractors operate:

Essential Services: These are nationally negotiated and must be provided by all pharmacies:

- Dispensing Medicines
- Dispensing Appliances (if considered 'normal course of business' – contractor does have the ability to decide not to dispense at all)
- Repeat Dispensing
- Clinical Governance
- Discharge Medicine Service (DMS) – added to the CPCF from February 2021
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

Advanced Services: As of December 2021, there are ten Advanced Services within the CPCF. They are negotiated nationally, and any contractor may provide any of these services if they meet the requirements of the regulations and service specification associated with each service. They are:

- Appliance Use Reviews (AURs)
- CPCS – extended to allow GPs to refer from November 2020
- C-19 Lateral Flow Device Distribution Service* – temporarily added to the CPCF from March 2021
- Flu Vaccination Service
- Hepatitis C Testing Service – added to the CPCF from April 2020
- Hypertension Case-Finding Service – added to the CPCF from October 2021
- New Medicine Service (NMS) – extended to include more conditions and medicines from October 2021
- Pandemic Delivery Service* – temporarily added to the CPCF from March 2021
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advance Service – added to the CPCF from March 2022

***Enhanced Services (and LCSs)*:** Enhanced Services were published alongside the 2013 Directions and in community pharmacies can be contracted for local purposes via number of different routes and by different commissioners, including local authorities, ICS and local and national NHSE teams. Some examples of Enhanced Services can include:

- Care home service
- Chlamydia Screening & Treatment
- Emergency Hormonal Contraception (EHC) service†
- Minor ailment service
- Needle and Syringe Programme (NSP) †
- Patient group direction (PGD) service
- Smoking Cessation Service (SCS) †
- Pharmacy Based Supervised Administration Programme (PBSAP) †

As of December 2021, there are four NHSE-commissioned Enhanced Services across Lincolnshire: Palliative Care Drugs' Stocklist Scheme, Extended Hours Service, COVID-19 Vaccination Programme and Extended Care Service.

In Lincolnshire, the services marked with † symbol are currently available and commissioned by Lincolnshire County Council (LCC). Therefore, they are classed as LCSs rather than Enhanced Services and fall outside of the definition of pharmaceutical services. Data relating to LCSs in Lincolnshire were presented in Appendix 3.

* By the time of publication, these services may no longer be commissioned and provided

† By the time of publication, these services may no longer be commissioned and provided

Pharmacy contractors comprise the following: those located within Lincolnshire HWB area as listed in Appendix 1, those in neighbouring HWB areas, and remote suppliers, such as DSPs. All pharmacy contractors operate under a contract with NHSE (see Section 3 for further details).

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises. As of December 2021, there are five DSPs located within Lincolnshire providing services to the whole population of England and likewise, DSPs elsewhere in England can provide services to Lincolnshire residents.

1.4.2 Dispensing Appliance Contractors

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages and other.

DACs must provide a range of Essential Services, such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. In addition, DACs may provide the Advanced Services of AURs and SAC. Pharmacy contractors, dispensing GP surgeries and LPS providers can supply appliances. DACs are unable to supply medicines.

There is currently one DAC in the Lincolnshire HWB area based in North Kesteven; however, the population can access DACs from elsewhere in the UK if required.

1.4.3 Local Pharmaceutical Service Providers

A provider of pharmaceutical services may be locally commissioned by NHSE to deliver specified services to their local population or a specific population group outside the CPCF. As of December 2022, there are no LPS providers in Lincolnshire.

1.4.4 Dispensing GP Surgeries

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to enable patients in defined rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP surgery. Reasonable access is defined as a distance of more than one mile (1.6km measured in straight line) from a community pharmacy premises (excluding any DSP premises). Dispensing GP surgeries therefore make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP surgeries can only provide such services to communities within rural areas known as 'controlled localities'.

GP premises for dispensing must be listed on the pharmaceutical list held by NHSE and patients retain the right to choose to have their prescription dispensed from a community pharmacy if they wish.

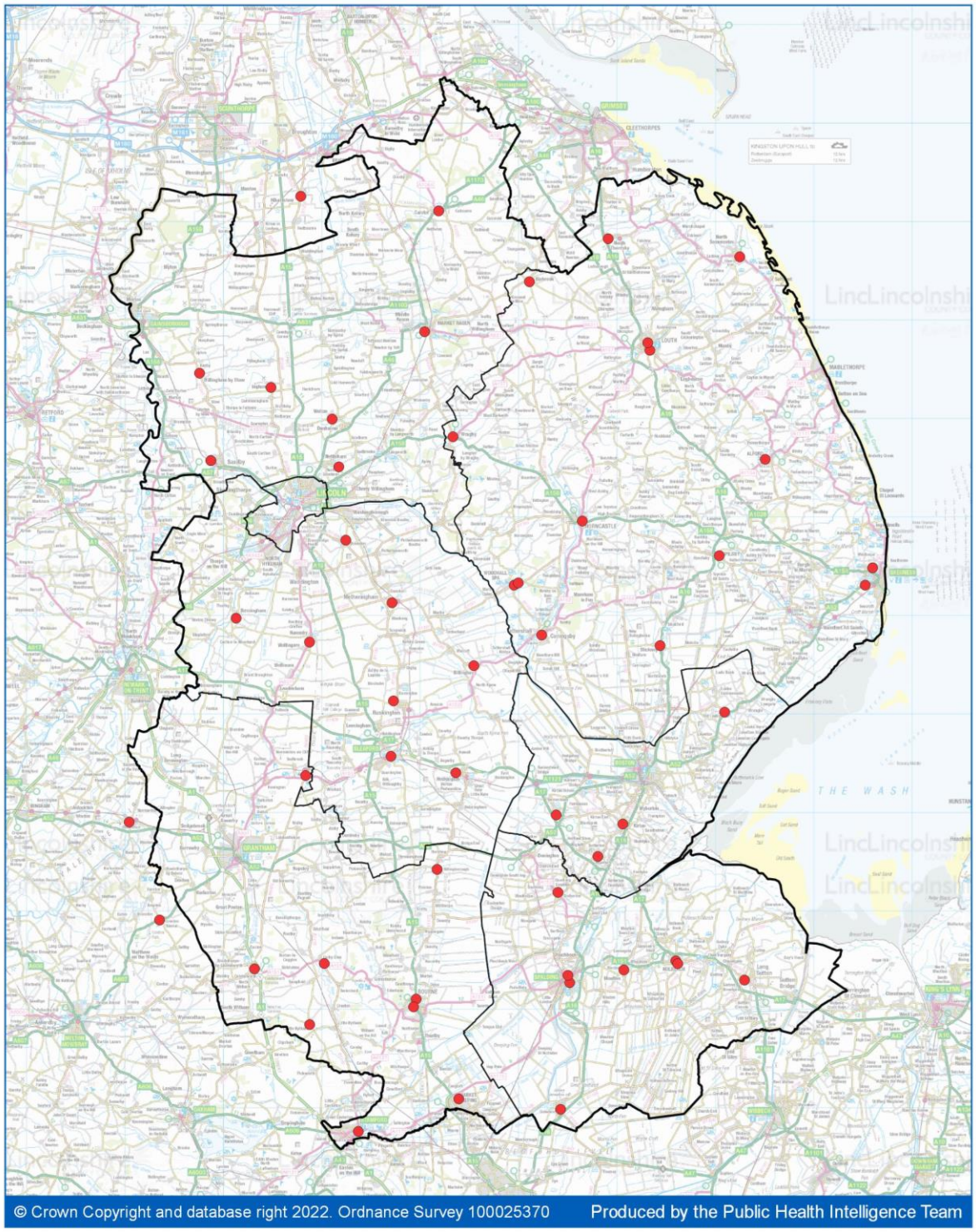
There are 55 dispensing GP surgeries located in Lincolnshire, as presented in Table 1 and Figure 1. Geographical distributions of dispensing GP surgeries within each district are presented in Appendix 1. There are 24 satellite dispensing GP surgeries in Lincolnshire, of which two are located within Lincolnshire, but are branches of GP surgeries located outside of Lincolnshire (1 North Lincolnshire, 1 North East Lincolnshire).

Table 1: Numbers of dispensing GP surgeries in each district of Lincolnshire

Lincolnshire District	Dispensing GPs
Boston	4
East Lindsey	15
Lincoln	0
North Kesteven	8
South Holland	8
South Kesteven	9
West Lindsey	8
Out of area	3
Lincolnshire	**55**

Source: OHID, SHAPE Place Atlas, February 2022

Figure 1: Dispensing GP surgeries in Lincolnshire



Source: OHID, SHAPE Place Atlas February 2022

1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are nine other HWB areas which border the Lincolnshire HWB area:

- Cambridgeshire HWB
- Leicestershire HWB
- Norfolk HWB

- North Northamptonshire HWB
- North East Lincolnshire HWB
- North Lincolnshire HWB
- Nottinghamshire HWB
- Peterborough HWB
- Rutland HWB

In determining the needs of, and pharmaceutical service provision to, the population of Lincolnshire, the pharmaceutical service provision from the neighbouring HWB areas was considered.

1.4.6 Other NHS and relevant services and providers in Lincolnshire

Details of other NHS providers in Lincolnshire, such as hospitals, urgent care services and prisons have been listed in Appendix 1. These organisations provide pharmaceutical services but fall outside of the scope of the PNA.

In addition, the following services are delivered by NHS pharmaceutical providers in Lincolnshire but are out of scope of the PNA as they are not commissioned by NHSE.

Local Authority commissioned services

LCC commissions the following LCS from community pharmacies in Lincolnshire:

- Emergency Hormonal Contraception services
- Needle and Syringe Programme
- Pharmacy-Based Supervised Administration Programme
- Smoking Cessation Service

NHS Lincolnshire Integrated Care Board-commissioned services

There is one NHS Lincolnshire Integrated Care Board (ICB) in Lincolnshire, which does not currently commission any services from community pharmacies.

Privately provided services

Most pharmacy contractors and DACs also provide services by private arrangement between the pharmacy/DAC and the customer/patient.

1.5 Process for developing the PNA

The PNA Steering Group presented papers to the Lincolnshire HWB on 22nd June and 28th September 2021, to inform the Board of its statutory responsibilities under the Health and Social Care Act to produce and publish a revised PNA at least every three years. The last PNA for Lincolnshire was published in March 2018, and due to the COVID-19 pandemic the deadline for publishing the subsequent PNA was postponed to 1st October 2022.

Lincolnshire HWB accepted the content of the paper at the meeting, including the recommendation to delegate responsibility for the PNA to a Steering Group. Development of the PNA was led by the School of Pharmacy at the UoL working in partnership with LCC.

Step 1: Steering Group
On 15 July 2021, Lincolnshire's PNA Steering Group was established. The Terms of Reference and composition of the group can be found in Appendix 2.

Step 2: Project management
At this first meeting, the Steering Group agreed the project plan and on-going process for developing the updated PNA document.

Step 3: Data collation to inform the development of the PNA draft
a: Public engagement on pharmacy provision
Healthwatch Lincolnshire undertook a series of engagement opportunities with the public to gather their views on pharmaceutical services in Lincolnshire. The views were obtained from a total of 203 people.

b: Pharmacy contractor questionnaire
The Steering Group agreed a questionnaire to be distributed to the local community pharmacies via email to collate information for the PNA. After two weeks, LCC Business Support Team followed up the email with a phone call to every community pharmacy in Lincolnshire. The Local Pharmaceutical Committee (LPC) supported this questionnaire to gain responses. A total of 70 responses (59.3%) were received.

c: Dispensing Practice questionnaire
The Steering Group agreed a questionnaire to be distributed to all local dispensing GP surgeries in Lincolnshire to inform the PNA. The Local Medical Committee (LMC) supported this questionnaire to gain responses. A total of 40 responses (67.7%) were received.

The questionnaire templates circulated as part of the stakeholder engagement in a-c above can be found in Appendix 3.

In addition to data collected through stakeholder engagement, detailed data for all community pharmacies in Lincolnshire (including opening hours and advanced service provision) was sourced centrally from NHSEI. This was used alongside stakeholder engagement data to develop the PNA.

Step 4: Preparing the PNA draft for consultation
The Steering Group reviewed and revised the content and detail of the existing PNA in February 2022, with the draft PNA presented to HWB for approval on 29th March 2022.

Step 5: Statutory Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 19th April 2022 and 20th June 2022. The draft PNA and consultation response form was issued to all identified stakeholders. Please refer to additional document entitled "Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation"

Step 6: Collation and analysis of consultation responses

The consultation responses were collated and analysed by the Steering Group on 15th July 2022. A summary of the responses received, and analysis is noted in the additional document entitled "Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation".

Step 7: Publication of final PNA – future stage

The collation and analysis of consultation responses were used by the Steering Group to revise the draft PNA. The final PNA was presented to Lincolnshire HWB for approval on 21st September 2022 for publication by 1st October 2022.

1.6 Localities for the purpose of the PNA

As most of the health and social data used to inform the PNA is available at a District Authority level, throughout the PNA localities are District Authorities unless otherwise stated. Data at a PCN level is used occasionally where possible to provide appropriate granularity and cover any gaps in health and social data at a district level.

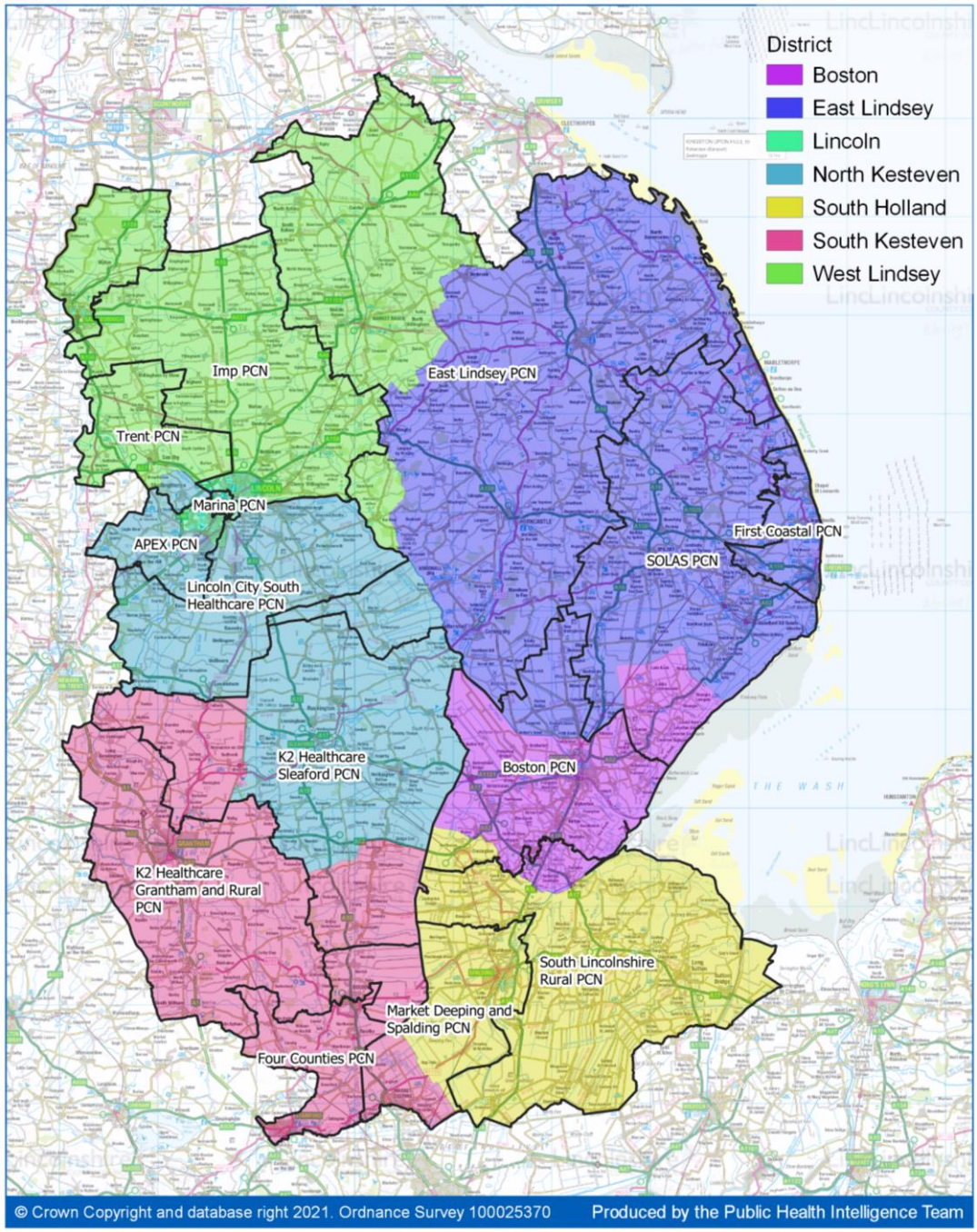
The localities (which are referred to as districts throughout the PNA) are:

- Boston
- East Lindsey
- Lincoln City
- North Kesteven
- South Holland
- South Kesteven
- West Lindsey

A list of providers of pharmaceutical services in each district can be found in Appendix 1. The information contained in this appendix was collated based on the information provided by NHSE, LCC, LPC, LMC and Lincolnshire ICS. Data are accurate as of 31st December 2021.

Figure 2 presents the geographical boundaries for the seven Lincolnshire districts, as well as for the 14 PCNs.

Figure 2: Lincolnshire PCNs and District boundaries*



* Boundaries are accurate as of 31st December 2021

Section 2: Context for the PNA

We have used the most recent data available to inform the PNA, and the following are correct as of 31st December 2021.

2.1 Demography of Lincolnshire

2.1.1 Population estimates and projections

The latest ONS population figures for 2020 show that Lincolnshire has an estimated resident population of 766,300 with 49% males and 51% females. Between 2010 and 2020, the population has increased by 7.7%, which is lower than the growth seen in the East Midlands (8.0%) and higher than England (7.4%).

The latest GP registered population for Lincolnshire, as of November 2021 (based on GP practices located within the Lincolnshire ICS boundary) is 806,562. The registered population exceeds the resident population, as it includes patients who live outside of Lincolnshire and remain registered with Lincolnshire GP practices.

Table 2 highlights that Boston is expected to see the greatest population increase by 2025, followed by East Lindsey and North Kesteven. Lincoln is projected to see no change in population by 2025, which is lower than the expected growth for Lincolnshire.

Table 2: Estimated population (2020) and projected increase by 2025, by district

Area	Mid-2020	Male	Female	Projected increase by 2025
Boston	70,800	50.0%	50.0%	5.5%
East Lindsey	142,000	48.8%	51.2%	4.6%
Lincoln	100,000	50.0%	50.0%	0.0%
North Kesteven	118,100	48.8%	51.2%	4.5%
South Holland	95,900	49.0%	51.0%	4.3%
South Kesteven	143,200	48.3%	51.7%	2.7%
West Lindsey	96,200	49.1%	50.9%	2.1%
Lincolnshire	**766,300**	**49.0%**	**51.0%**	**3.4%**
England	**56,550,100**	**49.5%**	**50.5%**	**2.7%**

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

Table 3 illustrates the breakdown of the Lincolnshire population by broad age group in both 2020 and projected for 2025, while Figure 3 demonstrates estimates of Lincolnshire population by age and gender.

By 2025, the population of those under 18 years of age is expected to increase by 3.7%, which is higher than the projected national increase of 0.9%. The population of adults aged between 18 and 64 years of age will see a minor increase of 0.5% by 2025, which is lower than the projected national increase of 1%; and the most noticeable change in the Lincolnshire population will be in those aged 65 years and over, projected to increase by 9.5% between 2020 and 2025, which is comparable to the projected national increase of 9%.

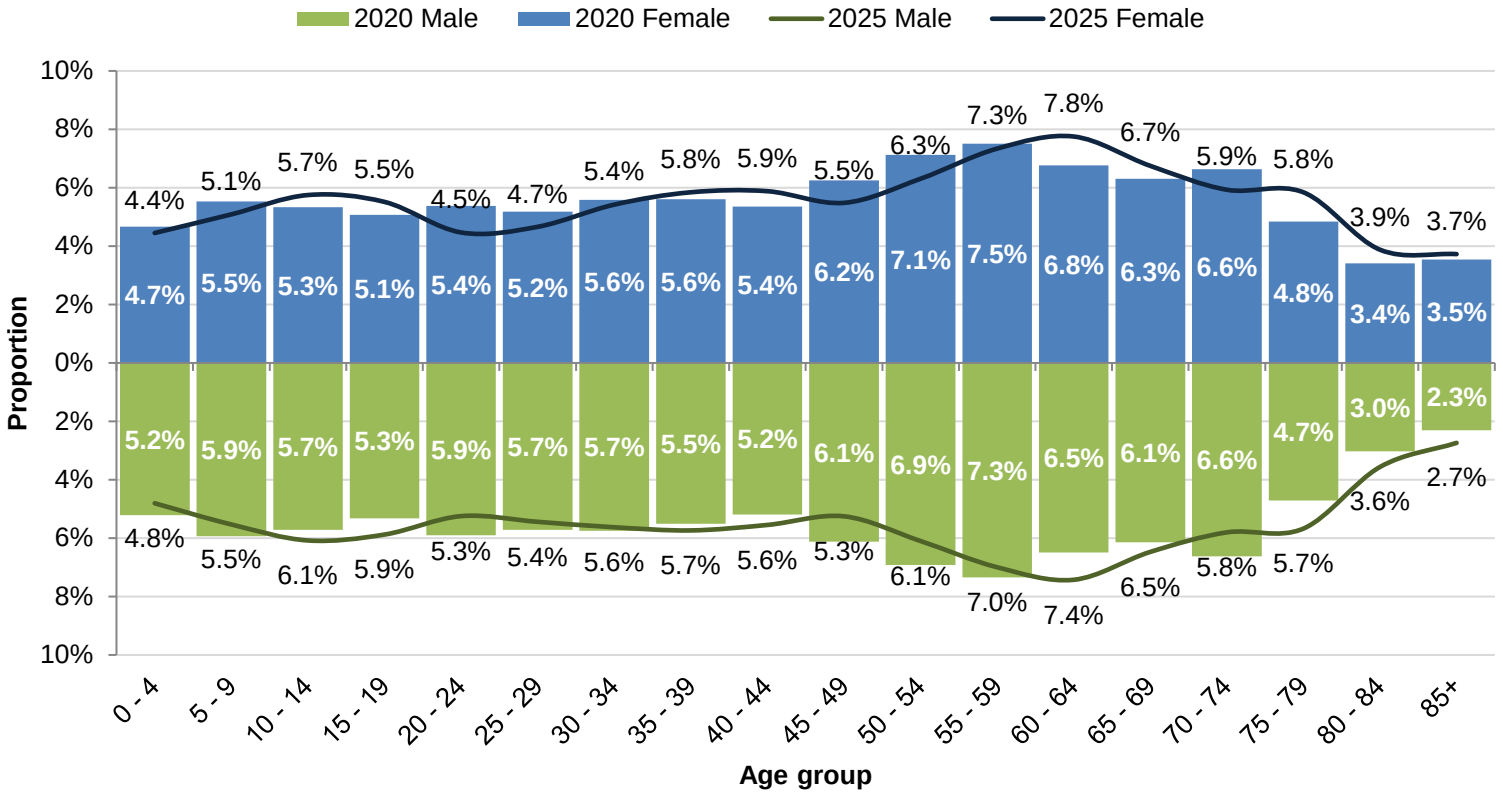
The increase in the elderly population will require significant planning for the delivery of services, to meet the varied health and social care needs of this population.

Table 3: Lincolnshire population (2020) projected to 2025, by broad age group and district

Area	0-17		18-64		65+	
	2020	2025	2020	2025	2020	2025
Boston	15,000	8.0%	41,000	3.9%	14,800	8.1%
East Lindsey	24,300	3.7%	74,500	2.1%	43,200	9.7%
Lincoln	18,200	-0.5%	66,500	-1.8%	15,300	8.5%
North Kesteven	23,000	8.3%	67,300	0.9%	27,900	9.7%
South Holland	18,800	5.9%	53,700	3.0%	23,300	6.9%
South Kesteven	29,500	1.4%	80,200	-1.1%	33,600	12.2%
West Lindsey	18,400	1.1%	53,500	-0.6%	24,200	9.1%
Lincolnshire	**147,300**	**3.7%**	**436,700**	**0.7%**	**182,300**	**9.5%**
England	**12,120,741**	**0.9%**	**34,052,396**	**1.0%**	**10,505,333**	**9.0%**

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

Figure 3: Lincolnshire population estimates and projections, by age group and gender: 2020 and 2025



Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

2.1.2 Population growth

Changes in local populations can be driven by international migration, internal migration, births, and deaths.

Births

In Lincolnshire there were 6,600 live births in 2020, which equates to a crude birth rate (CBR) of 8.6 live births per 1,000 people. This CBR is lower than the national rate of 10.3 per 1,000 people. Within Lincolnshire, CBRs vary, with Lincoln having the highest rate of 10.7 per 1,000 (based on usual residence of mother), and East Lindsey having the lowest at 7.2 per 1,000. The number of live births in Lincolnshire has fallen by 2.5% from 6,767 births in 2019 (Table 4).

The total fertility rate (TFR) provides a better measure than simply looking at the number of live births or CBR. TFRs account for the size and age structure of the female population of childbearing age, which affects the number of births. (Source: ONS, Births in England and Wales 2020)

The TFR for Lincolnshire in 2020 is 1.57 and is lower than the national average of 1.59. TFRs vary by district with East Lindsey (1.68), South Kesteven (1.67) and South Holland (1.66) having the highest TFRs, and Lincoln having the lowest TFR of 1.49 (Table 4).

Table 4: Live births and fertility rates, by district of usual residence of mother, 2020

Area	Live births	Crude birth rate	Total fertility rate (TFR)
Boston	655	9.3	1.62
East Lindsey	1,026	7.2	1.68
Lincoln	1,068	10.7	1.49
North Kesteven	984	8.3	1.52
South Holland	854	8.9	1.66
South Kesteven	1,221	8.5	1.67
West Lindsey	792	8.2	1.63
Lincolnshire	**6,600**	**8.6**	**1.57**
England	**585,195**	**10.3**	**1.59**

Source: ONS, Births in England and Wales: 2020

Migration

There are a number of indicators that are used to measure the change and flow of the resident population of an area. The ONS provides local area migration indicators, updated annually, which have been summarised in Table 5. Net internal migration from mid-2018 to mid-2019 in Lincolnshire indicated that more people entered the county (33,787) than had left (29,081), however this flow varied by district, with Boston being the only district with a negative influx of residents. Despite this negative influx, Boston has the highest estimated non-UK and non-British born population amongst its residents, as well as the highest number of migrant national insurance number (NiNo), and live births to non-UK born mothers.

Table 5: Summary of migration statistics for Lincolnshire, 2019

Area	Estimated population	Internal migration		Non-UK born population	Non-British population	Migrant NiNo registrations	Migrant GP registrations	Live births to non-UK born mothers	
		Inflow	Outflow					Number	%
Boston	70,800	3,094	3,198	15,000	14,000	2,539	1,657	362	49.3%
East Lindsey	142,000	8,575	6,956	5,000	3,000	263	251	72	6.7%
Lincoln	100,000	10,894	10,781	9,000	9,000	1,327	1,688	250	24.5%
North Kesteven	118,100	7,373	6,509	6,000	5,000	117	225	107	10.8%
South Holland	95,900	4,691	3,976	11,000	10,000	1,199	985	281	31.1%
South Kesteven	143,200	7,723	7,121	5,000	4,000	457	562	210	16.8%
West Lindsey	96,200	6,303	5,406	4,000	2,000	117	194	57	7.2%
Lincolnshire	**766,300**	**33,787**	**29,081**	**54,000**	**46,000**	**6,019**	**5,562**	**1,339**	**19.8%**
England	**56,550,100**	**102,419**	**122,237**	**8,648,000**	**5,587,000**	**683,150**	**755,285**	**180,370**	**29.5%**

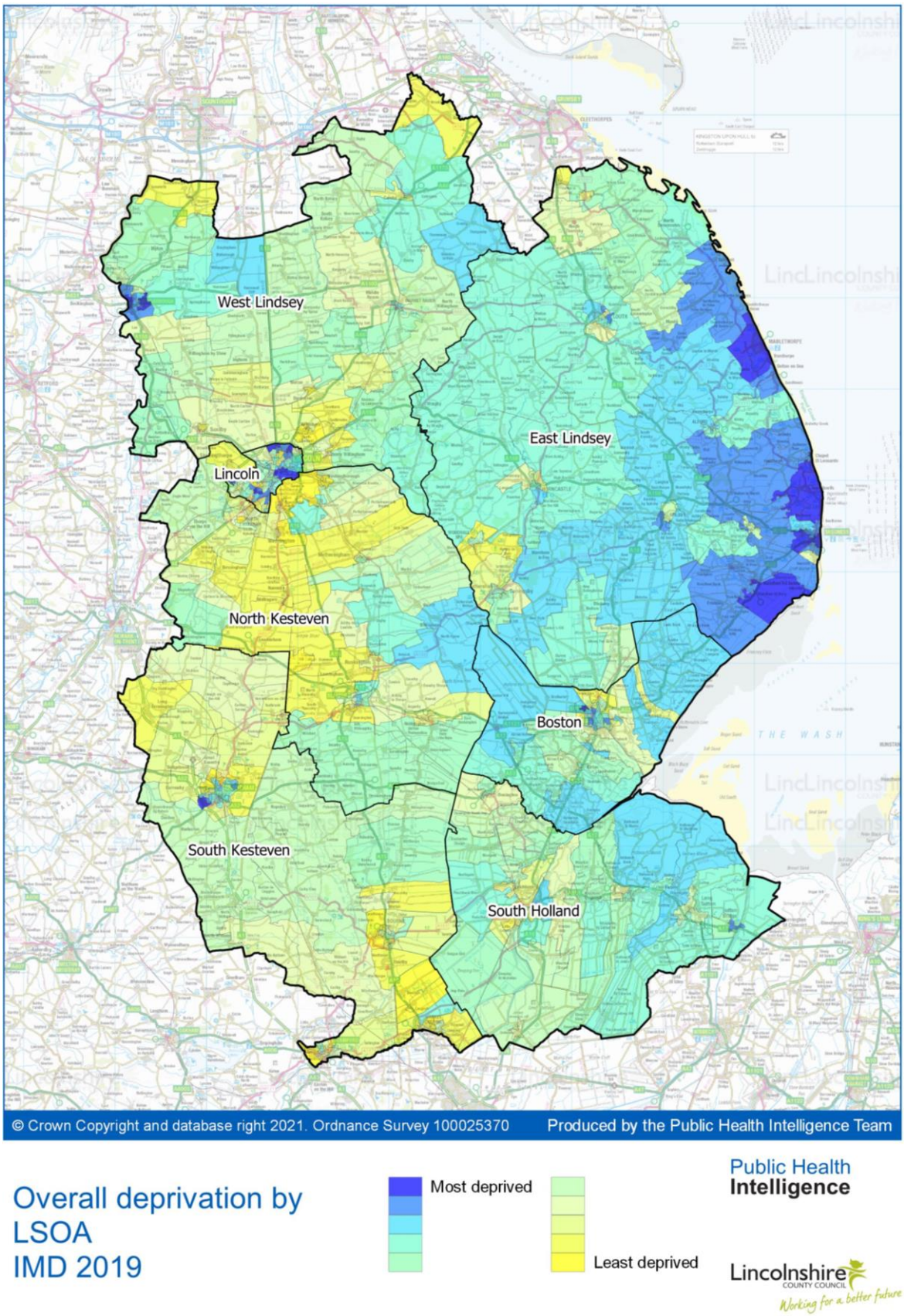
Source: ONS, Local area migration indicators, 2019

2.1.3 Deprivation

The 2019 IMD demonstrates overall deprivation and ranks Lincolnshire 91st out of 151 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary considerably across the county, influencing health needs and services required by the population. Overall levels of deprivation across Lincolnshire are presented in Figure 4.

- The Lincolnshire coastline particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10% of neighbourhoods in the country. In addition, the surrounding Lower Layer Super Output Areas (LSOAs) are within the most deprived 30%.
- Looking more closely at the pattern of deprivation across the county, clear contrasts can be noticed in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also be seen when comparing the East Coast to the rest of the county.
- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e., that urban and coastal areas show higher levels of deprivation than other areas.

Figure 4: Overall deprivation in Lincolnshire, by LSOA, 2019



2.1.4 Vulnerable populations

There are several vulnerable population groups in Lincolnshire which can have an impact on the need for pharmaceutical care.

- Adults in nursing and residential care
- People with sensory, physical, and learning impairments
- Homeless people
- Gypsy and Traveller population
- Park homes and mobile caravans
- Unpaid carers and young carers

Adults in nursing and residential care

Nursing and care homes play a large part in the provision of support for people often with complex health and social needs. Patients in nursing homes often require 24-hour nursing input. Most patients in nursing and residential care will have medical needs that require regular access to pharmaceutical services. According to the JSNA, there were 290 care homes in Lincolnshire, 211 for older people (i.e., aged 65 and over) and 79 for people aged 16–84 living with disabilities.

According to The Adult Social Care SALT 2019/20 return, there are a total of 4,501 long term residents in care homes, 24% of those live in nursing homes and 76% in residential homes. Of those 4,501 long-term residents known to Adult Social Care, 3,781 residents are aged over 65 and 720 people aged 18–64 in care homes, either self-funding, or funded by the local authority.

In Lincolnshire in 2019/20 there were 365 permanent admissions to residential and nursing care homes for people aged 65 and over. This equates to a rate of 203 admissions per 100,000 people and is lower than regional levels (584 admissions per 100,000 people). (Source: Fingertips - Public Health data)

People with sensory, physical, and learning impairments

It is estimated that as of 2020, there are 44,218 adults aged 18–64 living in Lincolnshire with a long-term illness or physical disability (using impaired mobility and personal care conditions on PANSI); this represents 5.7% of the resident population (Source: PANSI, 2021).

For older people, even more of the county population have a limiting long-term condition or physical disability. It is estimated that 41,652 older (aged 65 and over) people live in the county in 2020 with a long-term condition or disability that significantly limits their day-to-day activities, and that 47,568 people have a long-term condition or disability with a lower impact on their day-to-day activities. When the two are combined (89,220), this equates to just under half of the older adult population of Lincolnshire (Source: POPPI, 2021).

This is a vulnerable group of the population with often varied pharmaceutical needs depending on the complexities of their disability or illness. Pharmacy services play a large part in ensuring these patients have convenient access to medicines promptly, and free delivery of prescription services can be of benefit to this patient population.

Homeless people

Homelessness is defined as not having a home (Source: Shelter England). This can include anyone who is:

- Staying with friends or family
- Staying in a hostel, night shelter or B&B
- Squatting
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you do not have a place to live together

Access to pharmacy services is required to support this population, including availability of specialist services to address health and wellbeing concerns.

In Lincolnshire, the rate of statutorily homeless households in temporary accommodation is 0.6 per 1,000 households. This is much lower than the national rate of 3.8 households per 1,000 (2019/20). Family homelessness rate in Lincolnshire is 15.9 per 1,000 households (2019/20) is higher than the national rate of 14.9 per 1,000 households (Source: Fingertips - Public Health data).

Across Lincolnshire there are 9,916 households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The district areas with the largest waiting lists are South Kesteven (2,995), East Lindsey (1,526) and Boston (1,814). (Source: Shelter Housing Databank).

Gypsy and Traveller population

The Gypsy and Traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.

As of January 2020, there were 319 known traveller caravans in Lincolnshire. South Kesteven has 52 caravans, making up 16.3% of the Lincolnshire total, followed by West Lindsey, with 48 caravans, or 15% of the total. There are no recorded traveller caravans in Boston (Table 6).

Table 6: Travellers' caravan count (number of caravans) as of January 2020 in Lincolnshire by district

Area	Traveller caravan count
Boston	0
East Lindsey	10
Lincoln	13
North Kesteven	14
South Holland	14
South Kesteven	52
West Lindsey	48
Lincolnshire	**319**

Source: ONS, Travellers Caravan Count, January 2020

Park homes and mobile caravans

As a relatively heterogeneous group, park home and mobile caravan residents have varying health needs depending upon their age and so access to medical and pharmaceutical services can be a challenge to predict. Some caravans are home to holidaymakers or seasonal workers for long periods of time, and of course this population will need access to a range of local amenities including community pharmacies. However, many park home and mobile caravan dwellers (i.e. people who live in such homes on permanent basis) are older adults, typically suffering from higher rates of poor health than the general population (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Research estimates that there are perhaps 3,500 households, accounting for around 6,600 people, who live for some or all of the year in caravans or chalets on the coast. Of these, around 40% are in effect full-time East Lindsey residents and should be counted as such. (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Nationally, three in five park home and caravan residents are aged over 50 years old. In East Lindsey, 31% of caravans and park homes have at least one resident with a long-standing illness or disability, and 9% have two or more. This has a significant impact on need as 1 in 4 households have at least one person with mobility problems.

Additionally, only half are registered with a local GP (on a permanent (39%) or temporary (11%) basis), although many do still use local GPs, hospitals, and dentists. Many patients remain registered with their 'home' GPs while visiting in the county for extended periods, as the national growth of electronic prescribing and electronic repeat dispensing enables such patients to manage

their repeat prescriptions remotely. In such cases, patients require access to pharmaceutical services in the county but would not necessarily need to access local GP services.
Overall, it is suggested that the level of health need in park home and caravan communities exceeds the expected rate explained by demography and deprivation alone (Source: Health of caravan park residents: a pilot cross-sectional study in the East Riding of Yorkshire.

Houseboat dwellers across the county are small in numbers and therefore not quantified for the purposes of this report.

Unpaid carers and young carers
According to the 2011 Census, Lincolnshire recorded 1,800 young carers under the age of 15, and a further 3,500 young adult carers (16-24). However, in 2010, a BBC and Nottingham University survey suggested there could be four times more young carers than the previous official census of 2001 showed. The Royal College of GPs estimates there are approximately 3,200 young carers in an average ICB area.

Over 20,000 carers provided more than 50 hours of unpaid caring a week. Unpaid carers caring for over 50 hours a week are twice as likely to be in poor health as those not providing care. Over 53,000 unpaid carers were of working age, and over 20,000 were aged 65 and over. (Source: ONS (2011)).

Lincolnshire has one of the fastest growing rates of unpaid carers in the UK. Between 2001 and 2015, the county experienced a 27.5% increase in the number of carers, compared to the general rate of population growth of 6.2%. This was the largest rate of growth in the East Midlands. (Source: Buckner and Yeandle (2015)). Lincolnshire and the East Midlands is one of the UK regions with the highest rate of growth of people over 65: a 22% increase projected by 2024 (Source: ONS (2016)).

In 2019/20, in total 22,160 unpaid adult carers and a further 9,888 unpaid parent carers of children were known to the Council. Of these, 10,615 unpaid adult carers in 2019/20 received a service for themselves or the adult they cared for (who may be eligible for social care in their own right). Of the carers assessed, 53% met the 2014 Care Act national threshold for eligibility. (Source: LCC SALT 2019/20).

2.1.5 Housing
Lincolnshire is recognised as a growth area in both economic and housing terms, with housing numbers set to increase considerably in the next 20 years. Local Plans in the county point towards high levels of housing allocation with 71,116 homes overall to be built in Lincolnshire by 2036 at an average annual rate of 3,501 per annum. This number and rate set before the COVID-19

pandemic could, however, be impacted by the pandemic and subsequent Government policies to 'Build Back Better'.

Consultation with the local district strategic planning teams highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. Planned large housing developments in major growth areas (Greater Lincoln and Grantham) and some other main towns (such as Boston, Sleaford, and Spalding) may require reassessment of pharmaceutical needs in those areas. Areas where we know that there is a large, proposed development (generally in excess of 500 homes) have been identified in the Table 7.

Most of the developments are not expected to be completed, or even started in the three-year life of this PNA document, but these areas will be reviewed regularly. Planners will be asked to inform the Lincolnshire HWB of any long-term projects which could influence the health needs of a district.

It should be noted that Local Plans are regularly reviewed with both policies and housing land allocations changing. The numbers above are from the current adopted Local Plans. Other developments can come forward through other routes. For example, a proposed Skegness Gateway Urban Extension is under discussion; to be developed through a Local Development Order rather than the standard planning process. The proposed master plan includes around 1,000 new homes, specialist accommodation for older people, a tourism offering, college, crematorium, and businesses.

Small developments, infill sites and individual dwellings are not generally included in housing allocations, and these are not likely to have a significant effect on health and pharmaceutical needs.

Table 7: Planned housing stock in Lincolnshire, by district

Local Plan area	District	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
		Period	Total Number	Annual average	Area	Number
Central Lincolnshire	Lincoln	2012-2036	36,960	1,540	Lincoln - West (Western Growth Corridor)	3,200
					Lincoln - Other	3,467
	North Kesteven				Sleaford - South	1,450
					Sleaford - West	1,400
					Sleaford – Other	1,434
					Lincoln – South East (Canwick Heath)	3,500
					Lincoln – South West (Grange Farm)	1,600
					Skellingthorpe	651
					Witham St Hughs	1,355
					Billinghay	563
					Ruskington	549
	West Lindsey				Gainsborough - North	750
					Gainsborough - South	1,400
					Gainsborough – Other	1,739
					Welton by Lincoln	524
					Lincoln – North East (Greetwell)	1,400
South East Lincolnshire	Boston	2011-2036	7,550	300	Boston – Quadrant	1,515
					Boston - Other	6,111
	South Holland		11,125	445	Spalding - North	676
					Spalding – Other	5,860
					Holbeach	760
					Crowland	524
					Kirton	514
					Long Sutton	608
East Lindsey	East Lindsey	2016-2031	7,819	558	Louth	1,619
					Coningsby and Tattershall	549
					Horncastle	683
South Kesteven	South Kesteven	2011-2036	15,625	625	Grantham – Spitalgate Heath	3,700
					Grantham – North West (Rectory Farm and adjacent)	1,554
					Grantham – Prince William of Gloucester Barracks	4,000
					Stamford – North	1,300
					The Deepings	753

Source: Central Lincolnshire Local Plan 2012-2036 (adopted April 2017)
South East Lincolnshire Local Plan 2011-2036 (adopted March 2019)
East Lindsey Core Strategy 2016-2031 (adopted July 2018)
South Kesteven Local Plan 2011-2036 (adopted March 2019)

Park homes

Park homes or caravans are not considered as part of Local Plans. However, planning applications can be submitted for either permanent residential or holiday sites. Irrespective of the status of the sites there are particular issues in relation to meeting the health needs, including pharmaceutical needs of temporary or permanent residents. Planners will be asked to let the HWB know of development proposals for park home sites when these are submitted.

This is particularly pertinent on the coast in East Lindsey where there is a desire to promote tourism; caravans often housing 'holidaymakers' or seasonal workers for long periods of time. Working with the site owners, efforts are made to encourage residents to arrange for the required prescription medication in advance, before travelling. Inevitably, there are still demands placed on pharmaceutical services available locally.

Specialist housing for older and disabled people

According to the 2011 ONS Census there are 306,971 households in Lincolnshire that may be seen as vulnerable or disadvantaged according to a broad range of indicators.

Local development plans do not make specific allocations for the type and mix of housing but contain individual policies guiding the provision of housing to meet particular needs. For example, Policy LP10 in the Central Lincolnshire Local Plan requires that 30% of new homes on sites for 6 or more dwellings (or 4 or more dwellings in small villages) are built to the higher standard of accessibility for disabled people in building regulations than the basic standard.

Ultimately, however, planning applications and determinations themselves will provide specifics on anticipated household sizes and makeup. This level of additional details will, therefore, be factored into the monitoring of housing developments to help make planning for pharmaceutical services more accurate.

Extra care housing

There is a desire for more extra care housing units across Lincolnshire where demand exists, and support services can be maintained. Local Plans generally express support for developments that will bring forward extra care housing.

LCC has a support programme in place to provide funding to help make the creation of new extra care housing units viable for developers. To ensure that pharmaceutical and other health needs are accounted for, the HWB will be informed of all extra care housing development proposals. One specific scheme in the pipeline at the time of adopting this PNA is De Wint Court, Lincoln – comprising 70 units under construction. Schemes in other districts are in discussion.

Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

Many of the sustainable urban extensions (SUEs) and Growth Points will be seeking to provide new residents with the spectrum of health services from pharmacy and primary care in a new

model of care. Residents will be advised, when they move in, on the most appropriate health service to access for their needs.

The HWB needs to consider ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

Monitoring of housing developments
It is recommended that an update on the status of major housing developments in Lincolnshire is requested, submitted to the HWB and used to inform monitoring of need for pharmaceutical services before any subsequent PNA is published.

In addition to monitoring individual housing sites, it is necessary to monitor cumulative developments across several sites, i.e., if a number of smaller developments are built in an area, then future completions should be monitored by town, village or vicinity, as well as just by individual housing developments. This is particularly relevant where the ratio of pharmacies to people is already above or below average.

Effect of growth on a reserved location
A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile measured in straight line) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750, the pharmacy, if already open, can apply to NHSE for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one-mile rule would apply (i.e., the doctors lose dispensing rights within a mile of the pharmacy).

Factors to consider in relation to needs for pharmaceutical services
The identification of a generic ‘population trigger point’ for when a housing development within a locality develops a need for a pharmaceutical service provider is complex and not clearly defined.

An increase in population size is likely to generate an increased need for pharmaceutical services. However, changes in population size on a local level are not necessarily directly proportional to changes in the number of pharmaceutical service providers that are required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

When assessing needs for pharmaceutical service providers, considerations should be based on a range of local factors specific to each development site such as:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e., the proportion of affordable housing at the development
- Existing pharmaceutical service provision in nearby areas and elsewhere in and out of the county and opportunities to optimise existing pharmaceutical service provision locally.
- Access to DSPs, and DACs that can supply services.
- Considerations of health inequalities and strategic priorities for Lincolnshire

2.2 Health and wellbeing

2.2.1 Life expectancy

Life expectancy is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for specific area and time period throughout his or her life. Figures are calculated from deaths due to all causes and mid-year population estimates, based on data aggregated over a three-year period.

Healthy life expectancy is defined as the years a person can expect to live in good health (rather than with a disability or in poor health) and is a useful measure of mortality and morbidity. Healthy life expectancy is calculated from deaths due to all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three-year period. Currently, healthy life expectancy data is not available at a district level.

PHE provides further analysis of both life expectancy and healthy life expectancy to reveal national inequalities based on 2019 IMD data.

Latest figures for 2017-2019 demonstrate that life expectancy at birth in Lincolnshire is 79.4 years for men and 82.9 years for women, while healthy life expectancy at birth in Lincolnshire is 61.8 years for both men and women.

Longer term trends for Lincolnshire reveal that both male and female life expectancies have increased slightly since 2009-11 (male 78.8 years, female 82.6 years), while healthy life expectancies have reduced to 64.4 years for men and to 65.2 years for women.

Between 2017 and 2019, the gap in male healthy life expectancy at birth in England was 18.4 years between the most deprived (52.3 years) and the least deprived deciles (70.7 years); while the gap was wider for female healthy life expectancy, at 19.8 years (51.4 years in the most deprived and 71.2 years in the least deprived). This analysis is not currently available at smaller geographies. (Source: Fingertips - Public Health data)

2.2.2 Prevalence of diseases and chronic conditions

Information for prevalence of diseases and chronic conditions was provided by the Quality and Outcomes Framework (QOF). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Prevalence rates are calculated as the percentage of all registered patients within a GP practice who have been placed on a specific clinical register. All prevalence rates have been Red-Amber-Green rated, where red shows higher prevalence rates and green shows lower prevalence rates in Lincolnshire.

Table 8: National, and local comparison of QOF prevalence rates: 2020/21

Area	PCN	Cardiovascular				Respiratory		High dependency and long term conditions				Mental health and neurology				
		Coronary heart disease	Stroke	Atrial fibrillation	Heart failure	COPD	Asthma	Cancer	Chronic kidney disease	Diabetes	Palliative care	Dementia	Depression	Mental Health	Epilepsy	Learning disabilities
Lincolnshire East	Boston PCN	3.4	2.1	2.1	1.1	2.0	5.4	2.6	5.0	7.1	0.5	0.8	11.1	0.7	0.8	0.5
	East Lindsey PCN	4.7	2.7	3.3	1.4	2.3	8.2	4.5	7.6	8.4	0.9	1.0	12.4	0.8	1.0	0.8
	First Coastal PCN	6.5	3.6	3.9	2.1	4.7	8.4	5.1	10.3	12.2	1.0	1.2	13.7	1.0	1.2	1.0
	Solas PCN	3.8	2.1	2.6	0.9	2.0	7.1	3.9	5.6	7.2	0.9	1.1	11.9	0.7	0.8	0.5
Lincolnshire West	APEX PCN	3.9	2.1	2.3	1.0	2.2	7.0	3.7	6.9	7.4	0.7	1.0	17.6	0.9	0.9	0.8
	Imp PCN	3.5	2.0	2.4	1.2	2.0	7.4	3.8	6.1	7.0	0.5	0.8	14.1	1.1	0.9	0.6
	Marina PCN	1.4	0.7	0.9	0.5	1.1	4.4	1.4	2.0	3.6	0.4	0.3	10.9	1.1	0.6	0.4
	South Lincoln Healthcare PCN	4.5	2.6	3.0	1.6	2.4	7.6	4.7	6.8	9.4	0.4	1.0	15.3	0.6	0.9	0.5
	Trent Care PCN	4.4	2.4	2.5	1.1	2.7	7.7	4.1	8.6	8.4	0.5	1.1	15.5	1.1	1.1	0.7
Lincolnshire South	Four Counties PCN	3.6	2.3	2.8	1.5	1.7	7.5	4.3	6.4	6.6	0.6	1.0	12.8	0.7	0.8	0.4
	Market Deeping and Spalding PCN	4.7	2.9	3.4	1.9	2.9	7.6	4.6	7.6	9.3	0.9	1.0	12.2	0.7	1.0	0.9
	South Lincolnshire Rural PCN	3.6	2.1	2.5	1.8	2.0	6.7	4.1	7.5	7.3	0.3	0.9	13.0	0.6	0.8	0.6
Lincolnshire South West	Grantham and Rural PCN	3.9	2.0	2.6	1.7	2.0	6.6	4.0	6.3	7.5	0.5	0.8	14.9	0.7	0.8	0.5
	K2 Healthcare Sleaford PCN	4.2	2.4	3.0	1.4	2.3	7.0	4.5	7.9	8.1	0.7	0.9	10.2	0.8	1.0	0.6
Lincolnshire		**4.1**	**2.3**	**2.7**	**1.5**	**2.3**	**7.1**	**3.9**	**7.0**	**7.9**	**0.7**	**1.0**	**12.7**	**0.8**	**0.9**	**0.7**
England		**3.1**	**1.8**	**2.1**	**0.9**	**1.9**	**6.5**	**3.1**	**4.1**	**7.1**	**0.5**	**0.8**	**11.6**	**0.9**	**0.8**	**0.5**

Table 8 presents a summary of 2020/21 prevalence rates for Lincolnshire and 14 PCN areas, as well as national prevalence for broader benchmarking. The prevalence of specific health conditions is often dependent upon differences in diagnosis and treatment pathways between different GP surgeries. However, as a generalisation, areas with a greater proportion of older people and areas with higher deprivation have a higher rate of ill health. Prevalence of cardiovascular diseases in Lincolnshire exceed national rates, however

there is noticeable variation at a PCN level, with First Coastal PCN, East Lindsey PCN and Solas PCN having higher than average rates. PCN and district boundaries are presented in Figure 2 for cross-comparison. PCN areas are correct as of 31st December 2021.

2.2.3 Burden of disease

The Global Burden of Disease (GBD) was created in 1991, with the aim to produce measurable and comparable health outcome data across different conditions using units known as Disability Adjusted Life Years (DALYs). DALYs are calculated by adding together the number of years lost due to premature mortality (YLL) and the number of years lived with a disability (YLD), using a standard life expectancy age, in this instance derived from Japanese life expectancy.

Local authority data was introduced in 2017 and most recently updated in 2019. The burden of disease study was the focus of the 2019 Director of Public Health Annual report. The report revealed that whilst heart disease, cancers and pulmonary disease all contribute to high levels of YLL, conditions such as lower back and neck pain, mental health issues and Alzheimer's disease contribute to YLD and therefore to the overall burden of disease in Lincolnshire (see Figure 5 for the top 10 causes of years lived with disability in Lincolnshire).

Figure 5: Total YLDs in Lincolnshire (2019), by gender: Top 10 causes

MALES	FEMALES	PERSONS
1. LOW BACK PAIN	1. LOW BACK PAIN	1. LOW BACK PAIN
2. DIABETES MELLITUS	2. DIABETES MELLITUS	2. DIABETES MELLITUS
3. AGE-RELATED AND OTHER HEARING LOSS	3. DEPRESSIVE DISORDERS	3. DEPRESSIVE DISORDERS
4. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	4. OSTEOARTHRITIS	4. AGE-RELATED AND OTHER HEARING LOSS
5. DEPRESSIVE DISORDERS	5. AGE-RELATED AND OTHER HEARING LOSS	5. OSTEOARTHRITIS
6. FALLS	6. HEADACHE DISORDERS	6. FALLS
7. OSTEOARTHRITIS	7. FALLS	7. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
8. NECK PAIN	8. NECK PAIN	8. NECK PAIN
9. ORAL DISORDERS	9. GYNECOLOGICAL DISEASES	9. HEADACHE DISORDERS
10. OTHER MUSCULOSKELETAL DISORDERS	10. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10. ORAL DISORDERS

2.2.4 Relevant health behaviours

Immunisations

Vaccination can offer protection from disease by helping to develop personal immunity against an infection. This means that a vaccinated person is less likely to pass on the infectious disease to others, reducing the risk of infection for unvaccinated people. In other words, people who cannot be vaccinated will still benefit from the vaccination programme, due to herd or population immunity. When enough people are vaccinated, herd immunity is achieved, and the levels of the circulating infection are reduced. To this end, routine immunisations against a wide range of infectious diseases take place in England, beginning shortly after birth with the childhood immunisation programme right through to older adults with vaccinations for conditions such as shingles and the annual influenza programme.

In 2020/21 the uptake of flu vaccination in Lincolnshire (age aged 65 and over) was 82.9% (n=150,200), which is comparable to the national rate of 80.9%. Furthermore, flu vaccination for at risk individuals aged 6 months to 64 years in Lincolnshire was 57.8% in 2020/21 (n=63,649), which was similar to the regional and national coverage.

In addition to routine vaccination programmes, the emergence of COVID-19 in late 2019 led to the development of a large-scale vaccination programme in the UK. The vaccination rollout began in December 2020 and there are currently three vaccines in use, Pfizer, Oxford AstraZeneca and Moderna. The Joint Committee on Vaccination and Immunisation (JCVI) advised that the vaccine should first be given to residents in a care home for older adults and their carers then to those over 80 years old, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. (Source: UK Government, UK COVID-19 vaccines delivery plan, January 2021)

In addition to routine vaccination programmes, during the pandemic a small number of pharmacies were commissioned to deliver the COVID-19 vaccination programme. This service was commissioned in the context of pandemic, and future delivery through community pharmacies is uncertain.

As of 1st August 2022, 85.3% of Lincolnshire residents received a first dose, 82.2% received a second dose and 68.7% had received either a third dose or booster. This is lower than the national uptake, where 93.4% received a first dose, 87.8% received a second dose and 69% had received either a third dose or booster. (Source: UK Government, COVID-19 Vaccinations)

Sexual health

Caused by the chlamydia trachomatis bacterium, chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. Chlamydia detection rates exhibit considerable geographic variation by upper tier local authority. Nationally in 2020, the chlamydia detection rate was 1,408 per 100,000 resident aged 15-24 years, which has dropped significantly from 2,300 in 2019. Lincolnshire had the third lowest detection rate in the East Midlands region at 995 per 100,000. The chlamydia proportion of 15–24-year-olds screened in 2020 presents Lincolnshire (9.5%) as significantly worse than the national screening rate (14.3%) and implies the lowest screening rate in the East Midlands region.

In Lincolnshire sexual health screening services are available free-of-charge through 7 Lincolnshire Sexual Health (LiSH) Clinics (one in each district), online (i.e. free-of-charge, at-home testing kits), maternity services, most GP surgeries, A&E departments and hospitals.

Teenage conceptions

As of 2019, the under 18s conception rate in Lincolnshire of 14.0 per 1,000 females was similar to the national rate (15.7), but there was a variation between districts in the county. In 2019 Lincoln had the highest rate of under-18 conceptions (26.1) and had the second highest in the East Midlands region. West Lindsey had the lowest rate in the county (8.2) and was significantly lower than the national rate.

The under-18s conception rate per 1,000 females in Lincolnshire has reduced in recent years from 20.5 per 1,000 in 2016. This reduction was in line with decreases seen both regionally and nationally.

Substance misuse

Substance misuse is the risky or harmful use of alcohol and drugs, including both illegal drugs and misuse of over-the-counter medications.

Community alcohol and drug treatment services in Lincolnshire are provided by We Are With You (WAWY) and are available to people of any age. The service accommodates both alcohol and drug clients and provides a personal recovery plan, tailoring treatment to individual needs. This work tends to include brief talking therapies or more complex structured treatment and clinical services, such as opioid substitute medication or alcohol/substance detoxification.

Additionally, the service also provides a Needle and Syringe Programme (NSP) which aims to reduce the transmission of blood-borne viruses and infections such as HIV, and Hepatitis B and C, transmitted by sharing injection equipment. There are currently 17 pharmacies and 3 specialist sites across Lincolnshire.

Between 1st April 2020 and 31st March 2021, 3,126 adults and 93 young people (under 18) were in treatment in Lincolnshire for substance misuse. Among adults, 58.1% of adults were in treatment for opioids, 24.2% for alcohol only, 10.7% for non-opioids only, and 7.2% for alcohol and non-opioids only. Among children and young people, 88% stated cannabis as a substance they used, 38% stated alcohol, 29% stated ecstasy and 22% stated cocaine. (Source: National Drug Treatment Monitoring Service)

Section 3: NHS Pharmaceutical Services Provision

3.1 Community pharmacies

There are 117 community pharmacies and one DAC in Lincolnshire (as of 30th June 2022) serving a resident population of 766,300 (mid-2020) which equates to 15.4 pharmacies per 100,000 population. This is below 20.4 per 100,000 population, which is the average of community pharmacies in England in 2018/2019. (Source: NHS Digital, General Pharmaceutical Services)

The numbers of community pharmacies vary widely by district due to the mainly rural nature of Lincolnshire; some populations will find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Table 9 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The geographical distribution of community pharmacies across Lincolnshire is presented in Figure 6 and Appendix 1

Table 9: Summary of community pharmacies in Lincolnshire, by district

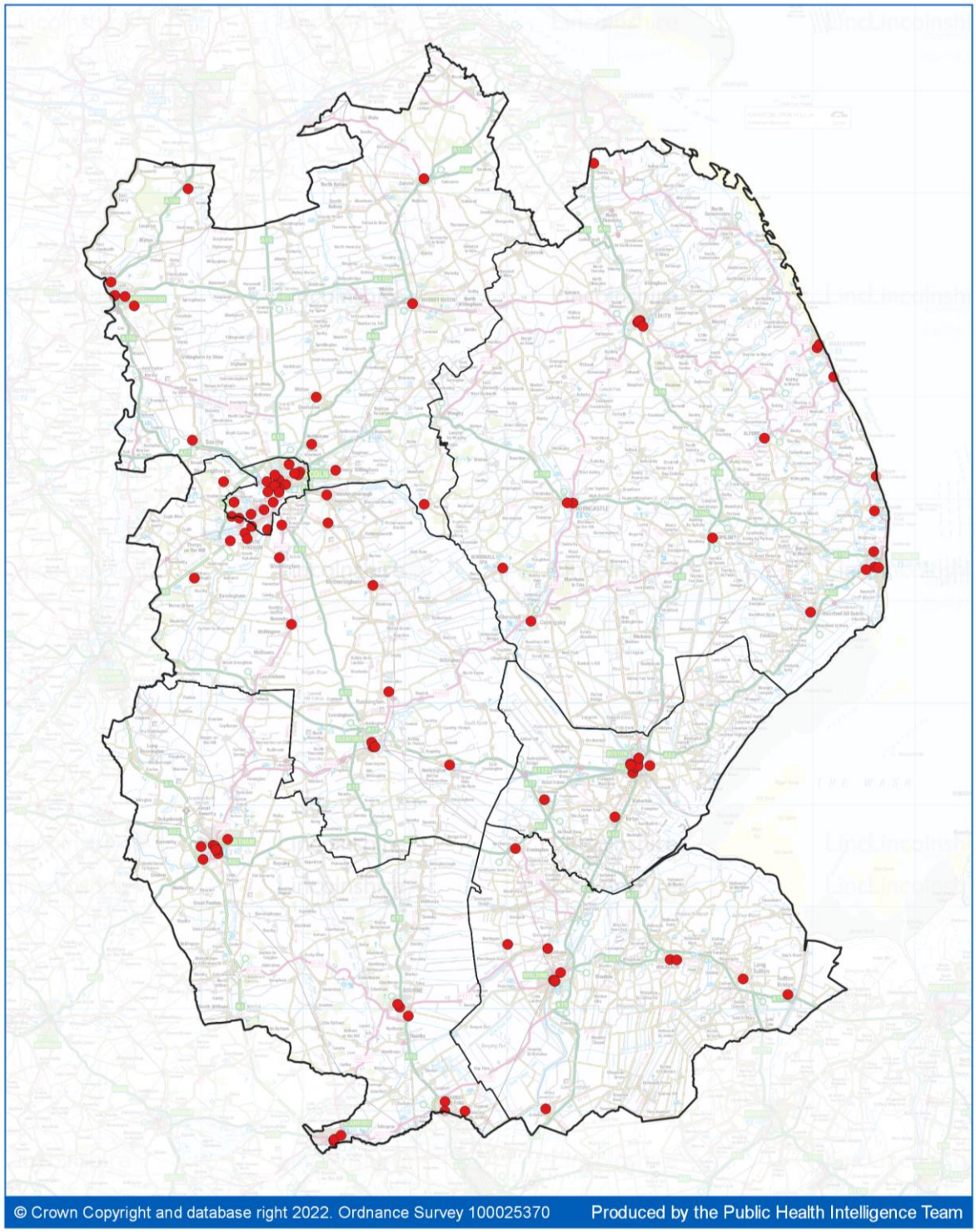
Area	Community pharmacies	Estimated population 2020	Community pharmacies per 100,000 population
Boston	10	70,800	14.1
East Lindsey	23	142,000	16.2
Lincoln	21	100,000	21.0
North Kesteven	19	118,100	16.1
South Holland	12	95,900	12.5
South Kesteven	19	143,200	13.3
West Lindsey	13	96,200	13.5
Lincolnshire	**117**	**766,300**	**15.3**
England	**11,539**	**56,550,100**	**20.4**

Source: NHSEI, 30th June 2022

Community pharmacies are usually open for a minimum of 40 core contractual hours (or 100 hours for those that have opened under the former exemption from the control of entry test). The core opening hours are specified and must not be amended without the consent of NHSEI. In addition, a community pharmacy can be open for additional hours, called supplementary opening hours. The supplementary opening hours can be amended by the pharmacy, subject to giving three months' notice (or less if NHSE consents).

There is also a provision which allows a pharmacy to apply to open for less than 40 hours, but if NHSE grants such an application, it can specify the opening hours during which the pharmacy must remain open. There are currently no such exemptions in Lincolnshire (Source: PSNC, Opening Hours).

Figure 6: Location of community pharmacies and distribution in Lincolnshire



Source: NHSEI, 30th June 2022

3.1.1 Summary of community pharmacy weekday opening hours

Table 10 indicates that of the 117 community pharmacies in Lincolnshire, 106 (90%) have standard NHS contracts (40+ contracted hours), while 11 (10%) have 100 hour contracts and therefore obliged to provide pharmaceutical services for at least 100 hours per week. As of 31st December 2021, there are 13 (12%) community pharmacy providers open beyond 7pm, Monday to Friday (excluding bank holidays), with three districts: Boston, South Holland and West Lindsay, having access to only one community pharmacy open in the evening.

Table 10: Summary (number and percentage of total in each district) of community pharmacy providers

Area	Open 40 hours		Open 100 hours		Open evenings	
	Number	%	Number	%	Number	%
Boston	9	90%	1	10%	1	10%
East Lindsey	23	96%	0	4%	1	8%
Lincoln	18	86%	3	14%	3	14%
North Kesteven	16	84%	3	16%	3	16%
South Holland	11	92%	1	8%	1	8%
South Kesteven	16	84%	3	16%	3	16%
West Lindsey	13	100%	0	0%	1	8%
Lincolnshire	**106**	**90%**	**11**	**10%**	**13**	**12%**

Source: NHSEI, 30th June 2022

The weekday opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

3.1.2 Community pharmacies weekend opening hours

The number of community pharmacy providers open on weekends varies within each district and the figures are listed in Table 11.

Of the 117 community pharmacies in Lincolnshire, 97 (83%) are open on Saturdays with 58 (49%) open in the morning and early afternoon till 2pm, 27 (23%) open in the late afternoon till 6pm and 11 (9%) opening the evening till 10PM or longer.

The number, location and opening hours of community pharmacy providers open on Sundays vary significantly within each district. Fewer pharmacies are open on Sundays than any other day in Lincolnshire. Most pharmacies are open between 10:00 to 16:00 on Sundays.

The weekend opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

Table 11: Summary (number in each district and percentage of total in HWB area) of community pharmacy providers open on weekends.

Area	Saturday		Sunday	
	Number	%	Number	%
Boston	8	7%	1	1%
East Lindsey	17	15%	2	2%
Lincoln	18	15%	5	4%
North Kesteven	16	14%	4	3%
South Holland	11	9%	2	2%
South Kesteven	17	15%	4	3%
West Lindsey	10	9%	2	2%
Lincolnshire	**97**	**83%**	**20**	**17%**

Source: NHSEI, 30th June 2022

3.1.3 Bank holiday opening hours

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, several pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. Annually, NHSE requests feedback from community pharmacies on their bank holiday intentions. NHSE may commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

3.2 Access to community pharmacies

Most community pharmacy providers in the Lincolnshire HWB area are sited in areas co-located with shops, GP surgeries or other routine destinations; many also provide extended opening hours. As such they are highly convenient.

Due to the diverse geography and large rural nature of Lincolnshire, it is assumed that a large proportion of the population drives to access several amenities including pharmaceutical services.

There is a public transport network (bus service) in Lincolnshire; however, there are still parts of the county that have a limited service especially in rural areas. In view of this, LCC has a demand responsive service, CallConnect On Demand Bus Service that residents can access if necessary.

Figure 7 demonstrates the car travel time from any point in Lincolnshire to the nearest pharmacy within the county as well as those pharmacies within 10km of the Lincolnshire boundary. Some of the population may find that the nearest pharmacy is an out-of-area provider as highlighted on the map. Figure 8 demonstrates travel time by public transport to the nearest pharmacy within the county.

The white areas on the maps in Figures 7 and 8 represent areas of nature reserves or very sparsely populated rural locations that in most cases are adjacent to the border of Lincolnshire. People living in such areas are very likely to own a car and be able to access the closest pharmacy within 15-30 minutes or opt for alternative services, e.g. CallConnect or DSPs.

3.2.1 Routine daytime access to community pharmacies

Travel analysis to community pharmacies has been reviewed at 15 and 30-minute intervals to illustrate a potentially more realistic picture of access within Lincolnshire. Figure 7 illustrates the location of all community pharmacies in Lincolnshire as well as those within 10km of the Lincolnshire boundary, and highlights areas that can be travelled to within 15 to 30 minutes by car. Figure 7 implies almost complete drive time coverage of Lincolnshire, with 99.5% of the resident population being included within this coverage.

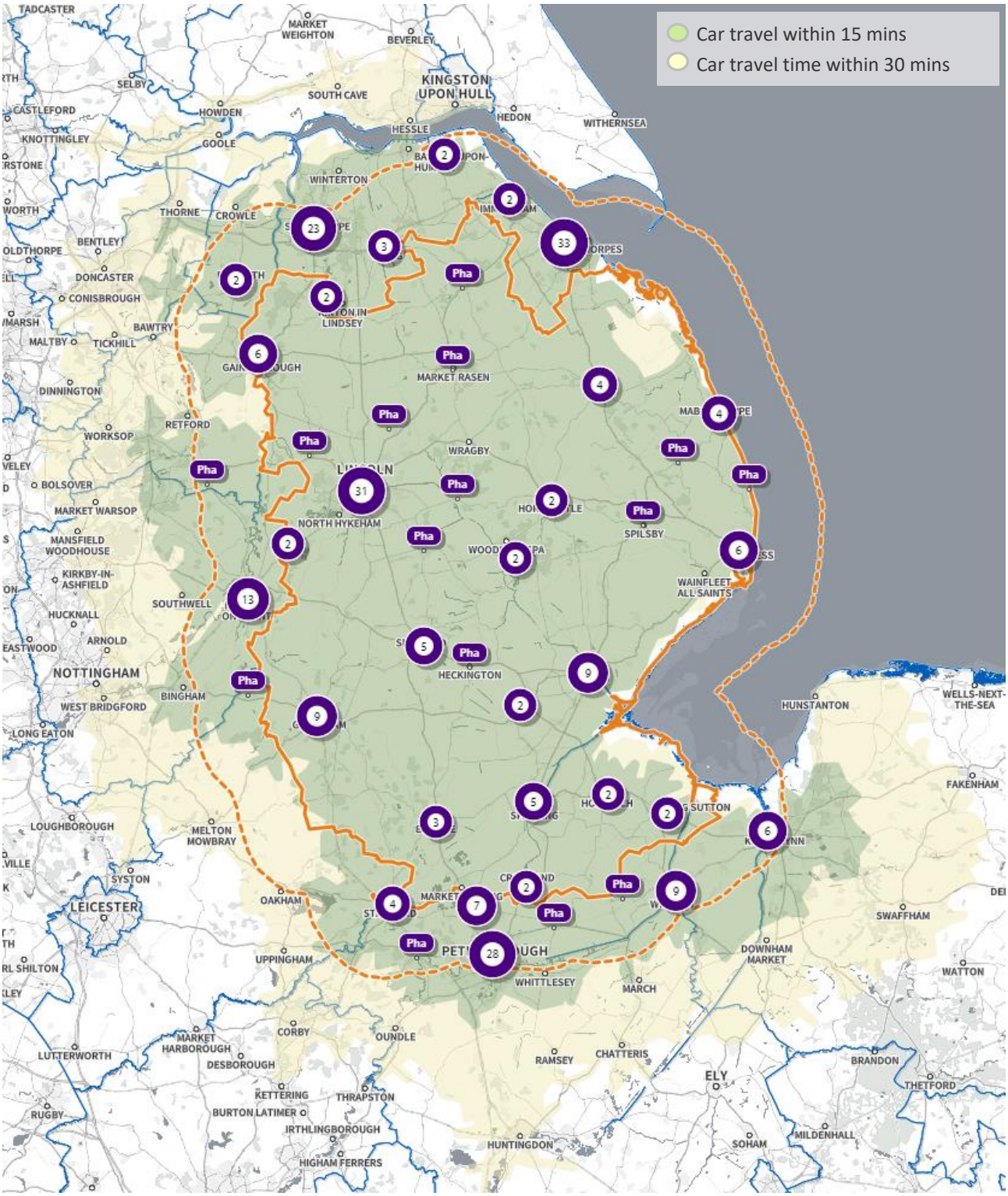
Table 12 summarises the resident population within the travel time boundary for all pharmacies (within 20 minutes), 100-hour pharmacies (within 30 minutes) and pharmacies that open on weekends (within 30 minutes). These numbers do not include people who live out-of-area and access Lincolnshire pharmacies, or people who are Lincolnshire residents and access out-of-area pharmacies.

Table 12: Percentage of resident population able to access community pharmacies within driving travel time boundaries

	Included population	Proportion of resident population
All pharmacies (Lincolnshire and OOA) within 20 minutes	765,036	99.8%
Lincolnshire 100 hour pharmacies within 30 minutes	635,863	83.0%
Lincolnshire weekend pharmacies within 30 minutes	759,958	99.2%

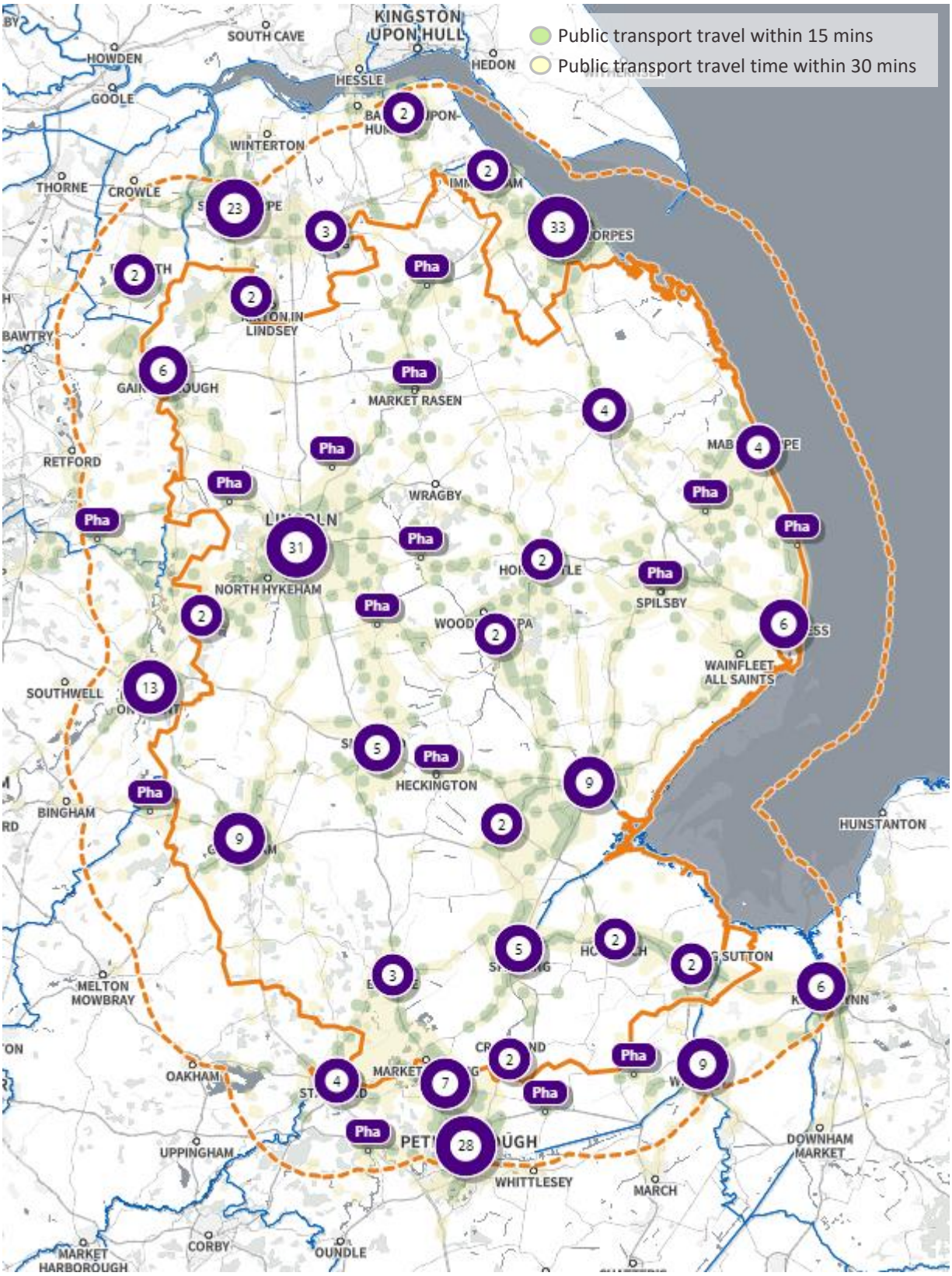
Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 7: Car journey travel time to Lincolnshire community pharmacies



Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 8: Public transport travel time to Lincolnshire community pharmacies

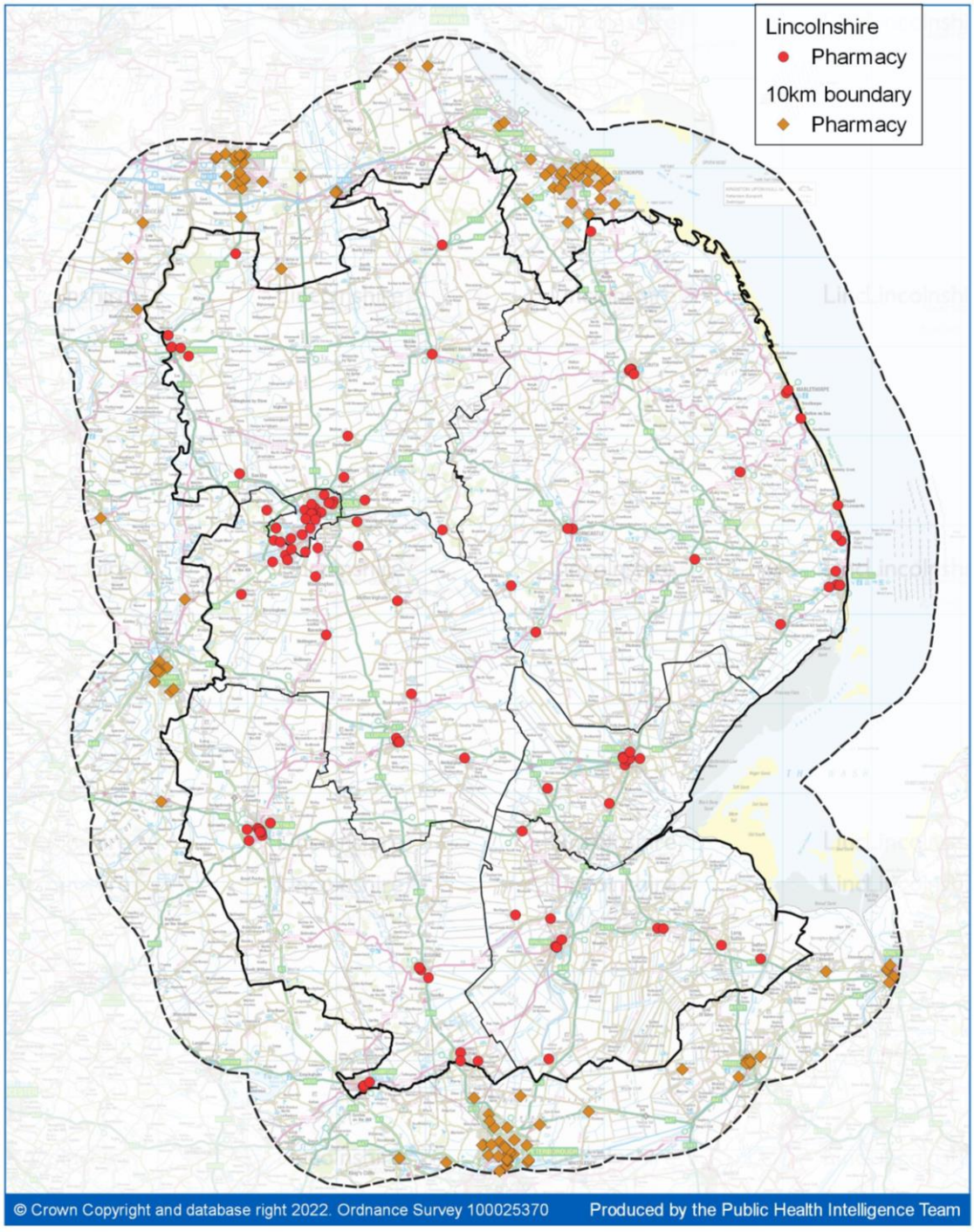


Source: OHID, SHAPE Place Atlas, 30th June 2022

3.2.2 Access to community pharmacies outside Lincolnshire

Lincolnshire is bordered by nine HWB areas, therefore it is possible that some of the population may access services outside the county. Figure 9 highlights all community pharmacies both within Lincolnshire and within a 10km perimeter surrounding Lincolnshire. This perimeter has been included, as these areas are more accessible by car to the population living close to the border of the county.

Figure 9: Community pharmacies in and around Lincolnshire (10km boundary)



Source: OHID, SHAPE Place Atlas, February 2022

3.2 Dispensing Appliance Contractors

Although there is only one DAC in Lincolnshire based in Lincoln, DAC services are available to the population from elsewhere in the UK, and appliances are also dispensed from community pharmacies and dispensing GP surgeries. There were 111 DACs in England in 2018/19. As part of the essential services of appliance contractors, a free delivery service must be available to the whole population of England. It is therefore likely that patients obtain appliances delivered from DACs outside Lincolnshire. (Source: NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19)

3.3 Distance-selling pharmacies

A DSP provides services as per the Pharmaceutical Regulations, 2013. It must not provide Essential Services face-to-face and therefore provision is wholly by mail and/or internet order. As part of the terms of service for DSPs, all available services must be offered throughout England.

It is therefore likely that people in Lincolnshire receive pharmaceutical services from a DSP outside Lincolnshire. There are currently five DSPs in Lincolnshire, details of which can be found in Appendix 1.

Figures in 2018/19 indicate that in England there were 349 DSPs, accounting for 2.3% of the total number of pharmacies, and in the Midlands and East region there were 112 DSPs, accounting for 3.3% (Source: NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19).

3.4 Essential Service provision from community pharmacies

Section 1.4.1 lists all Essential Services which are provided through community pharmacies as a matter of CPCF.

Appropriate provision of Essential Services through community pharmacies across Lincolnshire is vital in order to meet the areas of focus identified in JHWS. For instance:

- Dispensing Medicines and Repeat Dispensing are directly relevant to carers and people that they care for, as these services assure access to medicines and counselling used on both acute and chronic basis.
- Promotion of Health Lifestyles are directly relevant for maintenance of healthy weight and appropriate physical activity levels, as this service provides access to resources and professional advice regarding healthy and recommended choices for people of different needs and expectations.
- Signposting and Support for Self-Care are directly relevant to adults, children, and young people, as such services offer advice, access and referral to both pharmacological and non-pharmacological treatments.

Furthermore, appropriate provision of Essential Services is crucial in order to assure access to medicines and advice across all therapeutic groups and diseases that affect the people of Lincolnshire. Here, the public engagement survey indicated that the overwhelming majority of respondents access a community pharmacy to collect prescription medicine, highlighting the importance of essential services as key in order to meet their pharmaceutical needs.

Given the contractual requirement that all community pharmacies must provide Essential Services, it is reasonable to assume that all pharmacies across Lincolnshire provide these services throughout the normal course of business. Therefore, access to community pharmacies across Lincolnshire is assumed to be a measure for access to Essential Services in this PNA.

3.5 Advanced Service provision from community pharmacies

Section 1.4.1 lists all Advanced Services which may be provided under the community pharmacy contract with NHSE. As these services are discretionary, not all providers will provide them. Table 13 summarises data provided by NHSE on which Advanced Services are provided by community pharmacies in Lincolnshire. It is worth highlighting that NHSE data demonstrate contractor's activity rather than ability to provide the service; hence some of the NHSE data was supplemented with data gathered through pharmacy questionnaires (see Appendix 3 for more details). The NHSE data are accurate as of February 2022 and may therefore change by the publication date.

Table 13: Advanced Pharmaceutical Service provision in Lincolnshire

Advanced Service	Number	%
Appliance Use Reviews (AURs)	0	0%
Community Pharmacist Consultation Service (CPCS)	99	84%
Flu Vaccination Service	74	63%
Hepatitis C Testing Service	0	0%
New Medicine Service (NMS)	107	91%
Stoma Appliance Customisation (SAC)	8	7%

Source: NHSE, February 2022

The data indicate that the NMS, CPCS and Flu Vaccination Service are the most widely available Advanced Services through community pharmacies in Lincolnshire. Anecdotal evidence suggests that this is consistent with national and regional trends.

Table 14 presents the distribution of key Advanced Pharmaceutical Services across districts in Lincolnshire, indicating that Advanced Services are available across all the districts in Lincolnshire.

Table 14: Advanced Pharmaceutical Service provision in Lincolnshire, by District

Area	CPCS	Flu Vaccination	NMS	SAC
Boston	100.0%	60.0%	100.0%	20.0%
East Lindsey	66.7%	37.5%	87.5%	8.3%
Lincoln	95.0%	60.0%	90.0%	10.0%
North Kesteven	80.0%	85.0%	85.0%	5.0%
South Holland	75.0%	58.3%	91.7%	0.0%
South Kesteven	84.2%	68.4%	89.5%	5.3%
West Lindsey	100.0%	76.9%	100.0%	0.0%
Lincolnshire	**83.9%**	**62.7%**	**90.7%**	**6.8%**

Source: NHSE, February 2022

Analysis of responses from the community pharmacy contractor questionnaire suggested that there are three providers, based in East Lindsey (Holton-le-Clay, Sutton-on-Sea) and South Kesteven (Stamford), of the AUR service; and one provider based in South Kesteven (Stamford) of a Hepatitis C Testing Service in Lincolnshire. NHSE data indicated that 8 community pharmacies across Lincolnshire conduct an SAC Service. Even though the number of contractors providing all these services can be perceived as low, figures are comparable with national levels and reflect the low demand for such services across Lincolnshire and England. It is worth highlighting that AURs can be provided remotely as of September 2020; hence people of Lincolnshire who require this service can access it from any contractor (i.e., community pharmacy and DACs) in England. Additionally, Hepatitis C Testing Services in Lincolnshire are available through sexual health clinics across all districts in Lincolnshire.

Neither the NHSE data or the community pharmacy questionnaire accounted for the two most recently introduced Advanced Pharmaceutical Services, i.e., the Hypertension Case-Finding Service (commissioned in October 2021) and the Stop Smoking Advanced Service (due to be commissioned from March 2022). The questionnaire data were collected in July 2021, before these services were introduced.

At the time of writing, two pharmacies in Lincolnshire were reported to be providing the Hypertension Case-Finding Service with many more pharmacies anticipated to implement this service at some point in 2022. The delay in uptake of this service by pharmacy contractors is expected, as the Hypertension Case-Finding Service was introduced in the latter part of the year where pharmacy contractors experience numerous workload pressures, and the service requires specialist medical equipment that is not widely available.

The Stop Smoking Advanced Service is also expected to be implemented gradually by many community pharmacies throughout the 2022 and supplement the local SCS service. Introduction of this service will particularly benefit people living in the districts of East Lindsey, South Holland, West Lindsey, South Kesteven and North Kesteven, this is due to high prevalence rates of respiratory conditions. The Stop Smoking Advanced Service is unlikely to replace the locally commissioned Smoking Cessation Service and other smoking cessation services outside of a pharmacy, as it focuses on secondary care-referred smokers only.

3.6 Enhanced Service provision

3.6.1 Extended opening hours

NHSE commissions extended opening hours for pharmacies in Louth as an Enhanced Service. Currently four pharmacies in Louth are commissioned.

3.6.2 Palliative Care Drug Stockists' Scheme

As of December 2021, 15 pharmacies (13%) across Lincolnshire are signed up for the scheme: 1 in Boston, 3 in East Lindsey, 3 in Lincoln, 2 in North Kesteven, 2 in South Holland, 3 in South Kesteven, and 1 in West Lindsey. This service was commissioned in Lincolnshire during the COVID-19 pandemic, to support access to palliative care medication due to increased demand. It is unclear whether the service will still be commissioned by the time this PNA is published.

3.6.3 Extended Care Service

As of December 2021, 79 (67%) community pharmacies across Lincolnshire offer Extended Care Service. Here, 21 offer tier 1 services only (i.e., supply of antibacterial treatment for simple urinary tract infections), while 58 offer both tier 1 and tier 2a services (i.e., supply of antibacterial treatments for infected eczema, infected insect bites and/or impetigo). Extended Care Services are offered evenly across all districts of Lincolnshire: 10 in Boston, 13 in East Lindsey, 18 in Lincoln, 15 in North Kesteven, 8 in South Holland, 9 in South Kesteven, and 6 in West Lindsey. It is unclear whether these services will still be commissioned by the time this PNA is published.

3.6.4 COVID-19 Vaccination programme

In December 2020 NHSE begin to commission the administration of COVID-19 vaccinations from community pharmacies, as an additional strand in the effort to tackle the pandemic. Commissioning of COVID-19 vaccination in community pharmacies aimed primarily at improving access to vaccination in communities with otherwise limited access.

As of February 2022, there were eight pharmacies delivering COVID-19 vaccinations from nine community sites across Lincolnshire (see Appendix 1 for details). It is unclear whether the service will still be commissioned by the time this PNA is published.

Section 4: Additional Pharmaceutical Provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free-of-charge, privately funded or commissioned by the local authority (see Section 1.4.1). Both community pharmacy and dispensing GP questionnaires included questions around such Additional Pharmaceutical Provision in order to better depict the variety of pharmaceutical services available in Lincolnshire (see Appendix 3 for details).

4.1.1 Dispensing GP surgeries

In addition to the community pharmacy contractor questionnaire, dispensing GP surgeries were consulted about the services they provided. Of the 59 dispensing GP surgeries in Lincolnshire, 40 completed the questionnaire, a response rate of 67.8%. It should be noted that these findings are representative of the surgeries that responded to questionnaire and not for all dispensing GP surgeries in Lincolnshire.

4.1.2 GP opening hours

The GP contractor questionnaire provided up to date information around GP opening hours, for both the surgery and the dispensary. It should be noted that there are differences in opening times for both. For the purpose of this PNA, dispensary opening hours have been summarised.

Of the 40 GPs that completed the questionnaire, more than half (52.5%) of dispensaries are open for 50 or more hours a week, 45% are open between 40 and 50 hours a week and 2.5% are open for less than 40 hours per week.

During lunchtimes 21 out of 40 dispensing practices indicated that they are open or offer various alternative arrangements for patients to access medication, e.g., trained receptionists or a dispensing machine.

4.1.3 Dispensing services

Most respondents indicated that the dispensing facilities within the GP surgeries in Lincolnshire participate and comply with the Dispensary Services Quality Scheme (DSQS).

The GP contractor questionnaire asked GPs approximately what percentage of patients access the dispensary. 36 practices stated that patients access the dispensary, however uptake of this service does vary across practices. 14 out of 40 practices stated that more than 50% of patients access the dispensary, and 9 practices have over 90% of patients accessing the dispensary. 4 practices (10% of respondents) preferred not to disclose.

Section 5: Public engagement of pharmaceutical services

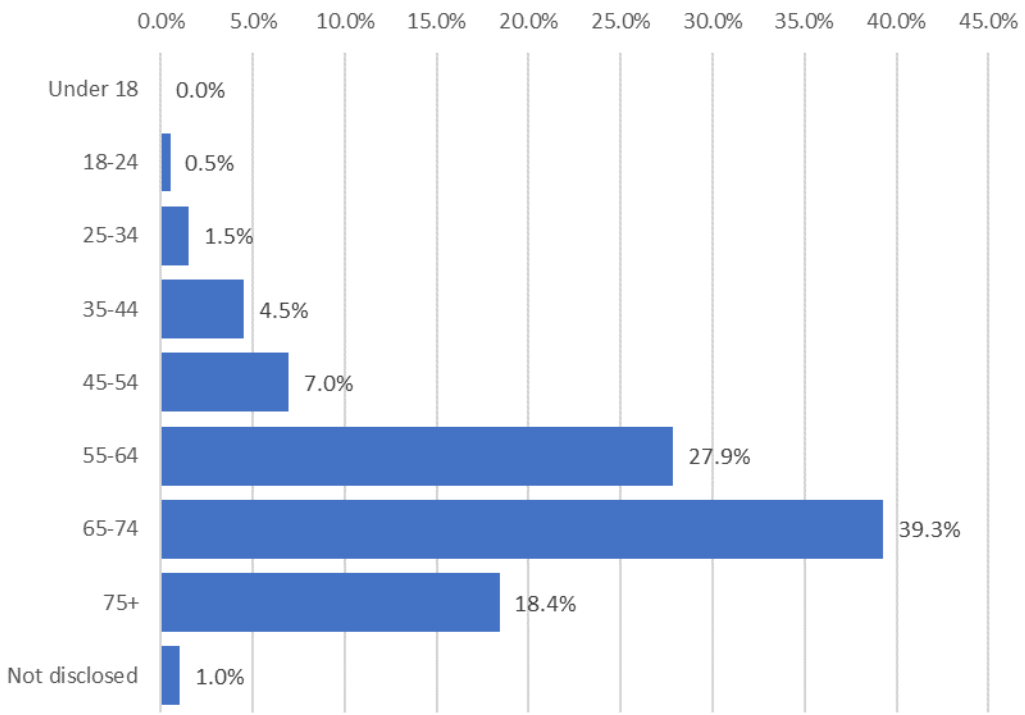
Healthwatch Lincolnshire carried out a public engagement survey in July and August 2021 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 203 respondents to the survey, and the results contain both quantitative and qualitative data. Our public engagement was representative of the Lincolnshire population to within a 7% margin of error with 95% confidence.

5.1 Demographics

Figure 10 demonstrates that of the 203 respondents to the public engagement survey, 85.6% reported their age as over 55 years and 13.4% as under 55 years, while 1% chose not to disclose their age.

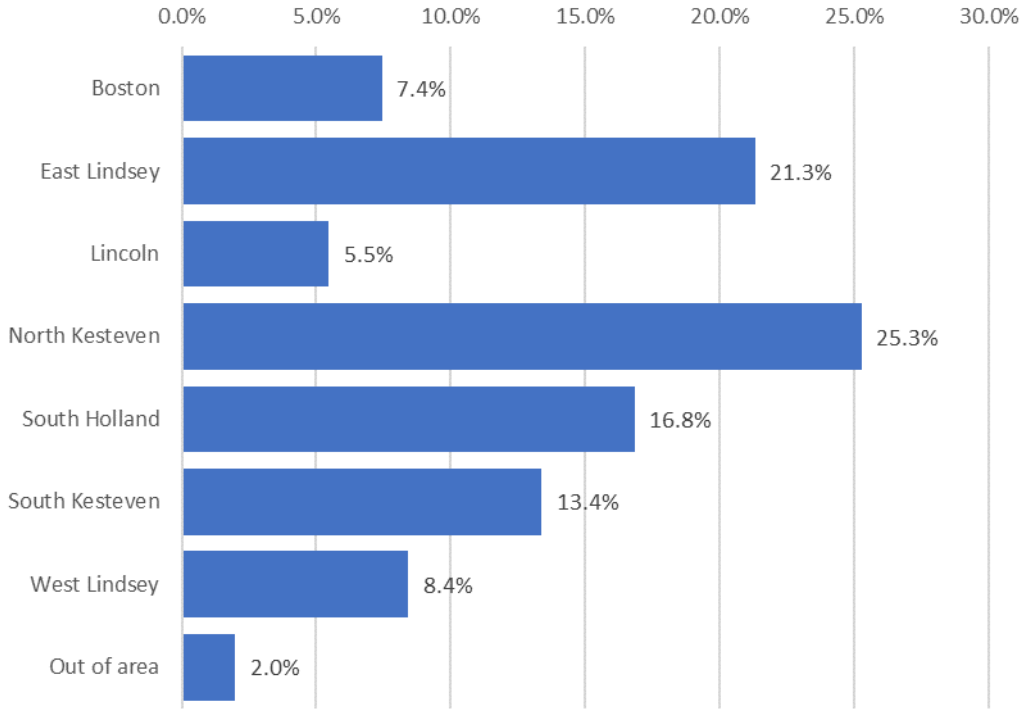
Additionally, 73.6% of respondents were female, and 26.4% were male; 25.4% of respondents consider themselves to be carers, and 76.6% consider themselves to have a disability or long-term health condition.

Figure 10: Age profile of respondents



Location of respondents varied across the county. Figure 11 indicates that North Kesteven (25.2%) and East Lindsey (21.3%) had the highest proportion of respondents, while Lincoln (5.5%) and Boston (7.4%) had the lowest proportion of respondents. There were four out of area respondents, who live in Cambridgeshire, North East Lincolnshire, North Northamptonshire and North Lincolnshire.

Figure 11: Location of respondents



5.2 Access

When asked how easy it was to access a local pharmacy, 80.8% of respondents felt it was easy or very easy to access, while 7.6% felt it was difficult or very difficult, and 11.6% felt it was neither easy nor difficult.

When asked the reason for visiting the local pharmacy, the majority (91.0%) of respondents stated it was for their prescription, 5.5% required over-the-counter items, 2.5% required minor ailment advice/treatment, and 1% required a flu jab.

5.3 Satisfaction

When asked how satisfied they were with the time it took to provide them with the required service, 76.7% of respondents were fairly or fully satisfied, 18.3% were not satisfied, and 5% where neither satisfied nor dissatisfied.

When asked, 78% of respondents felt that they could ask for confidential advice at their local pharmacy.

When asked about overall satisfaction of the staff, environment and service provided, 82.7% of respondents felt the service was good, very good or excellent, while 17.3% felt it was poor or very poor.

Section 6: Assessment of Pharmaceutical Services and Needs

6.1 Number of pharmaceutical contractors

The number of pharmacies in Lincolnshire (15.4/100,000) is lower that the England average (20.4/100,000). However, contractor and public engagement suggested that most respondents are satisfied with the number and services received from pharmaceutical contractors in Lincolnshire.

The distribution of pharmacies aligns to the population size of the Districts; the more populous Districts of South Kesteven, East Lindsey, and North Kesteven have the highest number of community pharmacies. Lincoln has a concentration of community pharmacies which is consistent with the national picture where there is greater availability of services and facilities in larger urban areas. In addition to community pharmacies, many GPs offer a dispensing service in Lincolnshire.

6.2 Access to pharmaceutical contractors

Travel time analysis illustrates that most Lincolnshire residents can access a community pharmacy by car or public transport within 30 minutes. Urban areas have more pharmacies than rural areas; however, dispensing GP surgeries supplement access in rural areas. There are multiple pharmacies located just over the Lincolnshire border in neighbouring counties.

6.3 Provision of Essential and Enhanced Services from community pharmacies

Essential Services are negotiated nationally and must be provided by all pharmacies. The number and distribution of contractors is appropriate and will likely remain so for the next 3 years. We intend to keep the PNA updated though regular reviews and to issue supplementary statements when required in the future.

Enhanced Services are used to supplement Essential Services on an often temporary or ad hoc basis. Provision across Lincolnshire is sufficient as present and will be reviewed as required in the future.

6.4 Provision of Advanced Services from community pharmacies

Advanced Services are negotiated nationally and may be provided by any contractor so long as they meet the requirements of the regulations and service specification associated with each service.

- NMS is widely available through community pharmacies across all districts of Lincolnshire. Historically, NMS covered among other conditions, diabetes mellitus, second highest cause of YLD in Lincolnshire; as well as asthma, and COPD the prevalence of which in Lincolnshire is higher than the England average. Since the extension of conditions covered by the service in September 2021, NMS addresses Lincolnshire health needs more appropriately. For instance, greater variety of cardiovascular disorders and neurological disorders such as epilepsy are now covered by the service, which are directly relevant to the health needs across Lincolnshire (Table 8).

- CPCS is widely available through community pharmacies across all districts of Lincolnshire. Historically, both CPCS and its pilot version NUMSAS covered a variety of therapeutic areas as it addressed urgent care, and frequently out-of-hour referrals involving professional advice, supply of appropriate medication, help with finding medication for the patient during out-of-hour periods, and signposting. Since the extension of the service in November 2020, now additionally involving referrals from GPs for minor illness, CPCS holds the potential to prioritise and therefore improve access to GP surgeries for people that require the attention of a doctor/prescriber. This is because more patients presenting with minor illness will be seen by pharmacists rather than GPs. Clinical evidence suggests that rollout of GP extension to the service has been slow thus far, although there are practices in Lincolnshire that have adapted as of December 2021; hence CPCS will gain further importance for the people of Lincolnshire throughout the life of this PNA.
- Flu vaccination service is widely available through community pharmacies across all districts of Lincolnshire. High numbers of older adults with disability and rapidly growing population of carers and people requiring care in Lincolnshire mean that there is a growing demand for the availability of this service.
- Both the C-19 Lateral Flow Device Distribution Service and Pandemic Delivery Service were widely available through community pharmacies across all districts of Lincolnshire. Community pharmacies adapted and implemented such services quickly and widely across Lincolnshire, demonstrating that utilisation of community pharmacies as providers of healthcare is an effective and efficient strategy to manage aspects of healthcare during pandemic.
- Given the low demand for AURs, SACs and Hepatitis C testing services across Lincolnshire and ability to access such services from other healthcare stakeholders or out-of-area community pharmacies, the access to and provision of these services is appropriate.
- The Hypertension Case-finding Service and Stop Smoking Service have only recently been introduced. Access to these services is expected to increase across Lincolnshire in the next few years.

Section 7: Statements of PNA

7.1 Necessary services: current provision

7.1.1 Number and distribution of community pharmacies across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the number and the geographical distribution of community pharmacies that are available to the people of Lincolnshire meet their current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to community pharmacy premises in Lincolnshire.

7.1.2 Provision of necessary services across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of all necessary services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to necessary services through community pharmacy premises in Lincolnshire.

7.1.3 Future provision of necessary services

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding the provision of the necessary services through community pharmacies across Lincolnshire meets the future health needs and demand for access and choice. Therefore, there will be no need for additional provision of access to necessary services in the next three to four years in Lincolnshire.

7.2 Necessary services: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies. Therefore, there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

7.3 Other relevant services: current provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of the Advanced and Enhanced Services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current or future need for the provision of additional access to these services in Lincolnshire.

7.4 Improvements and better access: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify of any gaps regarding provision of Advanced and Enhanced Services through community pharmacies. Therefore, there is no current or future need for improved access to these services within existing community pharmacies in any District of Lincolnshire.

7.5 Other NHS Services

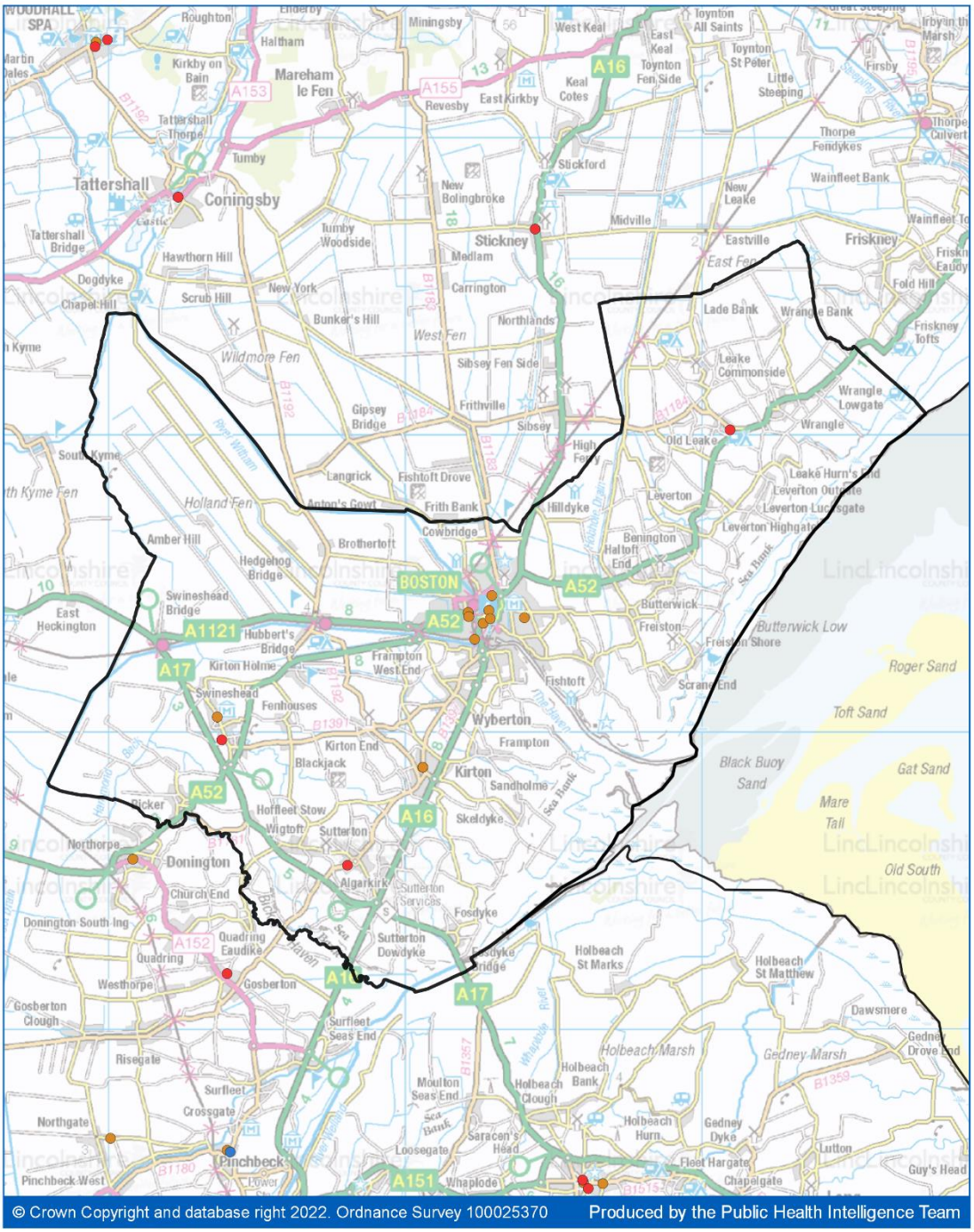
The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any current or future gaps in the provision of and access to pharmaceutical services across Lincolnshire due to other NHS services that are considered to increase and/or decrease the demand for such services.

List of Appendices

1. Maps with distribution of contractors at district level; breakdown of contractors per district, with opening hours, and services they provide; list of other relevant NHS providers
2. Terms of reference and composition of the Steering Group
3. Questionnaire templates (community pharmacy, GP, public engagement); summary of data collated from pharmacy and GP questionnaires; summary of Locally Commissioned Services available in Lincolnshire pharmacies.

Appendix 1

Community pharmacies and dispensing GP contractors in Boston District



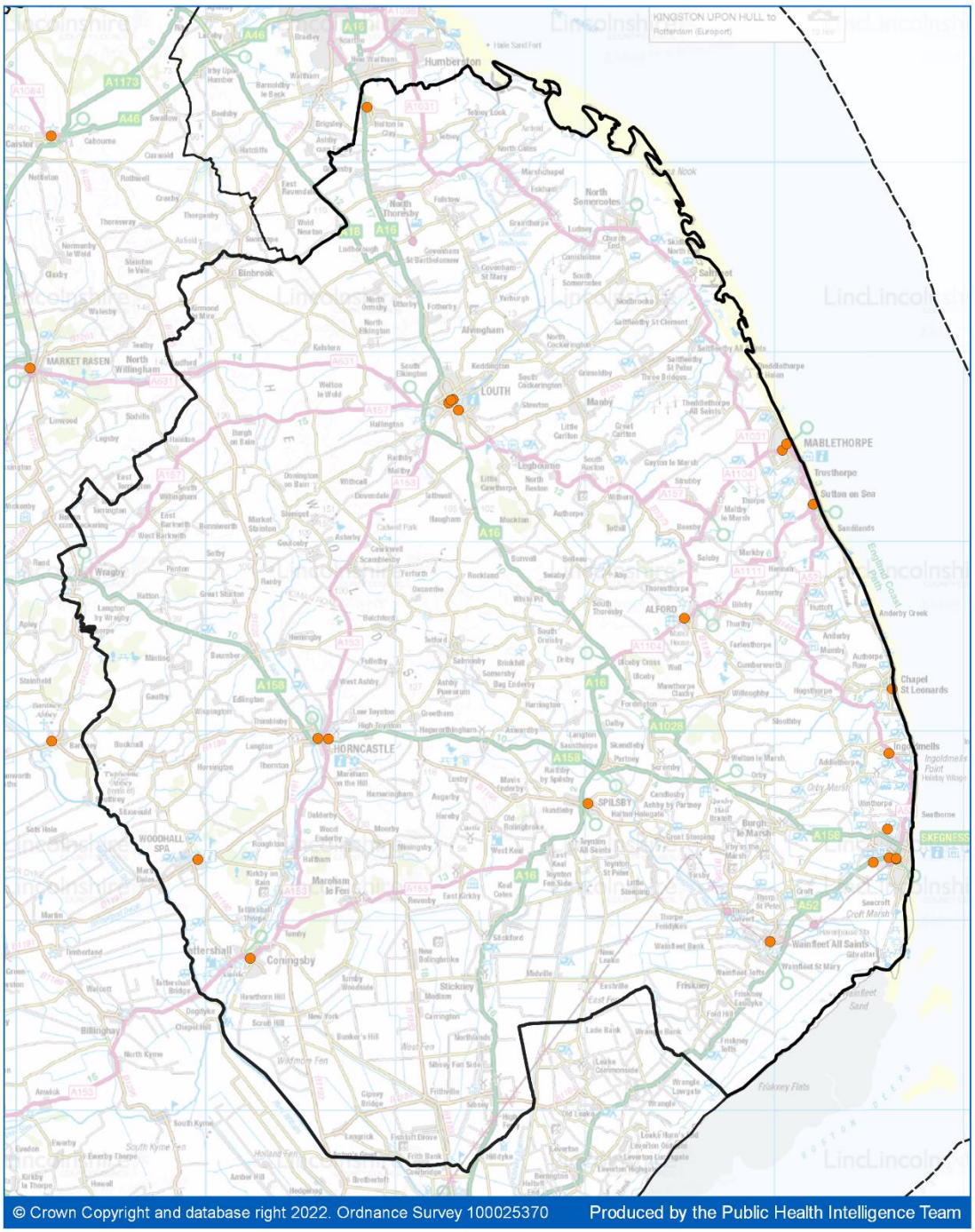
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

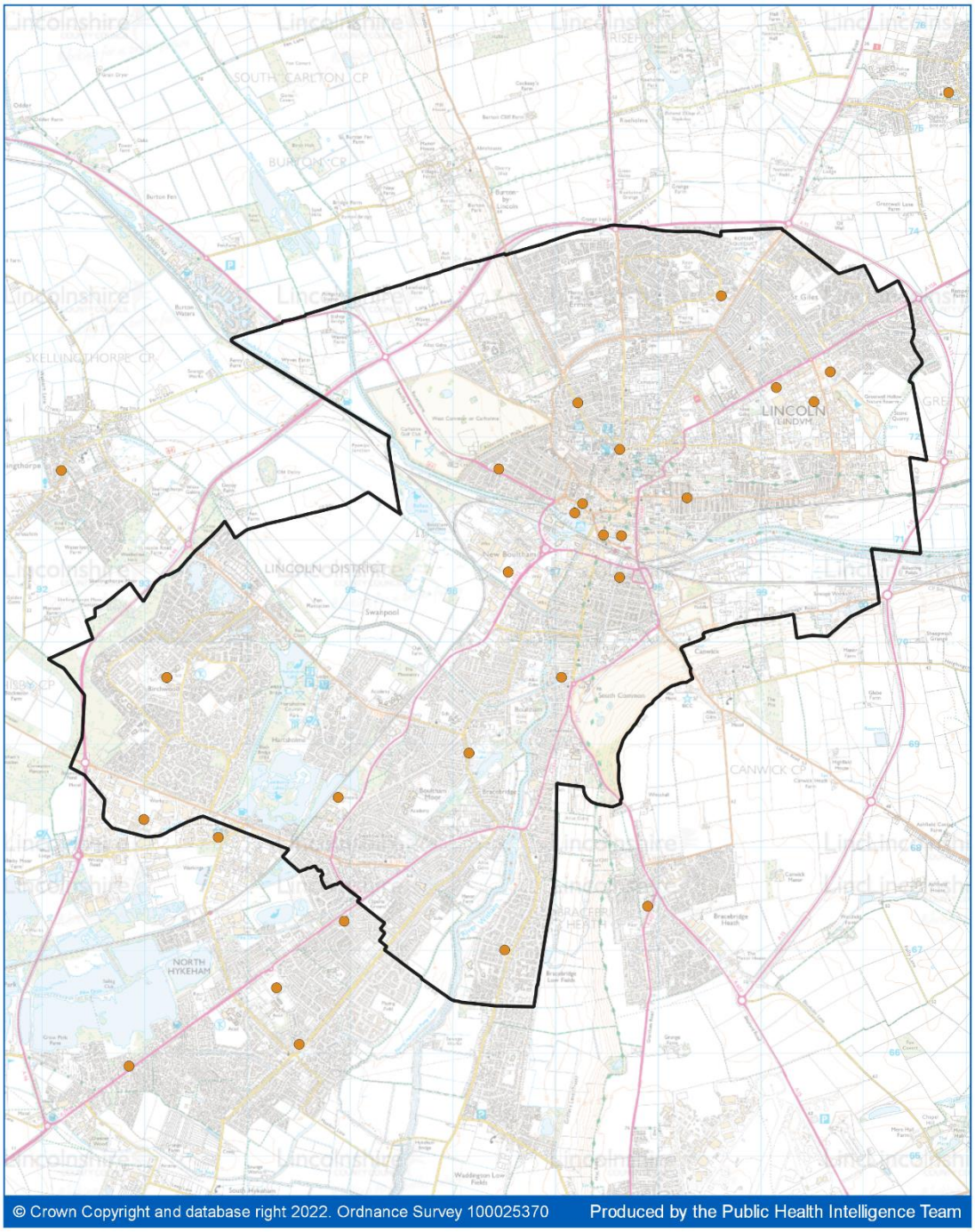
10km boundary
- Pharmacy
- Dispensing GP

District
- District
- 10km boundary

Community pharmacies and dispensing GP contractors in East Lindsey District



Community pharmacies and dispensing GP contractors in Lincoln District



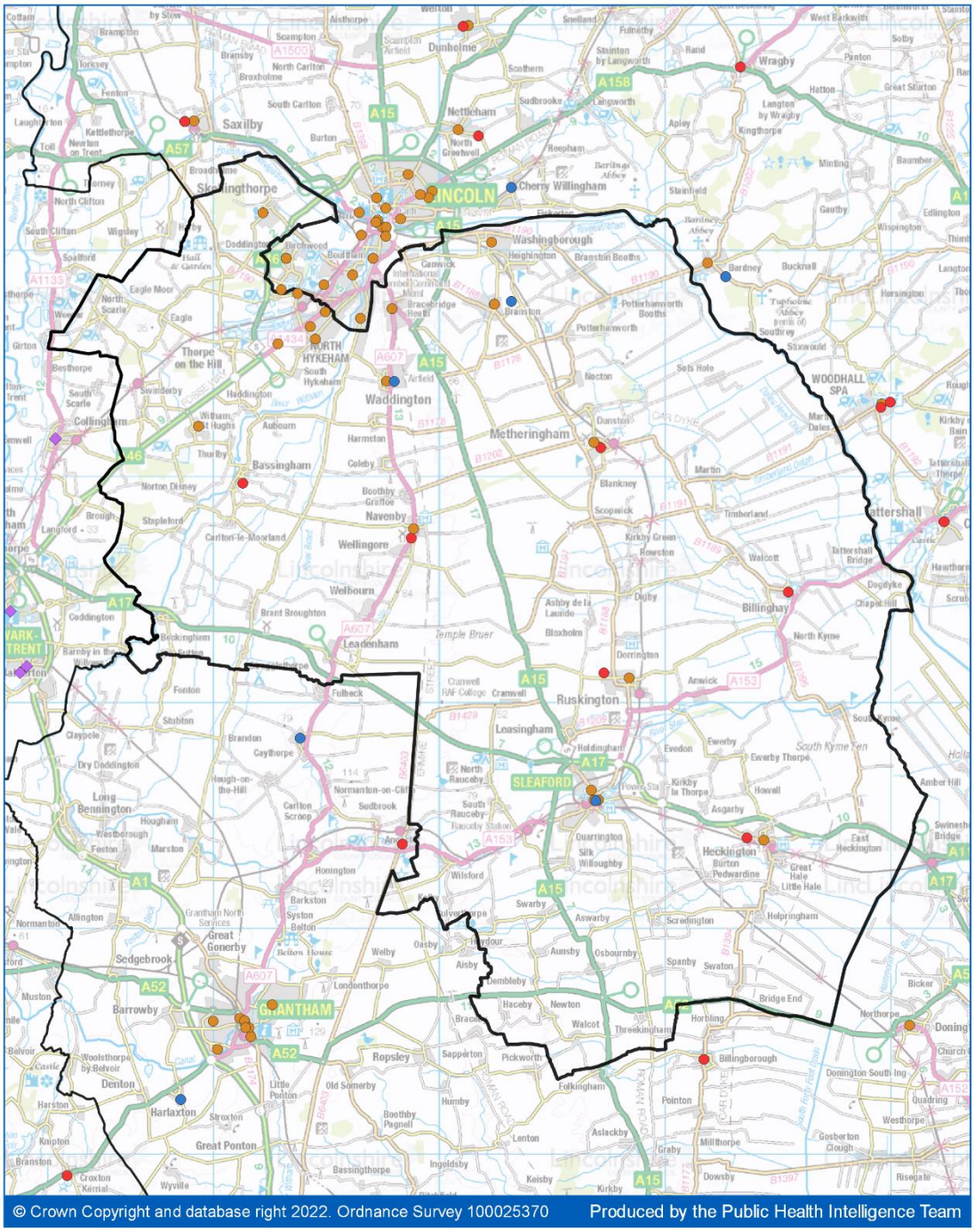
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

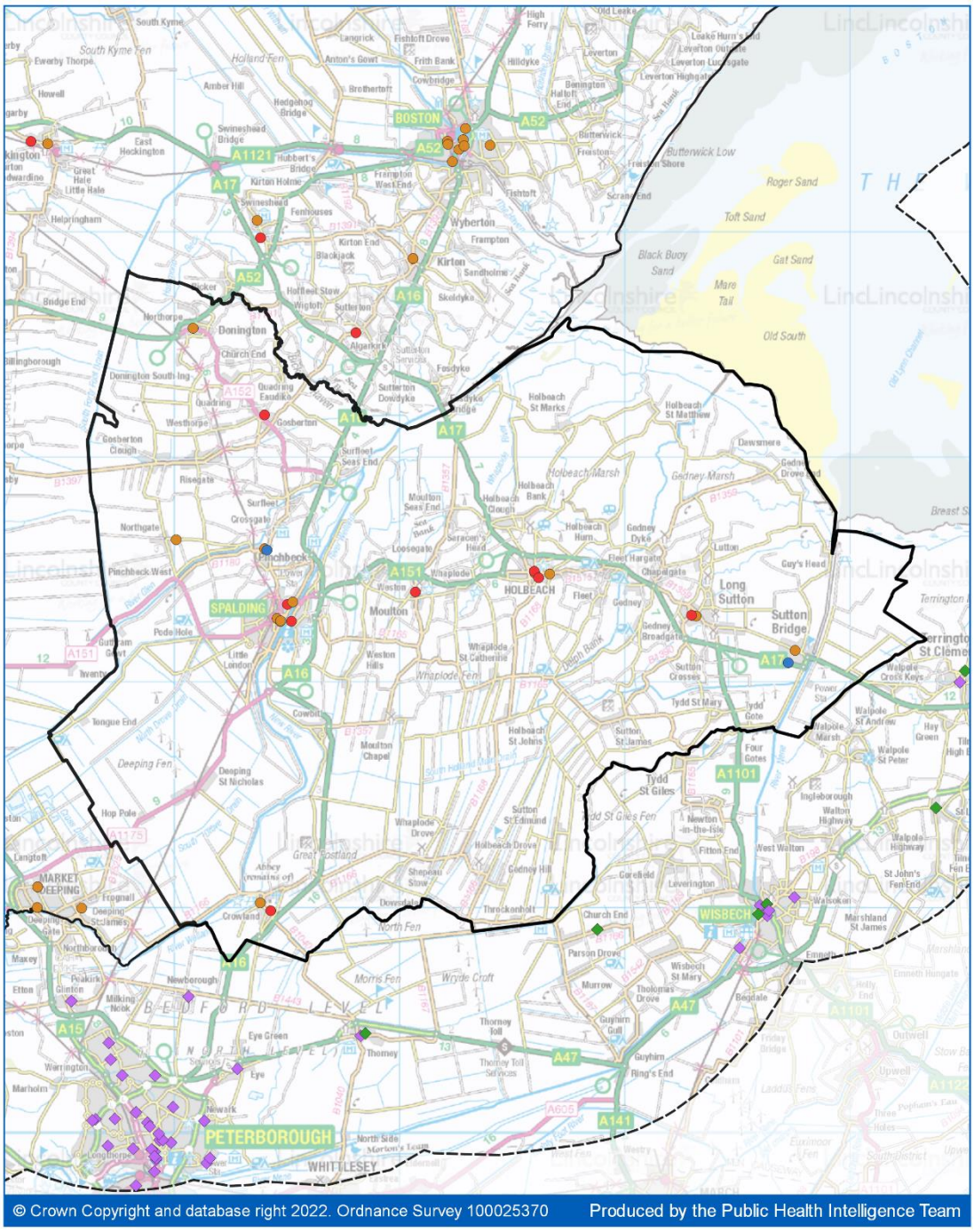
10km boundary
- Pharmacy
- Dispensing GP

District
- District
- 10km boundary

Community pharmacies and dispensing GP contractors in North Kesteven District



Community pharmacies and dispensing GP contractors in South Holland District



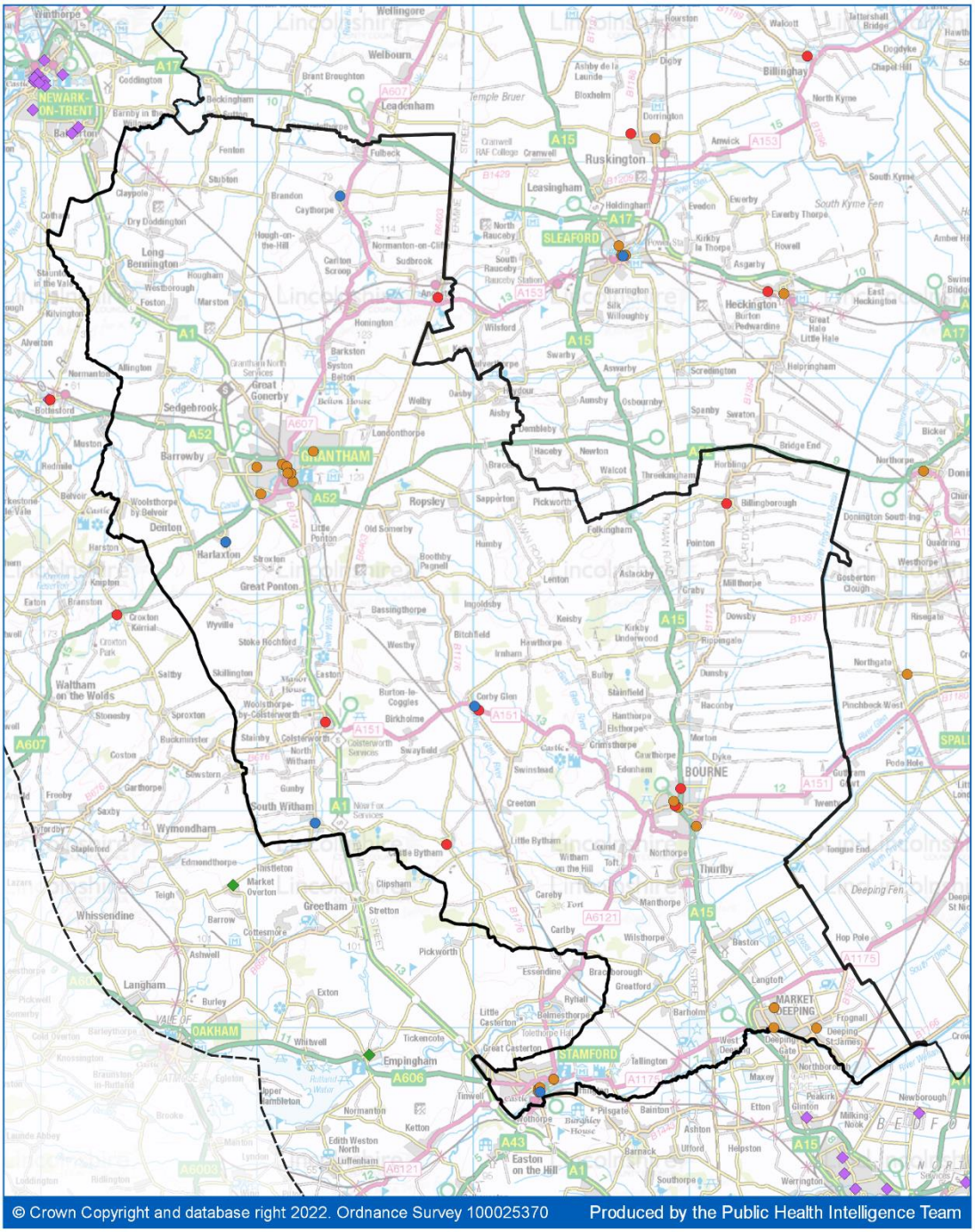
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

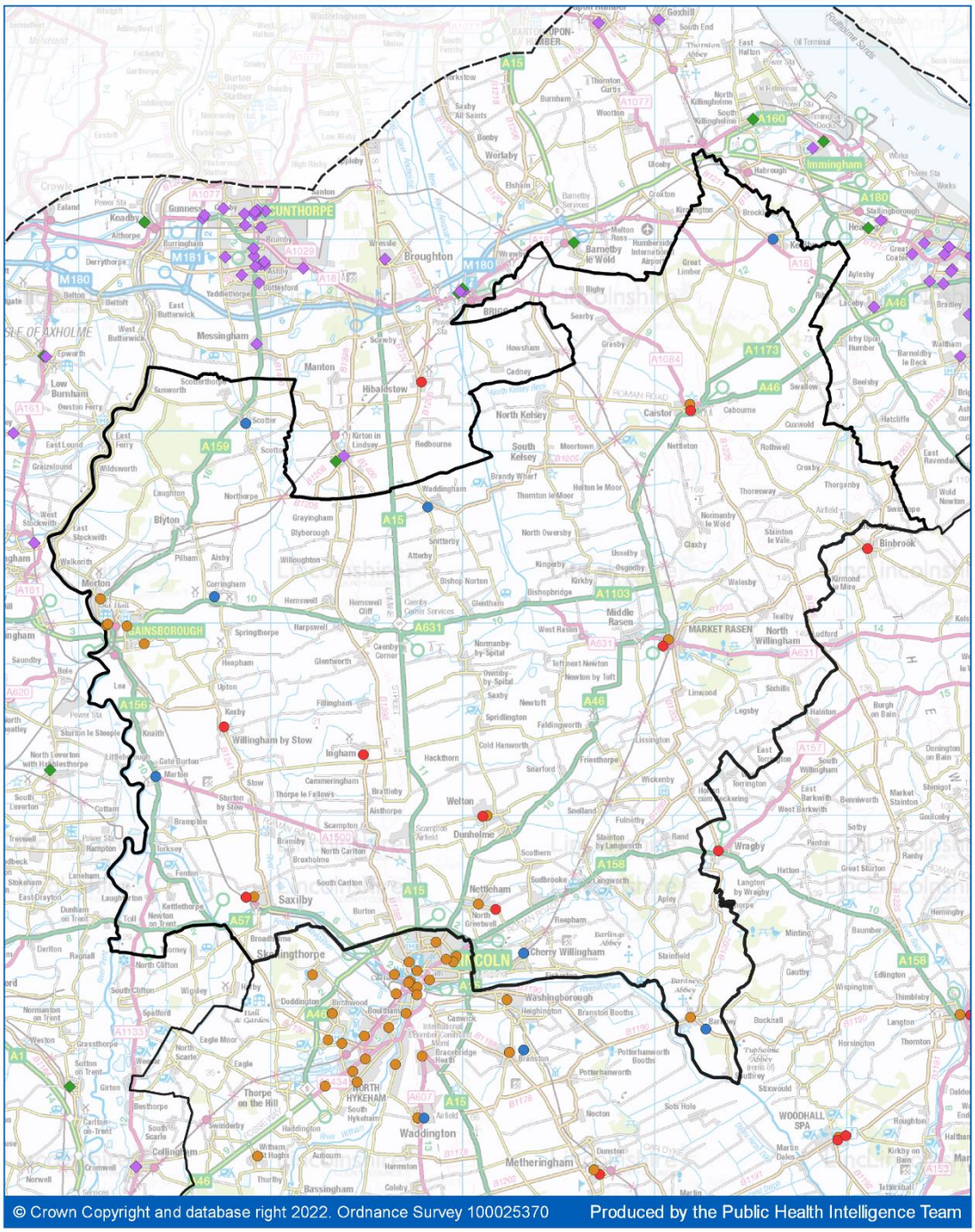
10km boundary
- Pharmacy
- Dispensing GP

District
- District
- 10km boundary

Community pharmacies and dispensing GP contractors in South Kesteven District



Community pharmacies and dispensing GP contractors in West Lindsey District



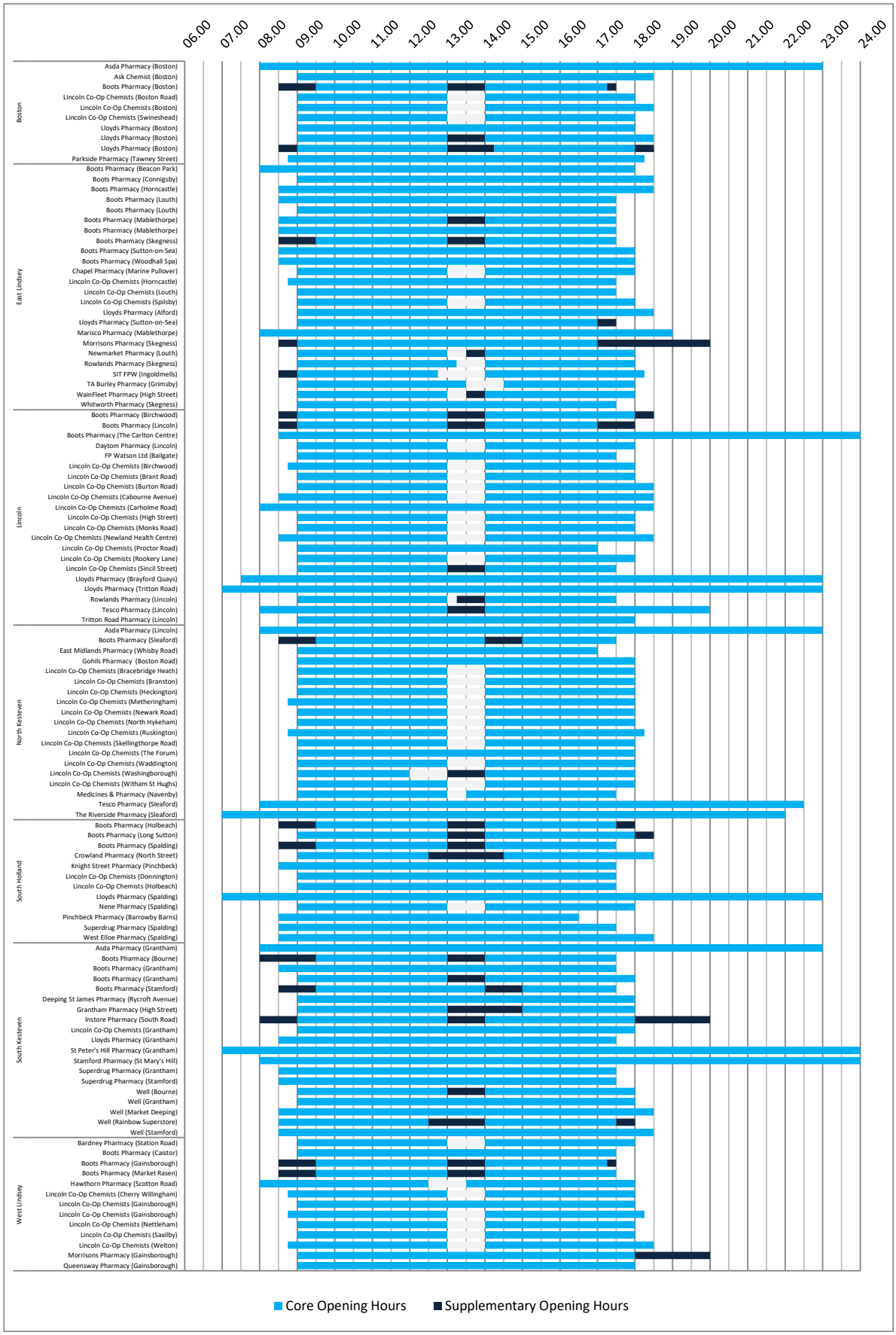
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

10km boundary
- Pharmacy
- Dispensing GP

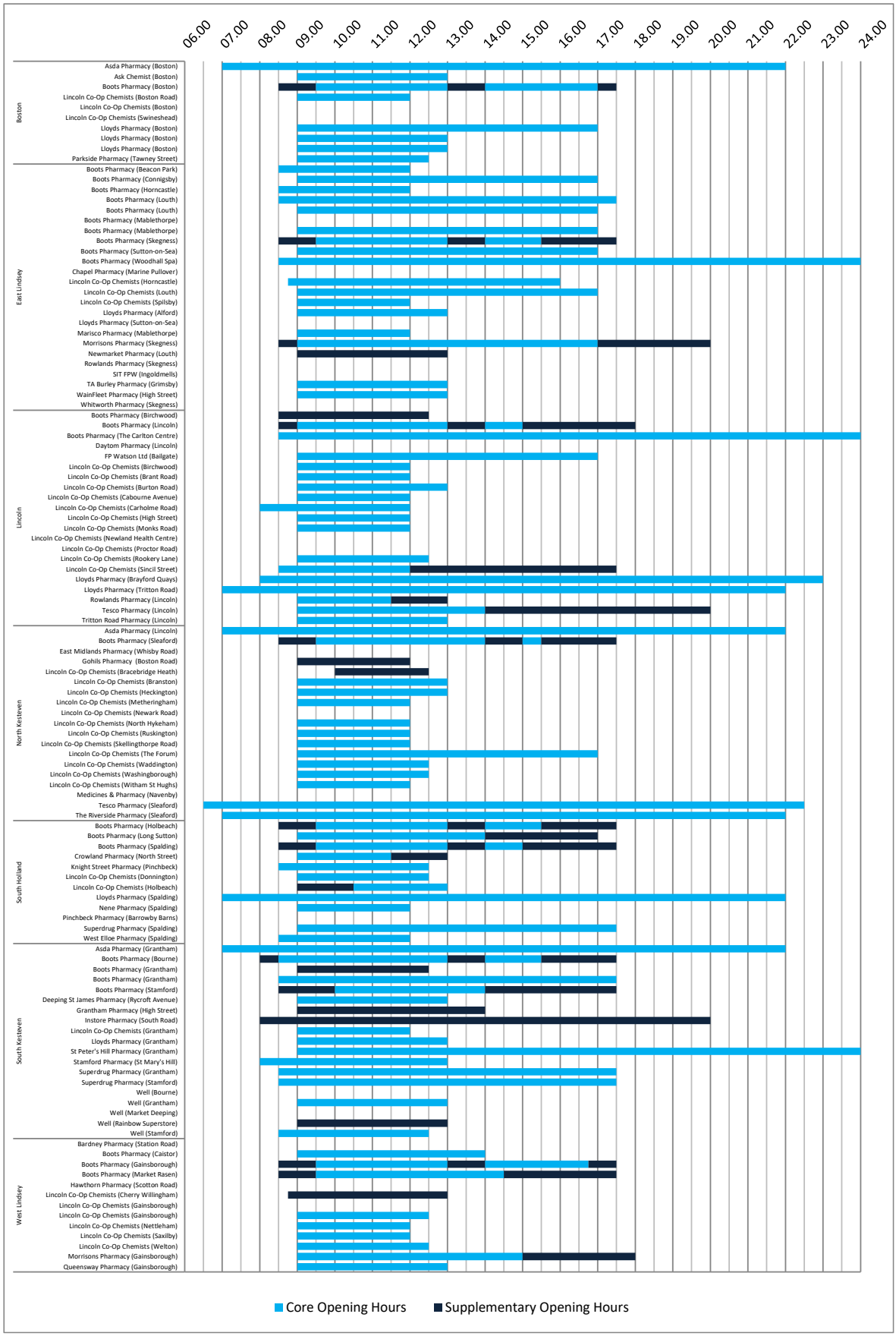
District
- District
- 10km boundary

Weekday opening times of community pharmacy providers in Lincolnshire



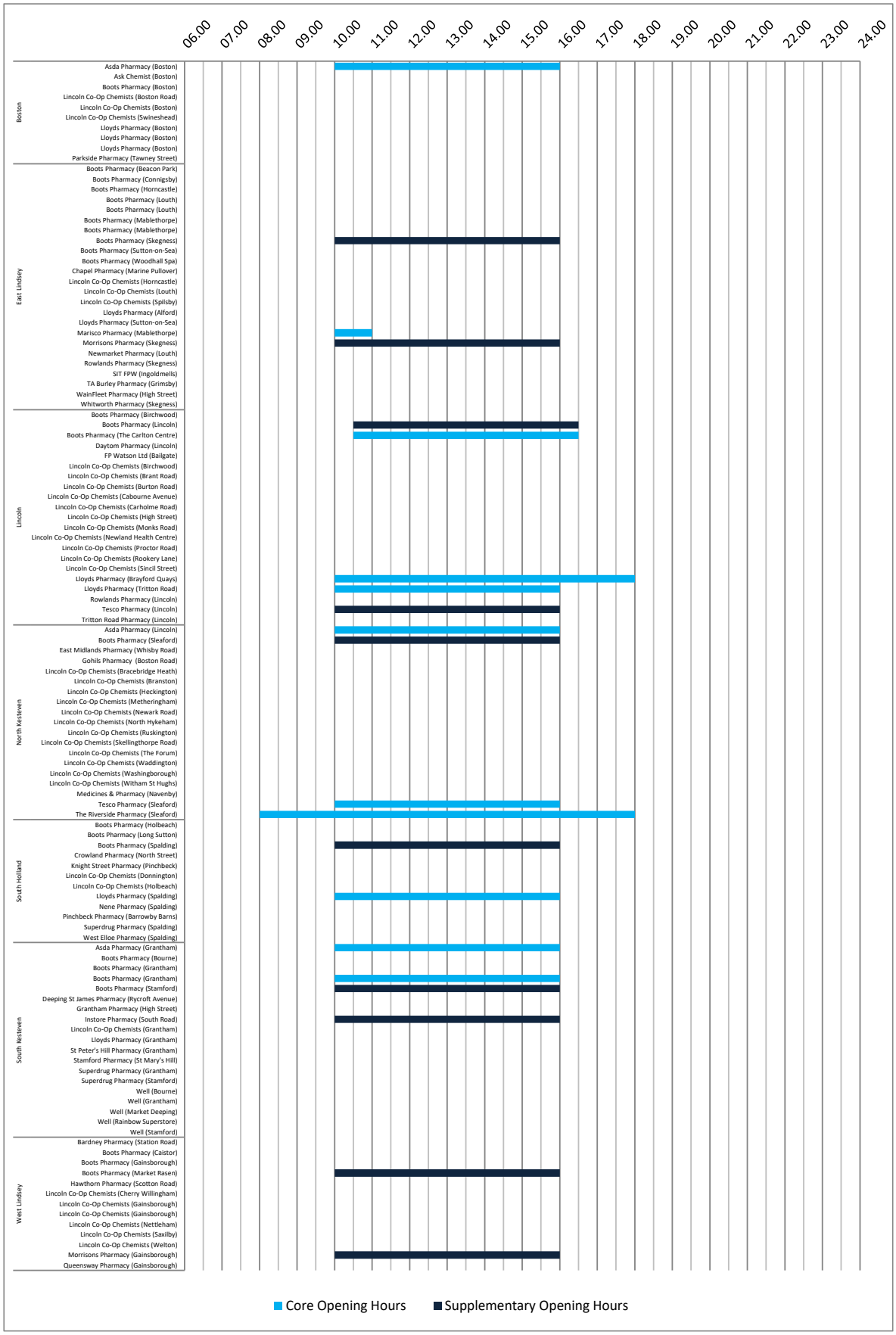
Source: NHSEI

Saturday opening times of community pharmacy providers in Lincolnshire



Source: NHSEI

Sunday opening times of community pharmacy providers in Lincolnshire



Source: NHSEI

List of services provided by pharmacies in Boston

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAQ04	Lloyds Pharmacy	N	N	Y	Y	Y	N	N	N
FAX22	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FEE74	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FHX31	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FK029	Asda Stores Ltd	N	N	Y	N	Y	Y	Y	N
FN261	Lloyds Pharmacy	N	N	Y	N	Y	N	Y	N
FP299	Parkside Pharmacy	N	N	Y	N	Y	Y	N	N
FPK15	Lloyds Pharmacy	N	N	Y	Y	Y	Y	N	N
FTQ91	Ask Chemist	Y	N	Y	N	Y	N	N	N
FYJ76	Boots Pharmacy	N	N	Y	N	Y	N	N	N

List of services provided by pharmacies in East Lindsey

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FA306	Rowlands Pharmacy	N	N	Y	Y	N	N	N	N
FAY51	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FC420	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FCW02	Wainfleet Pharmacy	N	N	N	N	N	N	N	N
FD434	Beacon Primary Healthcare Ltd	N	N	Y	N	Y	N	N	N
FE396	Ta Burley Pharmacy Ltd	N	N	Y	N	Y	N	N	N
FEG61	Boots Pharmacy	N	N	Y	N	N	N	N	N
FEL76	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FER87	Boots Pharmacy	N	N	Y	N	N	Y	N	N
FFR51	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FH064	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FJQ49	Morrisons Pharmacy	N	N	Y	N	Y	Y	Y	N
FK184	SIT FPW (Chemists)	N	N	N	N	N	N	N	N
FKG76	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMQ05	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FN019	Newmarket Pharmacy	N	N	Y	N	Y	N	N	N
FNQ74	Lloyds Pharmacy	N	N	Y	N	Y	N	Y	N
FNR73	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FQP80	Whitworth Chemists Ltd	N	N	Y	N	N	N	N	N
FV522	Lloyds Pharmacy	N	N	Y	Y	Y	Y	N	N
FV707	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FV732	Boots Pharmacy	N	N	Y	N	N	N	N	N
FV809	Chapel Pharmacy	N	N	N	N	N	N	N	N
FX130	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N

List of services provided by pharmacies in Lincoln

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAM17	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FCM80	Tritton Road Pharmacy	N	N	N	N	Y	N	N	N
FCY70	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FEC14	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FEH98	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FGR53	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	N	N
FH589	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FJX51	Lincoln Co-op Chemists Ltd	Y	N	Y	N	N	N	N	N
FKW05	Lloyds Pharmacy	N	N	Y	N	Y	Y	Y	N
FLG06	Rowlands Pharmacy	N	N	Y	Y	Y	Y	N	N
FNG12	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	Y
FNH76	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FP624	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FR577	FP Watson Ltd	N	N	N	N	Y	N	N	N
FRG73	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	N	N
FVV12	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FW257	Lloyds Pharmacy	N	N	Y	Y	Y	N	N	N
FW881	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FXH25	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FY179	Boots Pharmacy	N	N	Y	N	Y	N	N	N

List of services provided by pharmacies in North Kesteven

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FC096	Tesco Pharmacy	N	N	Y	N	Y	Y	Y	N
FCK57	Medicines & Pharmacy	N	N	N	N	N	N	N	N
FCX81	Asda Stores Ltd	N	N	Y	N	Y	Y	N	N
FD243	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FDV92	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FEW45	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FFF14	Amcare Ltd	N	Y	N	Y	N	N	N	N
FG118	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FG343	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FGD94	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FHC57	Riverside Pharmacy	N	N	Y	N	Y	Y	N	N
FHT35	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N
FHY65	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FL784	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMK59	Clover House pharmacy	N	N	N	N	Y	Y	N	N
FP676	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FPX47	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FQD13	Lincoln Co-op Chemists Ltd	N	N	Y	N	N	Y	N	N
FV274	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FVX89	East Midlands Pharmacy	Y	N	Y	N	N	Y	N	N

List of services provided by pharmacies in South Holland

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FC922	Nene Pharmacy Ltd	N	N	Y	N	Y	Y	Y	Y
FCH32	Boots Pharmacy	N	N	Y	N	N	N	N	N
FGR00	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FH728	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FJ366	Superdrug Stores Plc	N	N	Y	N	Y	Y	N	N
FNA04	Lloyds Pharmacy	N	N	Y	N	Y	Y	N	N
FNK11	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FNT93	Crowland Pharmacy	N	N	Y	N	N	N	N	N
FRP99	West Elloe Pharmacy	N	N	Y	N	Y	Y	Y	N
FWA76	Knight Street Pharmacy	N	N	Y	N	Y	Y	N	N
FWK20	Pinchbeck Pharmacy	Y	N	N	N	N	N	N	N
FWW61	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N

List of services provided by pharmacies in South Kesteven

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAF91	Well Pharmacy	N	N	Y	N	Y	Y	Y	N
FF878	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FGA80	Stamford Pharmacy	N	N	Y	N	Y	N	N	N
FGC34	Superdrug Pharmacy	N	N	Y	N	Y	Y	N	N
FJG45	Well Pharmacy	N	N	Y	N	Y	Y	N	N
FKH66	Well Pharmacy	N	N	Y	N	N	Y	N	N
FNJ59	Lloyds Pharmacy	N	N	Y	Y	N	N	N	N
FNR78	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FP635	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FP637	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FQ895	Well Pharmacy	N	N	Y	N	Y	Y	N	N
FRJ49	Asda Stores Ltd	N	N	N	N	Y	N	N	N
FT220	St Peter's Hill Pharmacy	N	N	Y	N	Y	N	Y	N
FTJ10	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FV074	Well Pharmacy	N	N	Y	N	Y	Y	Y	N
FW570	Grantham Pharmacy	N	N	Y	N	Y	Y	N	N
FW782	Deeping St James Pharmacy	N	N	N	N	N	N	N	N
FWL55	Superdrug Pharmacy	N	N	Y	N	Y	Y	N	N
FYY76	Boots Pharmacy	N	N	Y	N	Y	Y	N	N

List of services provided by pharmacies in West Lindsey

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FCV46	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FD289	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FGN03	Bardney Pharmacy	N	N	Y	N	Y	Y	N	N
FH233	Morrisons Pharmacy	N	N	Y	N	Y	Y	N	N
FJN65	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMK80	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N
FQ149	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FTC20	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FTC50	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FV689	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FW339	Queensway Pharmacy	N	N	Y	N	Y	Y	N	N
FWH94	Hawthorn Pharmacy	N	N	Y	N	Y	N	N	N
FY319	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N

COVID-19 vaccination sites and provider pharmacies (as of February 2022)

Pharmacy	Description	District
FP299	Parkside, Boston (Lincolnshire Co-op)	Boston
FHN60	Royal Arthur Community Centre, Ingoldmells (Marisco)	East Lindsey
FE396	T A Burley Pharmacy, Holton Le Clay	East Lindsey
FNG12	Newland Pharmacy, Lincoln (Lincolnshire Co-op)	Lincoln
FLM49	Tonic Health, Spalding (Pharmacy2U)	South Holland
FWA76	Pinchbeck Library & Comm. Hub (Knight St Pharmacy)	South Holland
FLM49	Ex-VW Garage, Stamford (Pharmacy2U)	South Kesteven
FJG45	Hereward Medical Centre, Bourne (Well)	South Kesteven
FKH66	New Sheepmarket Surgery, Stamford (Well)	South Kesteven

List of other NHS providers in Lincolnshire

NHS Hospitals

United Lincolnshire Hospital Trust (ULHT):

- Grantham and District Hospital, Manthorpe Road, Grantham NG31 8DG
- Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY
- Pilgrim Hospital Boston, Sibsey Road, Boston PE21 9QS

Lincolnshire Community Health Services (LCHS):

- County Hospital Louth, High Holme Road, Louth LN11 0EU
- John Coupland Hospital, 292 Ropery Road, Gainsborough DN21 2NT
- Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS
- Stamford and Rutland Hospital, Ryhall Road, Stamford PE9 1UA

Urgent Care Services

Urgent Treatment Services:

- Boston Urgent Treatment Centre, Pilgrim Hospital, Sibsey Road, Boston PE21 9QS
- Lincoln Urgent Treatment Centre, Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY
- Louth Urgent Treatment Centre, County Hospital Louth, High Holme Road, Louth LN11 0EU
- Skegness Urgent Treatment Centre, Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS

Minor Injury Units:

- Gainsborough Minor Injury Unit, John Coupland Hospital, Ropery Road, Gainsborough DN21 2TJ
- Sleaford Medical Centre Minor Injuries Unit, 47 Boston Road, Sleaford NG34 7HD
- Stamford Minor Injury Unit, Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT

Prisons

In Lincolnshire there are three prisons:

- HMP Lincoln (Category B, male), Greetwell Road, Lincoln LN2 4BD
- HMP North Sea Camp (Category D, male), Croppers Lane, Freiston, Boston PE22 0QX
- HMP Morton Hall, Swinderby, Lincoln LN6 9PT

Appendix 2

LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT
STEERING GROUP TERMS OF REFERENCE

1. BACKGROUND

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.

From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time, the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.

2. PURPOSE

The Health and Wellbeing Board (HWB) has the legal responsibility for producing a PNA every three years. A revised PNA for Lincolnshire needs to be published by 1 October 2022.

The purpose of the PNA Steering Group (PNA SG) is to develop the revised PNA on behalf of the HWB.

The PNA SG will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise and ensure the PNA complies with statutory requirements.

3. ROLE

The PNA SG has been established to:

- Oversee and drive the formal process to review the PNA for Lincolnshire, including the 60-day statutory consultation exercise;
- Ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations;
- Promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy for Lincolnshire and Lincolnshire's Sustainability and Transformation Plan;
- Establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes.

4. KEY FUNCTIONS

- To oversee the PNA process
- To approve the framework for the PNA
- To approve the project plan and timeline, and drive delivery to ensure key milestones are met
- To ensure the development of the PNA meets all statutory requirements
- To determine the localities which will be used for the basis of the assessment
- To undertake an assessment of the pharmaceutical needs of the population including:
    - Mapping current pharmaceutical service provision in Lincolnshire
    - Reviewing of opening hours and location of services
    - Using the JSNA & other profile data to review the health needs of the population
    - Analysing current and projected population changes in conjunction with existing patterns of service provision
    - Identifying any gaps in service provision and proposed solutions on how gaps can be addressed
    - Consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced and enhanced service provision.
- To produce a draft PNA for consultation
- To ensure active engagement arrangements are in place
- To oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- To consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- To ensure the Lincolnshire Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by the end of September 2022.

5. MEMBERSHIP

Core membership will consist of:

- Senior Professional Pharmacist, University of Lincoln
- Public Health Consultant, Public Health Division (LCC) - Senior Responsible Officer
- Programme Manager, Strategy & Development (LCC)
- Programme Manager, Public Health Intelligence (LCC)
- Chief Executive Officer, Healthwatch Lincolnshire
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee
- Representative, NHS Lincolnshire ICB

Each core member has one vote. Core members may provide a deputy to meetings in their absence. The PNA SG shall be quorate with four core members in attendance. The following core members are required for quoracy:

- Senior Professional Pharmacist, University of Lincoln
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee

In addition to the PNA SG core membership, specific expertise will be requested as required in order to meet specific elements of the Regulations, for example LCC's Corporate Communications and Community Engagement Team will be asked to support the statutory consultation exercise. The Public Health Division at LCC will provide a dedicated Project Manager to project manage throughout the PNA process.

NHS England and NHS Improvement (NHSE&I) will support the production of the PNA by providing any necessary data and information but will not be core members of the PNA Steering Group.

6. REPORTING ARRANGEMENTS

- The PNA SG will report to the HWB as required and at key decision points
- The Senior Responsible Officer will provide regular updates on progress to the Chairman of the HWB, the Director of Public Health and Health Scrutiny Committee, LCC.

7. FREQUENCY OF MEETINGS

The PNA SG will meet, either on a face to face basis or virtually every 4 – 6 weeks or in accordance with the project plan.

Following publication of the agreed PNA, the SG will be convened on a quarterly basis to fulfil its role in timely maintenance of the PNA.

The meetings will be administered by Public Health, Lincolnshire County Council.

8. DECLARATIONS OF INTEREST

Declarations of interest will be a standing item on each PNA SG agenda, and the details will be recorded in the minutes. Where a member has a conflict of interest for any given item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

If any issues arise concerning conflicts of interest, these will be reported to the HWB.

9. Steering Group Member Responsibilities

Members of the PNA SG will:

- commit to attend meetings regularly

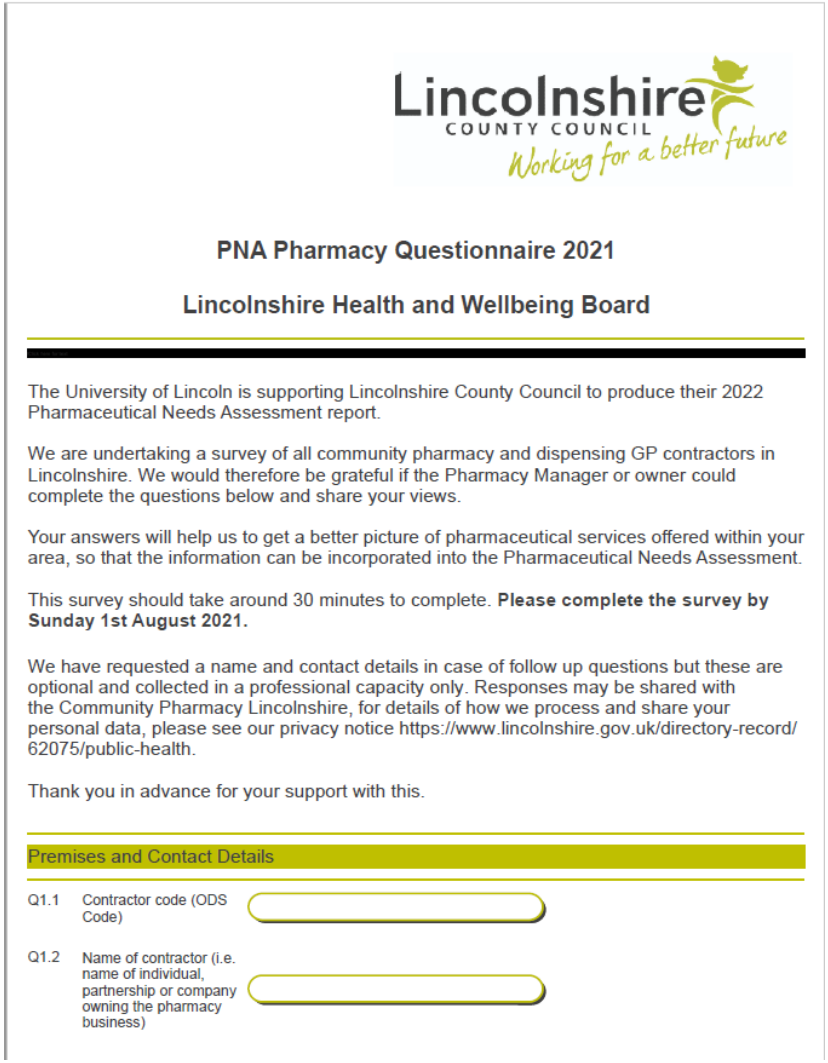
- nominate a deputy, wherever possible, to attend meetings on their behalf in their absence
- actively contribute to the compilation of the revised PNA and any subsequent supplementary statements
- come to meetings prepared with all documents and contribute to the debate
- understand that the discussions at the PNA SG are confidential, unless stated otherwise, and are not to be disclosed to any unauthorised person
- declare any conflicts of interest which might have a bearing on their actions, views and involvement within the PNA SG

Composition of Steering Group

Role	Name
Senior Professional Pharmacist, University of Lincoln	Dr Andrzej Gallas
Public Health Consultant, Public Health Division (LCC) - Senior Responsible Officer	Dr Lucy Gavens
Programme Manager, Strategy & Development (LCC)	Ms. Alison Christie
Programme Manager, Public Health Intelligence (LCC)	Mr. Phil Huntley
Chief Executive Officer, Healthwatch Lincolnshire	Ms. Sarah Fletcher Mr. Dean Odell
Representative, Local Pharmaceutical Committee	Mr. Paul Jenks Dr Tracey Latham-Green
Representative, Local Medical Committee	Dr Kieran Sharrock Ms. Kate Pilton
Representative, NHS Lincolnshire ICB	Ms. Victoria Townshend

Appendix 3

Community pharmacy questionnaire



Lincolnshire COUNTY COUNCIL Working for a better future

PNA Pharmacy Questionnaire 2021

Lincolnshire Health and Wellbeing Board

The University of Lincoln is supporting Lincolnshire County Council to produce their 2022 Pharmaceutical Needs Assessment report.

We are undertaking a survey of all community pharmacy and dispensing GP contractors in Lincolnshire. We would therefore be grateful if the Pharmacy Manager or owner could complete the questions below and share your views.

Your answers will help us to get a better picture of pharmaceutical services offered within your area, so that the information can be incorporated into the Pharmaceutical Needs Assessment.

This survey should take around 30 minutes to complete. **Please complete the survey by Sunday 1st August 2021.**

We have requested a name and contact details in case of follow up questions but these are optional and collected in a professional capacity only. Responses may be shared with the Community Pharmacy Lincolnshire, for details of how we process and share your personal data, please see our privacy notice https://www.lincolnshire.gov.uk/directory-record/62075/public-health.

Thank you in advance for your support with this.

Premises and Contact Details

Q1.1 Contractor code (ODS Code)

Q1.2 Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Q1.3 Trading name

Q1.4 Address of contractor pharmacy

Q1.5 Is this pharmacy entitled to Pharmacy Access Scheme payments?
- Yes
- No
- Possibly

Q1.6 Is this pharmacy a 100-hour pharmacy?
- Yes
- No

Q1.7 Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)
- Yes
- No

Q1.8 Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)
- Yes
- No

Q1.9 Pharmacy premises shared NHSmail account

Q1.10 Pharmacy telephone

Q1.11 Pharmacy fax (if applicable)

Q1.12 Pharmacy website address (if applicable)

Click here for text

Opening hours and related matters

Q2.1 What are your **core** hours of opening? (***Enter time in the HH:MM format***. *If the pharmacy is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Wednesday - Open from

Wednesday - Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Thursday - Open from

Thursday - Open to

Thursday - Lunchtime from

Thursday - Lunchtime to

Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday - Lunchtime to

Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Q2.2 What are your **total** hours of opening? ***(Enter time in the HH:MM format**. If the pharmacy is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime to

Monday Lunchtime to

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday -Lunchtime to

Wednesday - Open from

Wedneasy - Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Thursday - Open from

Thursday - Open to

Thursday - Lunchtime

Thurday - Lunchtime to

Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday Lunchtime to

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Saturday -Open from

Saturday - Open to

Saturday - Lunchtime

Sunday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

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Q2.3 Please specify whether the following apply during lunchtime (tick all that apply)

- ☐ Pharmacy is closed
- ☐ Pharmacy is open
- ☐ Pharmacist is not available but pre-bagged prescription medicines are handed out and OTC medicines sold
- ☐ Pharmacist is available and pharmacy operates as normal
- ☐ Other

If Other please specify

Please specify the opening hours on the following Bank Holiday days this and last year (If not open, please type in 'closed'. Please note, we kindly request information from last year, as the opening times in 2020 and 2021 are likely to be different):

Q2.4 2020

1st January 2020

10th April 2020

13th April 2020

8th May 2020

25th May 2020

31st August 2020

25th December 2020

28th December 2020

Q2.5 2021

1st January 2021

2nd April 2021

5th April 2021

3rd May 2021

31st May 2021

30th August 2021

27th December 2021

28th December 2021

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Consultation facilities

A consultation room is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Almost all pharmacies need to have a consultation room from 1st January 2021. This is as a result of the Health Living Pharmacy Level 1 (HLP) criteria a becoming Terms of Service requirements. https://psnc.org.uk/our-news/regs-explainer-14-consultation-rooms-and-remote-consultations/

Q3.1 On the premises, is there a consultation room?

- ○ None, have submitted a request to NHSE&I that the premises are too small for a consultation room
- ○ None, NHSE&I has approved my request that the premises are too small for a consultation room
- ○ None (Distance Selling Pharmacy)
- ○ Available (including wheelchair access)
- ○ Available (without wheelchair access)
- ○ Planned before 1st April 2023
- ○ Other

If other please specify

Q3.1a Where there is a consultation area, is it a closed room?
- Yes
- No

Q3.2 During consultations are there hand-washing facilities
- In the consultation area
- Close to the consultation area
- None

Q3.3 Do patients attending for consultations have access to toilet facilities?
- Yes
- No

Q3.4 Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent for use)?
- Yes
- No

Q3.5 Is the pharmacy willing and capable of undertaking to undertake consultations in patient's home / other suitable site?
- Yes
- No

Q3.6 Is the pharmacy able to offer video consultation with patients?
- Yes
- No

Q3.7 What languages are spoken in addition to English?

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Services

Q4.1 Does the pharmacy dispense appliances?
- Yes – All types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- Other
- None

If other please specify

Advanced services

Q5.1 Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
New Medicine Service			
Appliance Use Review Service			
Stoma Appliance Customisation Service			
Flu Vaccination Service			
Community Pharmacist Consultation Service (CPCS)			
Hepatitis C Testing Service			
C-19 Lateral Flow Device Distribution Service			
Pandemic Delivery Service (when commissioned)			

Q5.2 Which of the following other services does the pharmacy provide, or would be willing to provide?

Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Anticoagulant Monitoring Service							
Anti-viral Distribution Service *(1)*							
Care Home Service							
Chlamydia Testing Service *(1)*							
Chlamydia Treatment Service *(1)*							
Contraceptive Service (not EC) *(1)*							
Emergency Contraception Service *(1)*							
Emergency Supply Service (not CPCS)							
Gluten Free Food Supply Service (i.e. not via FP10)							
Home Delivery Service (not appliances) *(1)*							
Independent Prescribing Service							
Language Access Service							
Medication Review Service							
Medicines Assessment and Compliance Support Service							

Minor Ailment Scheme							
Medicines Optimisation Service *(1)*							
Needle and Syringe Programme							
Obesity Management (adults and children) *(1)*							
Not Dispensed Scheme							
On Demand Availability of Specialist Drugs Service							
Out of Hours Services							
Patient Group Direction Service							
Phlebotomy Service *(1)*							
Prescriber Support Service							
Schools Service							

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services.'

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?

Name the condition for the Patient Group Direction Service

Q5.3 Disease Specific Medicines Management Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Allergies							
Alzheimer's/dementia							
Asthma							
CHD							
COPD							
Depression							
Diabetes type I							
Diabetes type II							
Epilepsy							
Erectile dysfunction (not OTC sale)							
Heart Failure							
Hypertension							
Parkinson's disease							
Skin growths							
Throat infections							
Urinary tract infection							
Other							

Other, please state

Q5.4 Screening Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Alcohol							
Cholesterol							
Diabetes							
Gonorrhoea							
H. pylori							
HbA1C							
Hepatitis							
HIV							
Seasonal Influenza Vaccination Service *(1)*							
Other							

Other, please state

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Q5.5 Other vaccinations *(1)*: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Childhood vaccinations	○	○	○	○	○	○	○
COVID-19 vaccinations	○	○	○	○	○	○	○
Hepatitis (at risk workers or patients) vaccinations	○	○	○	○	○	○	○
HPV vaccinations	○	○	○	○	○	○	○
Meningococcal vaccinations	○	○	○	○	○	○	○
Pneumococcal vaccinations	○	○	○	○	○	○	○
Travel vaccinations	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○
Sharps Disposal Service *(1)*	○	○	○	○	○	○	○
Stop Smoking Service	○	○	○	○	○	○	○
Supervised Administration Service	○	○	○	○	○	○	○
Supplementary Prescribing Service	○	○	○	○	○	○	○
Vascular Risk Assessment Service (NHS Health Check) *(1)*	○	○	○	○	○	○	○

If other please state

Please name therapeutic areas for the Supplementary Prescribing Service

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

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Non-commissioned services

Q5.6 Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices (not EPS)	○	○
Delivery of dispensed medicines – Selected patient groups	○	○
Delivery of dispensed medicines – Selected areas	○	○
Delivery of dispensed medicines – free of charge on request	○	○
Delivery of dispensed medicines – with charge	○	○
Dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient	○	○
Dispensing in Monitored Dosage Systems – with charge where appropriate for the patient	○	○
Alternative medicine pick-up locations (i.e. outside of pharmacy)	○	○
Any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)	○	○

Please list criteria for selected patient groups for the delivery of dispensed medicines

Please list areas for delivery of dispensed medicines

Please specify the patient criteria for the Dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient

Please specify the patient criteria for Dispensing in Monitored Dosage Systems – with charge where appropriate for the patient

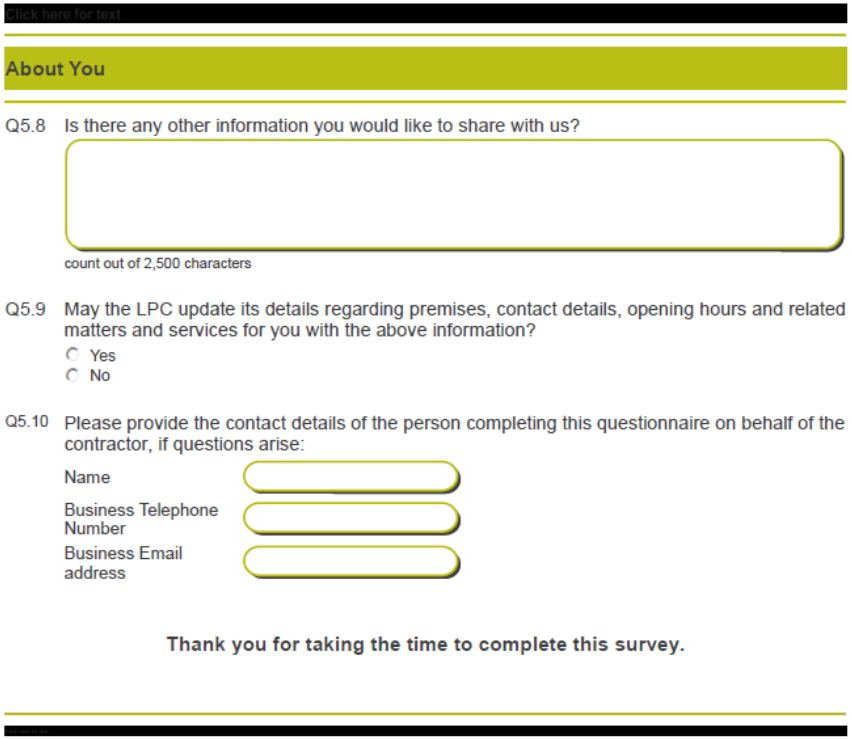
Briefly explain how the alternative medicine pick-up locations (i.e. outside of pharmacy) is arranged

Please specify any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)

Q5.7 Is there a particular need for a locally commissioned service in your area?

○ Yes
○ No

Please let us have any comments



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About You

Q5.8 Is there any other information you would like to share with us?

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Q5.9 May the LPC update its details regarding premises, contact details, opening hours and related matters and services for you with the above information?

- Yes
- No

Q5.10 Please provide the contact details of the person completing this questionnaire on behalf of the contractor, if questions arise:

Name

Business Telephone Number

Business Email address

Thank you for taking the time to complete this survey.

Questionnaire findings regarding provision of Advanced Pharmaceutical Services in Lincolnshire, completed in July 2021, have been presented in the table below. It should be noted that these findings are representative of the pharmacies that responded to questionnaire and not for all pharmacies in Lincolnshire.

Advanced Service	Currently providing		Not currently providing	
	Number	%	Number	%
Appliance Use Reviews (AURs)	3	4%	67	96%
Community Pharmacist Consultation Service (CPCS)	67	96%	3	4%
C-19 Lateral Flow Device Distribution Service	68	97%	2	3%
Flu Vaccination Service	65	93%	5	7%
Hepatitis C Testing Service	1	1%	69	99%
New Medicine Service (NMS)	68	97%	2	3%
Pandemic Delivery Service	62	89%	8	11%
Stoma Appliance Customisation (SAC)	1	1%	69	99%

The questionnaires suggest that the NMS, C-19 Lateral Flow Device Distribution, and CPCS are the most widely available Advanced Services through community pharmacies in Lincolnshire. Anecdotal evidence suggests that this is consistent with national and regional trends.

Similarly, the Flu Vaccination Service is also widely available from community pharmacies throughout Lincolnshire. According to the questionnaire, 65 pharmacies (93%) provided the Flu Vaccination Service. The data relating to vaccination provision relates to the 2019/2020 season and only details information for those contractors who provided the service within that period.

The temporary pandemic-related services, i.e., Pandemic Delivery Service and COVID-19 Lateral Flow Device Distribution Service, have reported to be widely available through community pharmacies in Lincolnshire. The community pharmacy contractor questionnaire reported that 62 (89%) of pharmacies have provided the Pandemic Delivery Service. The C-19 Lateral Flow Device Distribution Service has been reported as available from 68 (97%) pharmacies.

The table below presents the distribution of key Advanced Pharmaceutical Services across districts in Lincolnshire, indicating that Advanced Services are available across all different districts of Lincolnshire.

Area	Advanced Service				
	Flu Vaccination	CPCS	NMS	Pandemic Delivery	C-19 Lateral Flow Device Distribution
Boston	100.0%	100.0%	100.0%	100.0%	100.0%
East Lindsey	75.0%	83.3%	83.3%	91.7%	91.7%
Lincoln	92.9%	100.0%	100.0%	78.6%	100.0%
North Kesteven	100.0%	100.0%	100.0%	100.0%	100.0%
South Holland	100.0%	100.0%	100.0%	85.7%	100.0%
South Kesteven	100.0%	87.5%	100.0%	75.0%	87.5%
West Lindsey	90.0%	100.0%	100.0%	90.0%	100.0%
Lincolnshire	**92.9%**	**95.7%**	**97.1%**	**88.6%**	**97.1%**

Local authority commissioned services

Data in this section has been obtained directly from the commissioner, i.e., Lincolnshire County Council.

LCC commissions four services from community pharmacies: Emergency Hormonal Contraception (EHC), Pharmacy Based Supervised Administration Programme (PBSAP), Needle and Syringe Programme (NSP) and Smoking Cessation Service (SCS).

EHC is available free-of-charge to young females of child-bearing potential through community pharmacies across Lincolnshire. As of December 2021, 59 out of 118 pharmacies in Lincolnshire provided this service. The service is distributed across community pharmacies in all districts: 7 in Boston, 6 in East Lindsey, 15 in Lincoln, 11 in North Kesteven, 6 in South Holland, 7 in South Kesteven and 7 in West Lindsey. It is worth adding that many community pharmacies across Lincolnshire offer EHC to females as an over-the-counter product to purchase.

PBSAP is widely available from nearly all (116 out of 118) community pharmacies across Lincolnshire, while NSP from 17 community pharmacies in Boston (3), East Lindsey (5), Lincoln (1), and South Holland (1), South Kesteven (5) and West Lindsey (2) in addition to WAWY sites.

SCS is available from 21 Lincolnshire-based pharmacies, again evenly distributed across the county: 3 in Boston, 6 in East Lindsey, 7 in Lincoln, 5 in North Kesteven, 4 in South Holland, 2 in South Kesteven and 4 in West Lindsey.

Collection and delivery services

61 pharmacies (87.1%) that responded offer collection of prescriptions from GP practices. 62 pharmacies (88.6%) also offer a delivery service of dispensed medicines to selected patient groups only. Here, the patient selection reasons were pharmacy-specific and included: housebound individuals, people with disabilities or specific conditions, MDS patients, elderly and/or vulnerable individuals.

Of those who responded, 75.7% of pharmacies offer a free delivery service of dispensed medicines on request, while 15.7% provide a chargeable service. None of the respondents stated that they offer alternative pick-up locations (i.e., outside of pharmacy premises).

Domiciliary services

For residents who are unable to access a pharmacy, 47 pharmacies (67.1%) stated they are willing and capable of undertaking consultations in the patients' home or another suitable site, and 45 pharmacies (64.3%) are able to offer video consultations with patients.

Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 54 (77.1%) reported that they offer at least one additional language in addition to English. Availability of this service depends frequently on the language skills of the staff member(s) working in the pharmacy. Some of the additional languages spoken are:

- Romanian
- Mandarin
- Cantonese
- Malay
- Farsi
- Swedish
- Arabic
- Polish
- Urdu
- Hindi
- Punjabi
- Shona
- Italian
- Latvian
- Russian
- Bengali
- Portuguese
- Gujrati

Additional Dispensing Services

According to the questionnaire, dispensing of medicines in Monitored Dosage Systems (MDS) is available through 67 (95.7%) contractors. This service is available free-of-charge with 64 contractors (91.4%) and at a charge with 3 contractors (4.3%) and is often limited to specific patient populations only. Most contractors who responded to questionnaire offered comments as to how patients are selected for the service, as follows:

- 'Current customers only, not taking on any extra patients other than those already supplied'
- 'Depending on surgery willing to do weekly scripts and pharmacy workload'
- 'Depending on the space to accept new MDS patients
- 'Depending on patient needs, under Equality Act 2010, decided by pharmacists'
- 'Patient required to fill in a form'
- 'According to NICE guidelines and patient assessment tool'
- 'Depending on outcome of consultation with a pharmacist regarding reminder charts and other strategies to aid medicine compliance, as MDS are last resort.'
- 'Limited to patients with specific conditions, e.g. cognitively impaired, elderly patients or identified disability'
- 'Depending on doctor's or nurse's recommendation'

Most community pharmacies also indicated that they honour patient-specific requests, such as splitting a tablet, preparing medicine labels with bigger font.

Perception of Pharmaceutical Services across Lincolnshire

As part of the community pharmacy contractor questionnaire, most respondents indicated that they would be willing to provide a wide range of other services, including disease specific, vaccination and screening services, when commissioned. In addition, a few respondents indicated that they offer specific pharmacy and/or pharmacist-specific services privately, e.g. care home service, PGD-based service, emergency supply, disease specific management services (diabetes, erectile dysfunction, coronary heart disease, urinary tract infection) and disease specific screening services (diabetes, cholesterol).

When asked about the need for additional commissioned services in their area, most respondents raised comments around MDS dispensing, and some around home delivery, urinary tract infections, minor ailments, and an overall low number of commissioned services.

PNA Dispensing Practice Questionnaire 2021

Lincolnshire Health and Wellbeing Board

The University of Lincoln is supporting Lincolnshire County Council to produce their 2022 Pharmaceutical Needs Assessment report.

We are undertaking a survey of all community pharmacy and dispensing GP contractors in Lincolnshire. We would therefore be grateful if the Dispensing Doctor/Practice Manager could complete the questions below and share your views.

Your answers will help us to get a better picture of pharmaceutical services offered within your area, so that the information can be incorporated into the Pharmaceutical Needs Assessment.

This survey should take around 15 minutes to complete. **Please complete the survey by Sunday 1st August 2021**.

We have requested a name and contact details in case of follow up questions but these are optional and collected in a professional capacity only. Responses may be shared with the Lincolnshire Medical Committee, for details of how we process and share your personal data, please see our privacy notice https://www.lincolnshire.gov.uk/directory-record/62075/public-health.

Thank you in advance for your support with this.

Contact details

Q1 Premises and Contact Details

Contractor code (ODS Code)

Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Trading name

Address of practice

Practice premises NHSmail account

Practice telephone

Practice fax (if applicable)

Practice website address (if applicable)

Q2 **Dispensary** Opening Hours

*Please provide opening hours in which members of the public have access to the dispensary. **Enter time in the HH:MM format.** If dispensary is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Wednesday - Open from

Wednesday- Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Thursday - Open from

Thursday - Open to

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Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday - Lunchtime to

Click here for text

Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Please specify whether the following apply during lunchtime (tick all that apply)

- ☐ Dispensary is closed
- ☐ Dispensary is open
- ☐ Dispensary staff are not available but pre-bagged prescription medicines are handed out and OTC medicines sold
- ☐ Dispensary staff are available and dispensary operates as normal
- ☐ Other

If other please specify

Explain briefly how this is arranged

Click here for text

Please specify the opening hours on the following Bank Holiday days this and last year (If not open, please type in 'closed'. Please note, we kindly request information from last year, as the opening times in 2020 and 2021 are likely to be different):

Q3

Year 2020

1st January 2020

10th April 2020

13th April 2020

8th May 2020

25th May 2020

31st August 2020

25th December 2020

28th December 2020

Year 2021

1st January 2021

2nd April 2021

5th April 2021

3rd May 2021

31st May 2021

30th August 2021

27th December 2021

28th December 2021

Q4 **Surgery** Opening Hours

*(Please provide opening hours in which members of the public have access to the surgery. **Enter time in the HH:MM format**. If surgery is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Click here for text

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Click here for text

Wednesday - Open from

Wednesday - Open to

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Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Click here for text

Q5 If surgery is open longer than dispensary, can patients access their medication:

- Yes
- No

Briefly explain how this is arranged

Click here for text

Consultation facilities

A consultation room is clearly designated as a room for confidential conversations; distinct from the general public areas of the practice premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Q6 On the premises, is there a consultation room?

- None available
- None available but planned before 1st April 2023
- Available (including wheelchair access) as part of the whole practice
- Available (without wheelchair access) as part of the whole practice
- Available (including wheelchair access) as part of the dispensary
- Available (without wheelchair access) as part of the dispensary
- Other

Please specify

Q6a Where there is a consultation area, is it a closed room?

- Yes
- No

Q7 Does the practice participate and comply with the Dispensary Services Quality Scheme (DSQS)?

- Yes
- No
- Don't know

Q8 Approximately what percentage of the patients in your practice access the dispensing services?

- Less than 10%
- 10%-20%
- 21%-30%
- 31%-40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71% - 80%
- 81%-90%
- 91%-100%
- Prefer not to disclose

Q9 Does the practice dispense appliances?

- Yes – All types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- Other
- None

Please specify

Click here for text

Services

Q10 Does the dispensary/practice provide any of the following additional services?

	Yes	No
DRUMs		
NHS Health Checks commissioned by LPC		
Sexual Health Services		
Electronic Prescription Service (EPS) – for users of practice dispensary		
Electronic Prescription Service (EPS) – for non-users of practice dispensary		
Compliance aids		
Delivery of dispensed medicines – Selected patient groups		
Delivery of dispensed medicines – Selected areas		
Delivery of dispensed medicines – free of charge on request		
Delivery of dispensed medicines – with charge on request		
Dispensing in Monitored Dosage Systems - free of charge where appropriate for the patient		
Dispensing in Monitored Dosage Systems - with charge where appropriate for the patient		
Alternative medicine pick-up locations (i.e. outside of GP practice)		
Any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)		
No additional services		

Please list compliance aids

Please list criteria for selected patient groups for delivery of dispensed medicines

Please list areas for delivery of dispensed medicines

Please specify times for delivery of dispensed medicines – Free of charge on request

Please specify times for delivery of dispensed medicines – with charge on request

Please specify patient criteria for dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient

Please specify patient criteria for dispensing in Monitored Dosage Systems – with charge where appropriate for the patient

Briefly explain how the alternative medicine pick-up locations are arranged

Please specify any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)

Q11 Is there an additional service that you do not currently provide, but you are planning to start providing by 1st April 2023?

- Yes
- No

Please list

Q12 Is there a particular need for a locally commissioned service in your area?

- Yes
- No

What is the service requirement and why?

Q13 If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract (New Medicines Service, Appliance Use Reviews) would you be prepared to do so?

- Yes
- No

Please specify type of service

Q14 In your opinion is the current provision of pharmaceutical services in Lincolnshire:

- Excellent
- Very Good
- Good
- Adequate
- Poor
- Very Poor

Q15 In your opinion do patients in your area have adequate access or not to the following services commissioned from, or provided by, some community pharmacies? *(Select all that apply)*

	Yes	No
Over-the-counter medicines	○	○
Supply of emergency contraception	○	○
Support to stop smoking	○	○
Chlamydia screening and treatment	○	○
Immediate access to emergency medicines	○	○

Q16 Do you feel that local provision would be improved by: *(Select all that apply)*

	Yes	No
Increasing the number of pharmaceutical service providers locally	○	○
Increasing the opening hours of existing local pharmaceutical service providers	○	○
Other	○	○

If other please specify

Click here for text

About You

Q17 Is there any other information you would like to share with us?

count out of 2500 characters

Q18 May the LPC update its details regarding premises, contact details, opening hours and related matters and services for you with the above information?

- Yes
- No

Q19 Please provide the contact details of the person completing this questionnaire on behalf of the contractor, if questions arise.

Name

Business Telephone Number

Business Email address

Thank you for taking the time to complete this survey.

Summary of dispensing practice questionnaire

Collection services

As per the GP contractor questionnaire, 83% of GP dispensaries offer delivery services to their patients. This service is available free-of-charge with 30 contractors (75%) and at a charge with 3 contractors (8%).

12 (30%) of respondents stated that they offer alternative pick-up locations (i.e., outside of GP surgery) for patients accessing dispensary services. The reported arrangements include:

- Delivery driver drops medications at selected points Mon to Fri
- Other surgery branch
- Collection offered in local shop or post office
- Automated collection points e.g., Pharmaself
- Uncollected medication sent to local pharmacy

Consultation facilities

Out of 40 respondents to the GP contractor questionnaire, 38 practices (95%) indicated that they had a consultation room, of which 100% are in a closed room.

Additional service provision

The proportion of responding GPs that provide services vary, with 98% of responding providing Dispensing Review Use of Medicines (DRUM), 88% NHS Health Checks commissioned by LCC, and 60% Sexual Health Checks.

Services provided by dispensing GP surgeries across districts of Lincolnshire

Area	DRUM	NHS Health Check	Sexual Health Services
Boston	100%	100%	100%
East Lindsey	100%	70%	80%
North Kesteven	86%	86%	57%
South Holland	100%	86%	29%
South Kesteven	100%	100%	67%
West Lindsey	100%	100%	50%
Out of area	100%	100%	50%
Lincolnshire	**98%**	**88%**	**60%**

Six GPs stated that by 1st April 2023, they are planning to start providing a service not currently provided. These new planned services include:

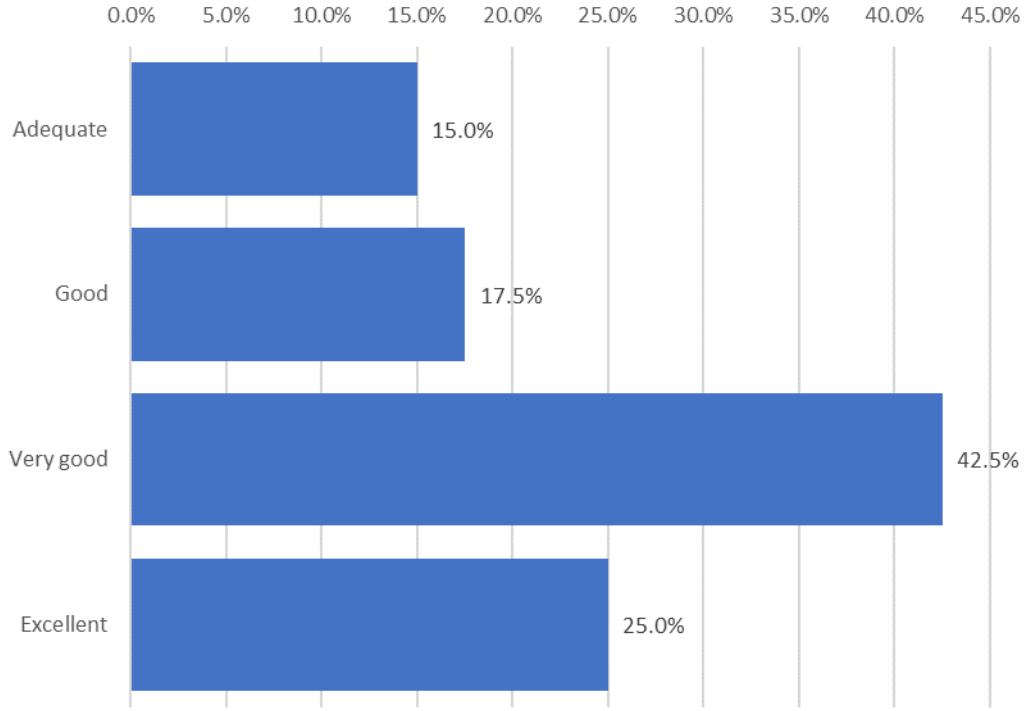
- Additional machine to dispense medications, so that items can be collected 24 hours a day, 7 days a week
- Signing up to the extended hours scheme and increasing the dispensary opening hours to include some evenings, weekends and bank holidays
- Looking into dispensing MDS
- Employing more health professionals to work in the practice
- Utilise the skills of the pharmacist who works in the practice
- Inhaler recycling

Perception of Pharmaceutical Services across Lincolnshire

Two practices reported a perceived need for a locally commissioned service in the area. They felt this would increase patient choice, reduce the number of complaints, and reimbursement for the delivery service provided and funded by the practice. Additionally, 55% of respondents stated that they would be prepared to provide similar services to those currently available under the additional services section of the community pharmacy contract (NMS and AUR).

More than two thirds (67.5%) of dispensing GPs feel that current provision is either very good or excellent, 17.5% feel it was good and 15% feel it is adequate.

Dispensing GP opinion of current pharmaceutical services in Lincolnshire



Public engagement of pharmaceutical services

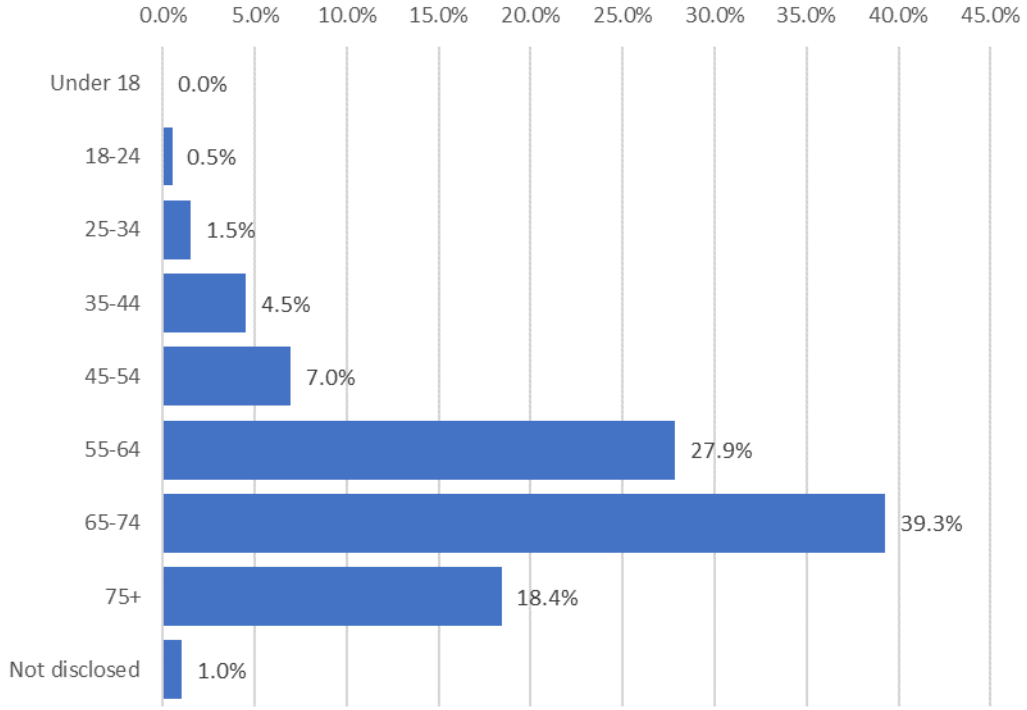
Healthwatch Lincolnshire carried out a public engagement survey in July and August 2021 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 203 respondents to the survey, and the results contain both quantitative and qualitative data. Our public engagement was considered to be representative of the Lincolnshire population to within a 7% margin of error with 95% confidence.

Demographics

Of the 203 respondents to the public engagement survey, 85.6% reported their age as over 55 years and 13.4% as under 55 years, while 1% chose not to disclose their age.

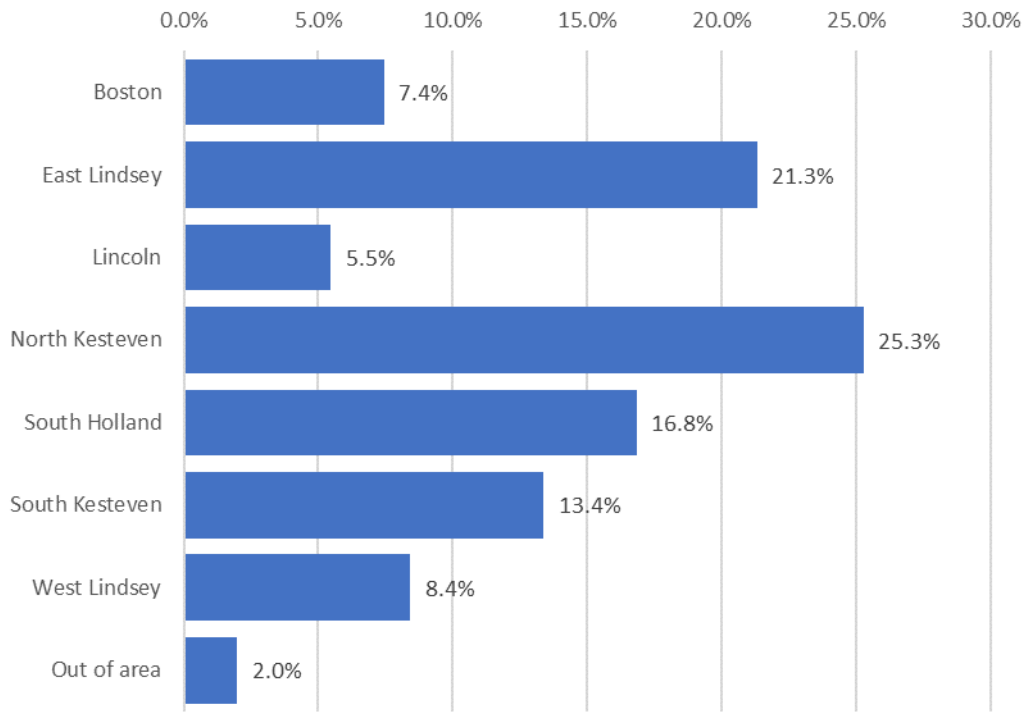
Additionally, 73.6% of respondents were female, and 26.4% were male; 25.4% of respondents consider themselves to be carers, and 76.6% consider themselves to have a disability or long-term health condition.

Age profile of respondents



Location of respondents varied across the county. North Kesteven (25.2%) and East Lindsey (21.3%) had the highest proportion of respondents, while Lincoln (5.5%) and Boston (7.4%) had the lowest proportion of respondents. There were four out of area respondents, who live in Cambridgeshire, North East Lincolnshire, North Northamptonshire and North Lincolnshire.

Location of respondents



Access

When asked how easy it was to access a local pharmacy, 80.8% of respondents felt it was easy or very easy to access, while 7.6% felt it was difficult or very difficult, and 11.6% felt it was neither easy nor difficult.

When asked the reason for visiting the local pharmacy, the majority (91.0%) of respondents stated it was for their prescription, 5.5% required over-the-counter items, 2.5% required minor ailment advice/treatment, and 1% required a flu jab.

Satisfaction

When asked how satisfied they were with the time it took to provide them with the required service, 76.7% of respondents were fairly or fully satisfied, 18.3% were not satisfied, and 5% were neither satisfied nor dissatisfied.

When asked, 78% of respondents felt that they could ask for confidential advice at their local pharmacy.

When asked about overall satisfaction of the staff, environment and service provided, 82.7% of respondents felt the service was good, very good or excellent, while 17.3% felt it was poor or very poor.

Pharmaceutical Needs Assessment

Statutory Consultation Report

Lincolnshire Health and Wellbeing Board

July 2022

Contents

About

On the 1st of October 2020, the NHS (Pharmaceutical Services) Regulations 2020 came into force requiring Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) no less frequently than every three years. A PNA is a review of the locations, the accessibility of, and the services provided, by pharmacies in Lincolnshire. The PNA provides a description of current provision and making available data, to enable effective future planning.

To meet the requirements of the 2020 Regulations, Lincolnshire HWB opened a 60 day (minimum) public consultation on the Draft PNA which was open for comments from 19th April 2022 to 20th June 2022 (63 days).

The Health Scrutiny Committee for Lincolnshire (please see Appendix 5 for more detail) supplied a written reply, stating:

> "The Health Scrutiny Committee is satisfied with the PNA's conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire."

Methodology

Direction for the survey methodology was taken from technical guidance presented in the Information Pack by the Department for Health and Social Care, published October 2021. Adhering to these guidelines, all statutory duties have been discharged and extended upon by joint working between Public Health and Lincolnshire County Council (LCC) Engagement and Communication.

Communications and Engagement Plan

A Communications and Engagement Plan was developed and approved by the PNA Steering Group and the LCC Community Engagement Team (please see Appendix 1 for more detail). The plan included:

- The Lincolnshire Health and Wellbeing Board, LCC Health Scrutiny Committee, LCC Community Engagement Team, Healthwatch Lincolnshire; and the PNA Steering Group identified the minimum list of organisations that were consulted with (please see Appendix 2 for more detail). Links and documentation were emailed to all on the list on 19 April 2022
- Links and documentation were emailed to all County Councillors on 19 April 2022
- Messages were sent on the LCC 'Int Comms' channels; Invitations to contribute were sent to registered users of the Let's Talk Lincolnshire online engagement tool; and the details were added to town and parish newsletters, 20 April 2022.
- A summary was published in News Lincs – providing a link to the press release, a short summary, and signposting to the consultation, on 20 April 2022.
- Councillors and representatives of partner organisations were briefed during an Adult Care and Community Wellbeing Executive DLT meeting.
- Reminder emails were sent one month after the consultation opened and two weeks prior to consultation closing.

Equality Impact Assessment

An Equality Impact Assessment was carried out before and after the consultation. Please see Appendix 3 for more detail.

Accessibility & Inclusivity

- Printed copies of the draft PNA, the questionnaire, and associated documents, were made available upon request, by emailing HWB@lincolnshire.gov.uk (external link).
- Help with reading the draft PNA, and with completing the questionnaire, was an offer to anyone contacting Healthwatch Lincolnshire on 01205 820892 or by making a request by email to info@healthwatchlincolnshire.co.uk.
- Questions regarding diversity were included in the survey, these data being used to monitor public engagement.
- An Equality Impact Assessment is attached as Appendix 3.

Consultation Returns

The consultation returns were collected, compiled, and the PNA Steering Group discussed all comments and feedback received on 5th July 2022 (Please see Appendix 4 for more detail).

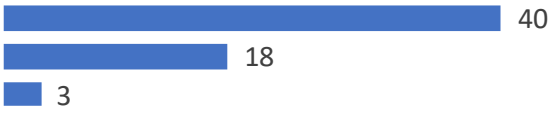
The Let's Talk Lincolnshire consultation webpage for the Draft PNA received:

- 633 Total visits
- 202 Downloads of the Draft PNA 2022
- 46 Downloads of the appendices of the Draft PNA 2022
- 27 Downloads of the Equality Impact Assessment of the Draft PNA 2022

This activity resulted in 63 submissions: 7 from registered users, 53 remained anonymous.

Q1 Do you know why the PNA has been created?

- **Yes** (65.6%)
- No (29.5%)
- Don't Know (4.9%)



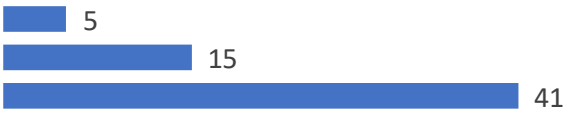
Q2 Does the PNA show the pharmaceutical services near you?

- **Yes** (54.1%)
- No (8.2%)
- Don't Know (37.7%)

Q3 Text responses from those that answered "No" to Q2 are presented in Appendix 4

Q4 Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)

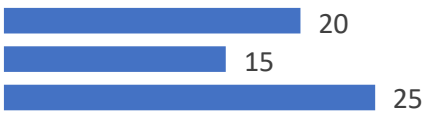
- Yes (54.1%)
- **No** (8.2%)
- Don't Know (37.7%)



Q5 Text responses from those that answered "Yes" to the Q4 are presented in Appendix 4

Q6 Does the draft PNA reflect the needs of the people in your area?

- **Yes** (33.3%)
- No (25.0%)
- Don't Know (41.7%)

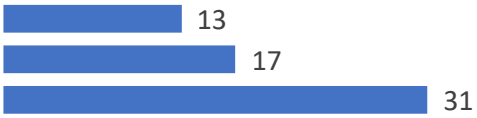


Q7 Text responses from those that answered "No" to Q6 are presented in Appendix 4

Q8 Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing

premises – or 'chemists').

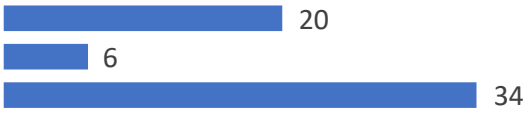
- Yes (21.3%)
- **No** (27.9%)
- Don't Know (50.8%)



Q9 Text responses from those that answered "No" to Q8 are presented in Appendix 4

Q10 Has the draft PNA shown how pharmaceutical services may be commissioned in the future? (A commissioned service is one that is paid for by the local authority).

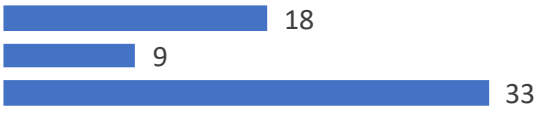
- **Yes** (33.3%)
- No (10.0%)
- Don't Know (56.7%)



Q11 Text responses from those that answered "No" to Q10 are presented in Appendix 4

Q12 Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place?

- **Yes** (30.0%)
- No (15.0%)
- Don't Know (55.0%)



Q13 Text responses from those that answered "No" to Q12 are presented in Appendix 4

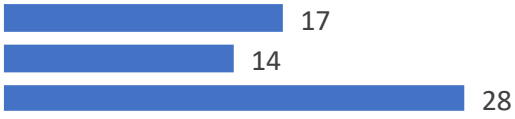
Q14 Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?

- Yes (20.0%)
- No (20.0%)
- Don't Know (60.0%)

Q15 Text responses from those that answered "Yes" to Q14 are presented in Appendix 4

Q16 Do you agree or disagree with the conclusions of the draft PNA?

- **Agree** (28.8%)
- Disagree (23.7%)
- Don't know (47.5%)

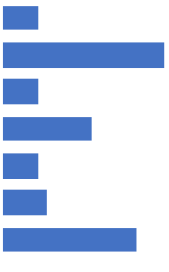


Q17 Please add any other comments…
Comments are appended with formal responses from the HWB and the PNA Steering Group.

Demographics

Q18 Which District do you live in?

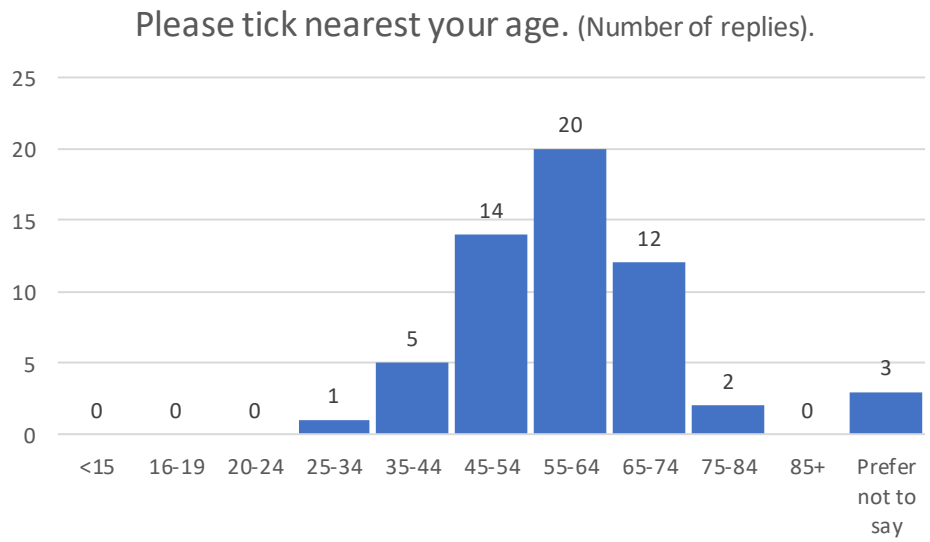
Boston	4
East Lindsey	18
Lincoln	4
North Kesteven	
South Holland	4
South Kesteven	
West Lindsey	15



Q19 What is your role or your interest in answering this questionnaire?

Member of the public	48
Town and Parish Councils	3
Lincolnshire County Council	3
Local Pharmaceutical Service Provider	2
Dispensing GP Practice	1
Other	4

Q20 Please tick the nearest to your age.



Appendix 1. PNA Consultation and Engagement Plan

1. Introduction and Background

The requirement for the Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) is set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A PNA must include information vital for making well informed decisions on whether local pharmaceutical services in a locality should change.

Decision makers likely to use the PNA include:

- Commissioners of NHS Services who will use the PNA to guide decisions on 'market entry':
    - make decisions on applications for new pharmacy and dispensing appliance contractor premises, or new services
    - make decisions on applications to relocate existing premises
    - commission enhanced services
- Potential contractors, who will use the PNA to apply to open new premises
- Existing pharmacy and dispensing appliance contractors (DACs) who will use the PNA to identify new services which they could provide
- Commissioners in Local Authorities and Integrated Care Systems (ICSs).

The mandatory requirement is for a PNA to inform pharmaceutical service (as defined below) commissioning by NHSE. Other potential uses of the PNA include:

- NHS Litigation Authority's Family Health Service Appeal Unit (FHSAU) will refer to the PNA when hearing appeals on NHSE decisions
- HWBs may refer to the PNA in planning to address health inequalities and improve health i.e., service commissioning that lies outside of the NHSE remit to commission pharmaceutical services
- The courts may refer to the PNA as part of judicial review.

The following are the required consultees on the draft PNA:

- any Local Pharmaceutical Committee (LPC) for its area (including any LPC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any Local Medical Committee (LMC) for its area (including any LMC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any local pharmaceutical services (LPS) chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which, in the opinion of the HWB, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England and Improvement
- any neighbouring HWB

Wider partners within the health and care system, including District Councils, were offered the opportunity to respond to the consultation. The Health Scrutiny Committee for

Lincolnshire will also be invited to set up a working group to enable the committee to respond to the consultation.

2. Engagement/Consultation approach

As part of the design stage, and to support the development of the PNA, in addition to the minimum 60-day mandatory consultation, the PNA SG will undertake an engagement exercise with key stakeholder groups seeking views and comments on current pharmaceutical service provision. This will involve:

- Pharmacy contractor questionnaire – via SNAP survey sent by email
- Dispensing GP Practice questionnaire. – via SNAP survey sent by email
- Service user and public engagement – via Healthwatch Lincolnshire.

Responses will be analysed to help inform the draft PNA, updates to the Equality Impact Assessment (EIA) plus any further public engagement needed during the mandatory consultation phase.

The current EIA (last updated June 2021) identified that the following groups would have a positive impact on any recommendations made in the report (the EIA identified no negative impacts):

- Age
- Disability
- Pregnancy and maternity

A minimum 60 day consultation is a mandatory component of the PNA process. The consultation will be on the draft PNA document approved by the HWB at its September 2022 meeting. It is anticipated that the consultation questions will broadly cover the following:

- Has the purpose of the pharmaceutical needs assessment been explained?
- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e., when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e., decisions on applications for new pharmacies and dispensing appliance contractor premises?
- Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Dyou have any other comments?

- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 19 April 2022 to 20 June 2022.

The regulations also list a range of stakeholders who must be consulted. A stakeholder list (see Section 3) has been developed by the PNA Steering Group and will be used to help distribute the questionnaires.

An Equality Impact Assessment (EIA) was produced in June 2021 to identify any vulnerable groups which may need to be targeted. It will be kept under review and updated following the engagement surveys with Community Pharmacies and dispensing GP practices and the patient and public engagement being completed by Healthwatch Lincolnshire.

3. Consultation stakeholders list

Who	Methods of engagement (survey distribution throughout)	Why
Local Pharmaceutical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Medical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing Appliance contractors	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing GP Practices	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Pharmaceutical Service Provider	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs

Who	Methods of engagement (survey distribution throughout)	Why
NHS Trust/ Foundation Trust	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
NHS England and Improvement	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Neighbouring HWB	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Healthwatch Lincolnshire	Email to be sent through to their distribution list, for sharing on twitter and Facebook, to take to provider meetings in ICS localities and social group meetings. These will provide a link to the online survey which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
District Councils & wider partners in the health and care system	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Interested party
Health Scrutiny Committee for Lincolnshire	Draft report presented to the Committee. A working group will be set up to review the document and provide a formal response to the consultation. The final PNA document will be presented to the committee in September 2022 prior to sign off by the Health and Wellbeing Board in September 2022.	Interested party
Town and Parish Councils	Short article, including details of the consultation and a link to the online survey in the Council's newsletter to Town and Parish Councils.	Interested party

Who	Methods of engagement (survey distribution throughout)	Why
Public	Healthwatch undertaking a range of engagement opportunities as part of the ongoing work programme to gather service user and public views on pharmaceutical services in Lincolnshire. A link to the statutory consultation will be put on the Council's website and promoted through the Council's social media and communication channels including sending the link to the survey to individuals on the Council's engagement database who have expressed an interest in engagement activities on health. We will provide, on request, a paper copy of the draft document and consultation.	As users of pharmaceutical services

4. Communications management

What outcome do we want to achieve?	• We manage to consult with a good cross section of stakeholders of pharmaceutical services.
Who are the audiences we need to communicate with?	• We need to communicate with the groups listed above through the normal channels of engagement used by the council, Healthwatch Lincolnshire and partners, as identified in Section 3. • Required consultees need to have the communications distributed to them first and then to cascade everyone else.
When should communication take place to maximise the chances of the outcome being achieved and minimise the risk?	• Communications should go out on the first day of any engagement exercise/mandatory consultation.
How will the communications be coordinated?	• Communications will be coordinated by the Public Health Division in conjunction with the LCC communications team and ICS communication lead. • Emails will be drafted and approved by the Chair of the PNA SG to be sent through a formal council email address to the required and non-required consultees.
What are our key messages?	• To understand the views of users and providers of pharmaceutical services in Lincolnshire on the current and future provision of services and whether the report accurately reflects this.
Which channels of communication should we use?	• Electronic, with paper copies available

What outcome do we want to achieve?	• We manage to consult with a good cross section of stakeholders of pharmaceutical services.
What are the risks associated with the issue?	• A lack of engagement, however this is to be mitigated by creating this plan and supported by the steering group and their partners. • Individual providers may disagree with the report however ensuring the analysis in the report is done in a robust way will allow us to hold up any statements made in the PNA.
How will we know if we've been successful or not?	• Key stakeholders engaged. Ensuring we have reached out to the population and tried to engage will ensure we have followed a process and tried to engage with the public. The number of responses will not be a measure of success.

5. Feedback consideration

Feedback will be collated by Public Health and presented to the PNA SG after the consultation. A consultation report will be produced and reported to the Health and Wellbeing Board in September 2022 alongside the final PNA.

6 Timeline

The mandatory PNA consultation period needs to run for a minimum of 60 days. The current timeline is as follows:

29 March 2022	Draft PNA document signed off for consultation by the Health and Wellbeing Board
19 April 2022 – 20 June 2022	Mandatory consultation period
June 2022 – September 2022	Feedback reviewed and consultation report produced
27 September 2022	Consultation report presented to the Health and Wellbeing Board and PNA 2022 approved for publication

Appendix 2. List of stakeholders approached

The following organisations were consulted with on the draft PNA during Tuesday 19 April 2022 and Monday 19 June 2022:

- Dispensing Appliance Contractors
- Dispensing GPs
- District Councils
- East MAS
- Healthwatch Lincolnshire
- LinCa
- Lincolnshire Community Health Services
- Lincolnshire Health and Wellbeing Board Members
- Lincolnshire Health Scrutiny Committee
- Lincolnshire Partnership Foundation Trust
- Local Medical Committee
- Local Pharmaceutical Committee
- Neighbouring Health and Wellbeing boards
- NHS England and NHS Improvement
- Pharmacies
- Primary Care Networks
- Public
- Town and Parish Council
- United Lincolnshire Health Trust
- Voluntary Engagement Team

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to: -

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions "Who might be affected by this decision?" "Which protected characteristics might be affected?" and "How might they be affected?" will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Lincolnshire Pharmaceutical Needs Assessment 2022	**Person / people completing analysis**	Alison Christie / Vincent Gibson
Service Area	Public Health Division	**Lead Officer**	Alison Christie
Who is the decision maker?	Lincolnshire Health and Wellbeing Board	**How was the Equality Impact Analysis undertaken?**	Desk top exercise
Date of meeting when decision will be made	27/09/2022	**Version control**	1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	The 2022 Pharmaceutical Needs Assessment (PNA) for Lincolnshire will assess the provision of pharmaceutical services within Lincolnshire and neighbouring HWB areas. The assessment will make recommendations to fill any gaps in the provision of pharmaceutical services, and also recommendations for improvements and/or better access to current provision. It will pay regard to the existing 2018 PNA, the current JSNA, and other local strategic documents, such as the NHS Long Term Plan. It will not make any recommendation to stop or reduce provision. Conclusions drawn from the assessment will consist of either of the following: A) No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire; or B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using BWON.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age	[Evidence: (Office of national statistics 2019 mid-year estimates for Lincolnshire (published 24 June 2020)) • Population of Lincolnshire: 761,224 • 19.2% of people are aged under 16 years • 59.1% aged 16-64 years (working age) • 23.6% of the population is aged over 65 years (Link to the Dataset accessed 16/06/2021) Impact: Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire Testing these assumptions will be part of the consultation]
Disability	[Evidence • There are currently estimated to be 60,000 working age (18-64) adults and 38,000 older people, living in Lincolnshire with a long-term illness or physical disability. (Source: POPPI and PANSI) • Of working age adults, there are 10,571 adults with a learning disability in Lincolnshire, 2021. • There are 93,541 persons with a "long-term health problem or disability." (NOMIS 2011 Census Data, Accessed May 2021) • There are 72,591 working age persons (Aged over 16) with a Long term health problem or disability (NOMIS Projected 2011 Census Data, Accessed May 2021) • There are 41,652 aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot. (POPPI, 2021) Impact

	The PNA takes account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions. It will assess access to, and availability of, Pharmaceutical Services in Lincolnshire and will then consider any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities, such as residents with Learning Difficulties and Disabilities, Deaf residents, residents with Mental Health needs, etc. Options will be considered to improve access and availability. Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire Testing these assumptions will be completed as part of the consultation.
Gender reassignment	No positive impact anticipated
Marriage and civil partnership	No positive impact anticipated
Pregnancy and maternity	Evidence Good maternal health and wellbeing during pregnancy is essential for a child's health, wellbeing and educational outcomes. • For Lincolnshire, the General Fertility Rate (GFR) (Live births per 1,000 for women aged 15-44) was, **63.2 in 2010** but fell to **59.7 in 2016**. This reflects both regional and national trends. • In 2014, Boston had the highest GFR at 71.4, Lincoln City the lowest at 54.4. By 2016 Boston GFR was still highest at 67.1 and Lincoln the lowest at 51.2 • There is a fall in rate of stillbirths for Lincolnshire **from 4.8** per 1000 births (ONS, 2016) **to 2.8** (ONS, 2019) • Lincolnshire: 2014 – 2018, 1.62% of full-term babies were born with low or very low birth weight; the England average is higher at 2.9%. (PH Intelligence Birth Data) Impact The PNA takes account of health needs, of residents in Lincolnshire. Any recommendation to change in provision may result in a positive impact to those who are pregnant as services will improve if needed.

	Testing these assumptions will be completed as part of the consultation]
Race	[No positive impact]
Religion or belief	[No positive impact]
Sex	[No positive impact]
Sexual orientation	[No positive impact]

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

[Evidence

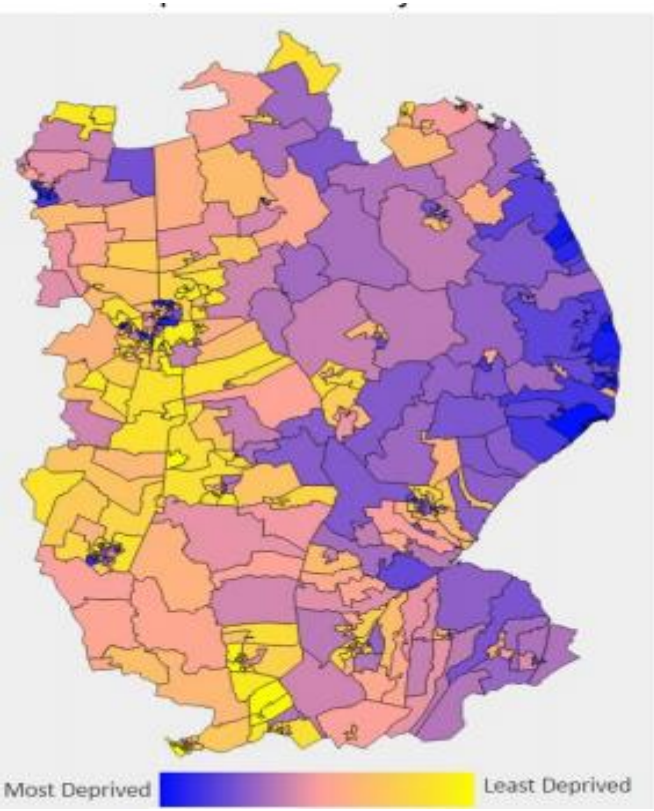
1. There are many communities that live in a rural location in Lincolnshire.

Table 1: Rural-Urban classification of Lincolnshire districts

District	Rural-Urban classification 2011
Boston	Urban with Significant Rural (rural including hub towns 26-49%)
East Lindsey	Mainly Rural (rural including hub towns >=80%)
Lincoln	Urban with City and Town
North Kesteven	Mainly Rural (rural including hub towns >=80%)
South Holland	Largely Rural (rural including hub towns 50-79%)
South Kesteven	Largely Rural (rural including hub towns 50-79%)
West Lindsey	Mainly Rural (rural including hub towns >=80%)

Source: Department for Environment, Food & Rural Affairs, 2011 Rural Urban Classification

2. Indices of Deprivation (2019)



This map shows the contrasts that can be seen in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also been seen when comparing the East Coast to the rest of the county. This general pattern of deprivation across Lincolnshire is in line with the national trend, i.e that urban and coastal areas show higher levels of deprivation than other areas.

The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10 percent of neighbourhoods in the country. In addition, the surrounding Local Supper Output Areas are within the most deprived 30 percent, which, for rural areas, is quite unusual.

Further evidence on Indices of Deprivation is available on the LRO - Lincolnshire Research Observatory - Deprivation and Poverty in Lincolnshire (research-lincs.org.uk)

Impact

The PNA will assess and make regard to these communities to ensure they have access to pharmaceutical services by analysing the services provided by distance and population.

Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Age	**No perceived adverse impact**
Disability	**No perceived adverse impact**
Gender reassignment	**No perceived adverse impact**
Marriage and civil partnership	**No perceived adverse impact**
Pregnancy and maternity	**No perceived adverse impact**

Race	**[No perceived adverse impact]**
Religion or belief	**[No perceived adverse impact]**
Sex	**[No perceived adverse impact]**
Sexual orientation	**[No perceived adverse impact]**

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.
[No perceived adverse impact]

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this, and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e., Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

Prior to the production of the Draft PNA, Healthwatch Lincolnshire included questions about pharmaceutical services and needs as part of their regular engagement activities with service users, patients and the public. This engagement will include engaging with PPGs across the county and with groups with protected characteristics. The purpose of this work is to seek the public's views on access to pharmaceutical services in Lincolnshire. To ensure there is an equality of access for all people within Lincolnshire HWB area.

The consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its September 2021 meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (Current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, and future pharmaceutical needs of Lincolnshire's population (over the next three years)

- Any other comments

Any conclusions drawn from the assessment will be tested during the consultation which is a mandatory 60-day consultation. This is supported by a Consultation and Engagement plan. The conclusions will consist of either of the following:

- No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire
- A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire

For the consultation, the following are mandatory consultees as per the Pharmaceutical Regulations 2013:

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f)any NHS trust or NHS foundation trust in its area;

(g)the NHS England

(h)any neighbouring HWB.

]

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	We asked, "**Would the draft PNA have an impact on you due to any of the following?** **Number of responses:** **Positive impact 6; Negative impact 8; No impact 37**
Disability	**Number of responses:** **Positive impact 3; Negative impact 10; No impact 37**
Gender reassignment	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Marriage and civil partnership	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Pregnancy and maternity	The consultation survey included two questions regarding pregnancy, 1: "**Are you pregnant?**" No 45; Not applicable 10; Prefer not to say 4, and, 2: "**Have you had a baby in the last 12 months?**" No 45; Not applicable 11; Prefer not to say 4 Having received no comments or queries regarding pregnancy and maternity, there is a high confidence that this area of EIA has been accounted for.
Race	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Religion or belief	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**

Sex	[**Number of responses:** **Positive impact 1; Negative impact 5; No impact 44**]
Sexual orientation	[**Number of responses:** **Positive impact 1; Negative impact 1; No impact 47**]
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	[Yes. Numerous communication channels were used to advertise and raise awareness of the consultation; The consultation period was open longer than the recommended requirement; The number of responses were greatly increased from the previous PNA consultation; The EIA questions relating to Protected characteristics were taken from National Guidance; and the "Roll out" of EIA related content was governed by LCC's Engagement Team and the PNA Steering Group.]
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	[During discussions of the PNA Steering Group, and in acceptance of the HWB, with oversight from HealthWatch Lincolnshire, analysis of findings resulted in there being no significant changes to be made to the PNA 2022. However, some comments of note have been recorded and shared with those for whom the comments may be useful/of interest; and, analysis of some procedures will be refined for future PNA work. As an example, a more detailed approach to version control for documents which necessitate multiple authors. As the PNA is a recurring duty for the local authority, changes in the pharmaceutical landscape will be addressed as and when they require attention – in addition to, "each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment", as required by current legislation. (Quoted from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.]

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
Signed off by	Alison Christie	**Date**	15/08/2022

Appendix 4. Consultation Comments and Responses

	Submitted by…	Comment	Agreed Steering Group Response
Q2	**Does the PNA show the pharmaceutical services near you?**		
Q3	**If NO, please describe:**		
	Anon.	Local needs are limited in LN12 area in both Pharmacists and Pharmacist opening times	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population, less than the national average. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many necessary and other additional services.
	Anon.	Don't know what pna is	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Bullrush	PNA is new terminaology to me, and Google dosn't recognise this acronym as medical. To find an equivalent "chemist" list must Google "pharamceutical services" in a town, but only get those in that town excluding the surrounding area.	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Rodge	When reviewing the documents attached to the e-mail related to this questionaire, I have been unable to find the local service provider's list.	A full Providers List is published in the Appendix 1 of PNA2022.
	Anon.	No services in our village	Anonymous provided Insufficient information for changes to be made to the PNA2022.
Q4	**Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)**		
Q5	**If YES, please describe:**		
	Anon.	24/7 access to collect emergency prescriptions	This matter is covered with Out of Hours services. A night opening pharmacy Peterborough is within the 10km boundary of Lincolnshire.
	Bullrush	As above, what is this PNA?	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.

	Anon.	Boots well and Tesco are both very busy . They do an average of 11000 items a month . The waiting times can be up to one hour . This is totally unacceptable. I therefore of the opinion that Bourne needs another pharmacy especially since more than 2000 houses have been built since the last pharmacy was opened . Covid has changed everything and another pharmacy in Bourne will provide a safety net for the population. There have been many times since the last two years that well Tesco and boots have failed to find a pharmacist to cover their stores.	There are three pharmacies in Bourne and two dispensing GP surgery. Distance selling pharmacies are also one of the alternative options available. For the lifetime of the PNA 2022, HWB Lincolnshire and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on available evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA will be revisited at an interval of no greater than three years. In the meantime, any changes affecting provision of pharmaceutical services of interest to the PNA will be addressed through supplementary statements, as per legislative requirements.
	Anon.	The hours that chemists are open in rural areas - there are no Sunday opens within a 20 mile radius	Analyses by Public Health Intelligence team uses drive-time datasets to indicate access to pharmacies. 18% of pharmacies are open on Sundays. 99.2% residents of Lincolnshire can access a community pharmacy on a weekend within a 30-minute drive. Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Our village needs a pharmaceutical service	Anonymous provided insufficient information for changes to be made to the PNA2022.
Q6	**Does the draft PNA reflect the needs of the people in your area?**		
Q7	**If No, please describe:**		
	Anon.	Live rural	No change to document required.

	Anon.	The NHS long term plan describes the case for developing extended primary care teams to work across populations of between 30-50,000 patients. The teams, known as Primary Care Networks consist of general practitioners, nurses, pharmacists and other healthcare professionals working together to achieve improved health outcomes for patients they serve. Continued growth in demand however is placing significant pressure on the supply of general practitioners. As a result of the pandemic general practice is facing a significant challenge in meeting demand. National initiatives to support meeting increasing demand include the Community Pharmacy Consultation Service, a service which is not easily available to patients who reside in Keelby and surrounding area. Lincolnshire and North East Lincolnshire are areas which have difficulty in recruiting general practitioners. In order to help alleviate the problem in GP recruitment the GP Forward View published in 2016 and more recently in the announcement of GP contractual changes from April 2019, NHSE places significant emphasis on the development of clinical roles to support high quality and integrated care delivery for patients. The Roxton Practice has been at the forefront of developing its extended primary care team. Working alongside the general practitioners are four clinical pharmacists, three pharmacy technicians, one superintendent physio delivering joint injection under ultrasound guidance, two paramedics who are both independent prescribers and six advanced nurse practitioners who work autonomously and independently prescribe. The medical and clinical team is supported by care navigators in our centralised contact	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB have concluded that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.

		centre who aim to ensure patients are seen by the most appropriate clinician or service for their condition. The practice is leading the way locally in embracing digital and technological solutions to support care delivery. We now have systems implemented to enable patients to access services via the telephone and online, including our vitual self-care portal Despite the extensive workforce and technologies in use at the practice it remains a challenge to maintain clinical presence for tradition face to face consultations at our Keelby site during core hours. Previously the practice has had to take the difficult decision to close branch surgeries due to the inability to cover multiple smaller sites. Pharmacy Services A pharmacy co-located with the GP surgery, utilising the same clinical system and managed by clinical pharmacists will enable joined up care for patients, maximising the outcomes resulting from care navigation from our contact centre. The Roxton Practice's recruitment of clinical pharmacists has been a great success, both from a patient experience and workforce supply perspective. They currently provide telephone advice to patients and face to face clinics from our two larger sites of Pilgrim Primary Centre Immingham and Weelsby View Health Centre Grimsby. They do not provide face to face services from Keelby and patients who live in the village and surrounding area do not have access to pharmacy services to supplement core general practice provision. A local pharmacy service in Keelby will educate the population on self-care using over the counter medicines, reducing wastage across NHS services. The promotion of healthier lifestyles with reference to diet, exercise and stopping smoking, helping to reduce admissions	

		to hospital and contribute to the reduction in deaths from lung cancer. Sexual health and obesity are also our priorities to be actioned within the pharmacy. The pharmacy would also play an active role in providing contraception advice, reducing alcohol intake, advice on diabetes, drug abuse and promoting further NHS services. We would work with patient groups and the community in providing relevant services to the health needs and expectations of the public in line with the PSNC recommendations of using NHS England, Public health England and the DH for public health campaigns. The pharmacy would provide several ways of ordering repeat prescriptions including an online service, electronic prescription service and click and collect to meet the demands of the patients and give them more options to order their prescriptions. We would take pride in providing a "hub and spoke" service integrating some of our efficient services from the practice which would predominately give us more opportunities to make further savings to the NHS. We would provide a home delivery service to the housebound keeping them in touch with the community.	
	Anon.	We need a new provion as ours provisions lease only has 18months left	Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Need more local out of hours pharmacies	Access to emergency medicines during out-of-hour periods is covered by Out of Hours services in Lincolnshire.
	Anon.	Boots Tesco and well use the same 2/3 wholesalers. We need an independent pharmacy who has access to 6-7 different wholesalers and someone who does dosette boxes. There has not been a new pharmacy built since Tesco opened over 10 years ago yet 1000s of more properties have been built. We need a pharmacy for elsey park as ppl	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence.

		with no transport can't walk to Tesco as it's nearly a mile away. 2000 homes have been built in elsey park with another 500 in the process.	99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	It doesn't address the 2000 homes that have been built and another 500 being built	Anonymous did not provide enough information. In the immediate future, i.e., the lifetime of this document, a need to expand provision may develop. For example, the North Kesteven Forward Plan does account for housing development, but in reality, it could be a number of years for developers to begin 'breaking ground'. Based on existing evidence, HWB concluded that additional pharmacy in Bourne is required not required. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	Services aren't delivered equitably across the county the East Lindsey are is lacking in local services	Existing evidence indicates that services are delivered where required. East Lindsey has 16.9 Community Pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many additional services which are out of scope for the purpose of PNA.

	Anon.	Keelby has a population of around 2,400. There has been no significant building of new low cost houses for over 3 decades and the age of the population has significantly changed upwards over that time. Keelby a lively village with: GP Branch Surgery 3 convenience stores, one of which operates a Post Office 2 takeaways 2 Pubs, one selling food Tea Room Village Hall Large Sports Centre used by Football team; Cricket; Bowls Green; tennis courts; Skate Park 2 beauty Salons Primary School 2 Pre-schools Volunteer run Library But no Pharmacy! Residents in the village of Keelby and surrounding area have limited access to pharmaceutical services. The closest pharmacies are located at least 5 miles away in villages and in Immingham (4.2 miles and 5.2miles). However, these are not easy to access without a car and Keelby has a limited bus service. Residents of Keelby who wish to access the Immingham Pharmacies would be required to make at least two separate bus journeys, which could take well over 2 hours. Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
	Anon.	Our pharmacy is being closed on a Saturday shortly and doesn’t open on a Sunday meaning people who work Monday to Friday won’t be able to collect their drugs. Plus it already takes a week to get repeat prescriptions from the pharmacy once they receive the script from the drs.	Anonymous provided Insufficient information for changes to be made to the PNA2022.

Q8	**Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises – or 'chemists').**		
Q9	**If No, please describe:**		
	Anon.	Don't understand question	N/A
	Anon.	One Pharmacist has closed in Mablethorpe and needs replacing	When the outgoing contract was originally granted access to the pharmaceutical list, this was granted by exemption under the National Health Service (Pharmaceutical Services) Regulations 2005. The original contract holder had committed to 100 hours of pharmacy cover per week, and so, bypassed the 'necessary and expedient' regulatory test required for standard-hour pharmacies. This meant there may not, initially, have been the need for those hours in that location. The PNA assessed pharmaceutical needs in Mablethorpe on the day that the PNA was published and both steering group and HWB deemed access to be reasonable and patient choice is preserved. The PNA is a "live document" so pharmaceutical needs are continually assessed and will be reassessed if this statement changes, based on future evidence of need.
	Anon.	Insufficient for number of new homes being built	Insufficient information for changes to be made to the PNA2022.
	Anon.	Not enough pharmacist for our growing population. A big shortage of experienced staff	Insufficient information for changes to be made to the PNA2022.
	Anon.	Don't know what this is	Insufficient information for changes to be made to the PNA2022.
	bullrush	There is no publicised PNA, only a conceptual summary.	Insufficient information for changes to be made to the PNA2022.
	rodge	The report indicates that Lincolnshire is adequately covered.	See report from HWB
	Anon.	looks at increases in numbers/vulnerable people in the future only Assumes starting from base where needs are already met. Does not identify the gaps where needs are not met currently	N/A
	Anon.	No but need to	Insufficient information for changes to be made to the PNA2022.

	Anon.	No requirement identified across the area.	Insufficient information for changes to be made to the PNA2022.
	Anon.	We need a new pharmacy in elsey park Bourne to cater for the 2000 homes that have built and 500 in the pipeline	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	It says pharmacy services are adequate. I disagree. Well pharmacy is closed all weekend. Boots and Tesco waiting times are long and there have been many times where they are closed due to no pharmacist. We need another pharmacy	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	The PNA says there are enough in the county. Personally I think everyone should be able to collect their meds from the drs surgery	Out of scope of PNA2022.

	Anon.	The Roxton Practice, which is based at the Pilgrim Primary Care Centre in Immingham, has been granted outline planning permission to build a new Health Centre in Keelby, with an expectation that it would offer full pharmaceutical services (rather that the 'branch' service available through the present Keelby Health Centre). This is an important opportunity in a village that presently has 950 homes and a population of over 2000, but that also serves as a service centre for a number of surrounding villages. There is currently no direct public transport service to Immingham, anyone without access to a vehicle can only get there by bus by changing in Grimsby. Call Connect does not take people to Immingham because it is 'out of county'. It would be hugely beneficial to many, not least the significant older demographic, to be able to access pharmaceutical services in Keelby.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
Q12	**Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or 'drugs').**		
Q13	**If No, please describe:**		
	Anon.	This is the first I have heard of it.	Insufficient information for changes to be made to the PNA2022.
	Anon.	can't answer as dont know any draft	Insufficient information for changes to be made to the PNA2022.
	bullrush	As previous, where is this PNA?	Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.
	Anon.		Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.

	bullrush	There is no publicised PNA, only a coneptual summary.	Insufficient information for changes to be made to the PNA2022.
Q14	**Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?**		
Q15	**If Yes, please describe:**		
	Anon.	GPs Trent valley Torksey	Insufficient information for changes to be made to the PNA2022.
	Anon.	Diagnostics eg BP. Osteoporosis. Maybe child vaccinations. Holiday vacs (paid for by client not nhs)	The services mentioned in the comment are not defined as "necessary services" and so are out of scope of the PNA2022.
	Anon.	Get some in Tetney. The village is expanding at an incredible rate but we still have to drive (as there is no suitable public transport) to either Holton-le-Clay or North Thoresby	Rurality, controlled localities and the provision of pharmaceutical services by doctors are clearly defined by NHSEI for which are taken into account for residents living in a controlled locality such as Tetney. Existing evidence indicates that access to pharmaceutical services is satisfactory, and that there is reasonable patient choice for residents of the area. Patient choice include distance selling pharmacies. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.
	Anon.	All pharmacies do home delivery for the disabled	Out of scope of PNA2022.
	Anon.	Lots of community services - CAS, urgent Care home visiting, UTCs etc prescribe and can issue drugs from their own stock. I didn't see this mentioned in the PNA, maybe its not seen as relevant? I think it's a really good way of providing extra cover, especially during OoH. CAS used to have it's own pharmacist, not sure if it still does.	Topic is considered as part of PNA2022 in Appendix 1 as "Other NHS services".
	Anon.	Further and broader close interaction with NHS services to reduce inconvenient trips to hospitals for small activities such as injections.	Out of scope of PNA2022.

	Anon.	Please see Q4 - Keelby	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
	Anon.	We desperately need someone who does blisters and free delivery of meds as boots now charge	Outside the scope of PNA2022.
	Anon.	Tesco and well pharmacy don't do dosette. Boots charge for delivery's.	Out of scope of PNA2022.

	Anon.	Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
Q16	**Do you agree or disagree with the conclusions of the draft PNA?**		
Q17	Anon.	Unnecessary visits to A&E could maybe be reduced if there was 24/7 access to obtain emergency prescriptions.	N/A
	Anon.	I have no idea what the pna is! And I have no idea why you are contacting me. I get my medication from Pharmacy2U because I can't get to a chemist myself	N/A
	Anon.	Unfortunately the LN12 area is suffering from lack of Pharmacist and dispensing Chemist	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey

			provide many necessary and other additional services.
	Anon.	Agree in part needs more citizen in put	No changes required to the PNA2022
	Anon.	The purpose of dispensing GP practices was to support patients living a significant distance from the surgery easily to obtain their medication. There are several dispensing GP practices with community pharmacies very close to them (within 500m), so if a patient can access the GP practice they can also access a pharmacy. So the rationale for having a dispensing GP practice in those locations no longer exists. The pharmacy is more convenient as a) they often have the drugs in stock rather than them having to be ordered b) they provide a wider range of services including OTC medication.	Rurality, controlled localities and the provision of pharmaceutical services by GP surgeries are clearly defined by NHSEI and whether or not a patient chooses to use GP or pharmacy services are a matter out-of-scope for the PNA. No changes necessary to PNA2022
	Anon.	this is a very long document. the questionnaire should have highlighted the sections to refer to in order to provide a response. Id love to know how many genuine responses you get back on this questionnaire .. im guessing near zero	PNA2022 Consultation, hosted on Let's Talk Lincolnshire, received 61 reponses. All comments have been responded to and published with the final version of the PNA. No changes necessary to the PNA2022.
	Anon.	The full document is quite wordy and long, but i guess it needs to be. Depending on who has been sent this re the general public the length and jargon may put people off reading and/or commenting on it. Where i live (In Old Leake) we have a dispensary at our local doctors, which i feel serve us well. They have made some positive changes over that i feel now serves our local cummunity much better.	No changes necessary to the PNA2022.
	Anon.	Already written	No changes necessary to the PNA2022.
	Anon.	Not enough information provided for me to beable to answer these questions	No changes necessary to the PNA2022.
	Anon.	This survey is premature, the superficial overview introducing this survey lacks any meaningful detail to enable any sort of assessment	No changes necessary to the PNA2022.

	Anon.	Ridiculous questionnaire	Lincolnshire HWB is legally required to consult on this documentation. No changes necessary to the PNA2022.
	Anon.	Far, far too much information is leading to massive information overload. Much of the vast quantity of data could be provided in a much more user-friendly and readable form	Lincolnshire HWB is legally required to consult on this documentation. PNA is a very technical document. No changes necessary to the PNA2022.
	Anon.	The cost benefit analysis is significantly missing between the cost of community pharmacies and GP dispensing practices. It is both ethically and morally appropriate and right that this should be done especially when considering potential for future efficiencies in the NHS.	Out of scope of the PNA2022.
	Anon.	Think the report highlight the strategic and data driven need. Perhaps a more service user friendly version. Not sure if I have missed but was there a survey asking service users if the current pharmaceutical services are adequate - opening times etc. Recent experience as a full time working individual is that they are not - many around me close for Lunch ? do open until 9 - 9.30	Contractor opening times have been verified in a pre-engagement survey, of NHSEI data, patients and service users, conducted by Healthwatch Lincolnshire, in 2021. 99.8% of the population of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.

	Anon.	The conclusions is that there are no gaps in provision, looking at generic accessibility to locations that say they can provide pharmacy provision. In practice these locations are not fit for purpose. e.g. Lloyds at Sainsbury Tritton Road Lincoln. In the last 12 months could not dispense medication due to lack of pharmacist 5 times. Lost medication 12 times. Told has dispensed my controlled drug and given it to another person once. Has lost the prescription 12 times. I have been asked to come back after medical should have been ready 12 times, I have been given a receipt for meds they cannot provide 10 times. I have had to wait for prescriptions for up to 2.5 hours. This location will be a tick in the box but in practice does not provide a reliable service for life long medications that cannot be stopped without consequence. The service keeps getting worse. There are bound to the others. This consultation should not just look at numbers and say its fine, it should look at quality of provision provided too. There is no point having pharmacy on paper if in practice it can't deliver pharmacy functions. This exercise seems to be a paper exercise regarding numbers rather than a practical exercise about have easy access to pharmacies that deliver the service. Changing pharmacies is often not an option.	Out of scope of the PNA2022. Concerns regarding quality of provision by individual contractors are dealt with by NHS England directly.
	Anon.	It takes time for pharmacies to be built etc.. and with the increase in population, more heavily weighted to older more morbidity people surely now is the time to look at increasing the number of pharmacies, not in 3 years time.	As a “live document”, the PNA will be revisited at an interval of no greater than three years. More imminent changes are also monitored, addressed and published as supplementary statements to the PNA.

	Anon.	I don't think my present pharmacy could cope with all the extra demand without a change of premises. Hopefully they will be funded adequately to do this extra work. I do wonder why this is being put on the pharmacies when GP's seem to be doing less and certainly avoiding seeing patients face to face. Would it mean that a trained GP would be based at the pharmacy and won't it just end up the same as our present GP surgery (no appointments, no answering the phone) who still seem to be far too busy to see patients even after Covid restrictions have been 'lifted'? What will GP's do? Will they spend more time with patients, keep proper records and do the jobs they should have always been doing? It seems to me that a 'sore throat' a 'stomach ache' etc might easily be treated as just that and not a symptom of something more serious. Would a pharmacist be able to refer to a specialist or would the patient then need another appointment with a GP? I find the whole idea is perhaps another way of privatising our NHS.	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
	Anon.	Just because the draft says that there are sufficient pharmacies in my area it doesn't take into account the fact that 1 pharmacy for a growing population (my area is Woodhall Spa) may not be enough. The pharmacy in Woodhall Spa is Boots the Chemist. They seem to have staff shortages quite often including pharmacists which means drugs cannot be given without one on the premises. The nearest other pharmacy would be Coningsby/Horncastle and due to poor transport issues residents may not be able to get to those.	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
	xx	Far too high a proportion of pharmacy services in many parts of Lincolnshire are provided by Lincolnshire Cooperative resulting in them having a	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly. 99.8% of the resident population of Lincolnshire

		near monopoly in some areas and insufficient choice for those not happy with their services.	have access to a pharmacy within a 20 minute drive time. Additionally, residents of Lincolnshire can access distance selling pharmacies located anywhere in England.
	Anon.	We desperately need a new independent pharmacy in Bourne	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	We desperately need another pharmacy in Bourne. Covid has changed everything.	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	I need to go back and read the PNA	No necessary change to the PNA2022
	Anon.	Surprised to note the lack of mention of obesity as a factor in many of the illnesses listed. Also, female health provision is poor in Lincolnshire, such as HRT and menopause support. There is a lack of sexual health clinics - statistically, the older population is becoming the largest group developing STIs, and probably the least likely to use online provision - maybe women's health could go back to the sexual health clinics, who do, of course, also dispense medication.	Thank you for your comment. PGD-based supply of HRT medicines is out of the scope of "necessary services". No changes necessary to the PNA2022

	Anon.	Needs to be more of a focus of pharmaceutical services n rural Lincolnshire. Thinking outside the box would help in looking at what can be achieved with a smaller radius. It could be GP surgeries could help in opening at a weekend for a few hours	Thank you for your comment. No necessary change to the PNA2022

Appendix 5. Health Scrutiny Committee Response to Draft PNA 2022

Lincolnshire COUNTY COUNCIL Working for a better future		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 THE HEALTH SCRUTINY COMMITTEE TO THE CONSULTATION DRAFT OF THE LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

Introduction

This is the Health Scrutiny Committee for Lincolnshire's response to the consultation, being undertaken on behalf of the Lincolnshire Health and Wellbeing Board, on its Pharmaceutical Needs Assessment, which is due to take effective for a three year period beginning on 1 October 2022.

Main Findings

Existing and Future Provision in Lincolnshire

The consultation draft of the Lincolnshire Pharmaceutical Needs Assessment includes the following conclusion:

> "Conclusion
>
> "The Lincolnshire Health and Wellbeing Board considered the number, distribution, access and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services hours across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible."

The Health Scrutiny Committee is satisfied with the PNA's conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services

and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire. The Committee has accepted the evidence put forward in support of this conclusion, which included:

(1) Pre-Consultation Engagement – This included public engagement by Healthwatch Lincolnshire, who received submissions from 203 members of the public, of whom 17.3 per cent rated their pharmacy services as 'poor' or 'very poor'. There were no distinct patterns to these responses, both in terms of geography and providers and the concerns raised were outside the scope of the PNA. In addition, questionnaires were sent to community pharmacies and dispensing GP practices.

(2) Detailed Analysis of the Demographics – Substantial detail was provided in the draft document on the demographics in Lincolnshire, including deprivation and vulnerable populations. Details on the locations of community pharmacies and dispensing GP pharmacies have been included.

(3) Assessment of the Impact New Developments – The consultation draft of the PNA set out detailed information on new housing developments, anticipated between 2022 and 2036. None of the developments would impact on the demand for services during the lifetime of the 2022 PNA.

(4) Views of Other Groups – The Lincolnshire Local Pharmaceutical Committee and the Lincolnshire Local Medical Committee had indicated that they are satisfied with the proposed PNA.

Monitoring of Provision

The Health Scrutiny Committee is advised that the Health and Wellbeing Board, together with the PNA Steering Group, will continue to monitor changes in current provision or demographics.

Reach of Consultation

The Committee generally would like to see as many responses as possible to the consultation. However, the scope of the PNA is specific to its limited statutory purpose, and thus might mean comments are received which fall outside this scope.

Other Comments

The Health Scrutiny Committee recognises that the PNA is a framework used to commission pharmacy services and its scope is limited to essential services provided by community pharmacists.

Lincolnshire COUNTY COUNCIL Working for a better future		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 NHS Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**Ashley House Service Change**

Summary:

- Ashley House is a 15 bedded low-dependency, open mental health rehabilitation unit sited in Grantham. It has a twin unit in Boston called Maple Lodge.
- People who use these services are normally at the end of their journey through mental health inpatient care, this being the final step before community living.
- In 2019, Lincolnshire Partnership NHS Foundation (LPFT) received funding as part of a national pilot to test out a new model of community rehabilitation in one third of the county. The aim of this service is to provide rehabilitation care and treatment in people's own homes, rather than in hospital.
- The service is working well, however it cannot be expanded to the other parts of the county without additional investment. At this time, no further funding opportunities have been identified or agreed.
- Ashley House has been temporarily closed since the 10 February 2021. LPFT took this decision at the height of the Covid-19 pandemic as part of business continuity arrangements to 'shore up' other services. Staff from Ashley House were redeployed to Ash Villa in Sleaford (female acute mental health service) and some to the community rehabilitation service, to temporarily extend its reach and provide targeted support for those who would otherwise be admitted to Ashley House or Maple Lodge. This however still did not consistently provide a countywide offer.
- Since the temporary closure, all patients requiring low-dependency open rehabilitation have either been treated at Maple Lodge in Boston, or by the expanded community rehabilitation Service. No patients have had to travel out of Lincolnshire to access low-dependency open rehabilitation care, nor have patients had to wait longer to access care locally.

- Feedback about the new way of working from staff, patients, service users and carers has been positive, with people preferring to be supported at home, rather than in hospital.
- The success of this new way of working prompted consideration of the future service model and two viable options have been identified:
    1. Reopen Ashley House and reduce the community rehabilitation team reach back to just one third of the county. This would mean that some patients currently being cared for at home would need to be readmitted into Ashley House to receive the level of care they need.
    2. Permanently close Ashley House and use of the associated funding to properly expand the community rehabilitation service across the whole of Lincolnshire.
- Option 2 is currently preferred, as this will ensure that people are cared for closer to home and to live more independently. The current interim way of working has demonstrated that community rehabilitation works well and is preferred by patients, service users and carers. With the staffing resource linked to Ashley House being used to further strengthen the community rehabilitation service, it would ensure equitable countywide provision, and also enable patients who are currently in higher-dependency rehabilitation placements to be cared for in a less restrictive settings, including some people who are currently placed in locked rehabilitation units outside of Lincolnshire. This also releases the current Ashley House building for alternative uses within Grantham - and it would be the intention to explore future uses for the population through any consultation undertaken.
- There would be a few people who live in the Grantham and District area and who need low-dependency inpatient rehabilitation care, who would need to travel to Maple Lodge in Boston for their care if the closure was made permeant. However, for the three-year period prior to the temporary closure, Ashley House had 52 admissions, of which only 14 were from Grantham and the surrounding area, with just 8 from Grantham itself. This means that around 5 people per year would need to travel further to access inpatient care. Conversely, approximately 12 people per year would need to travel less, as they would be able to receive their care from the community rehabilitation team in their local area.

Actions requested:

The committee is requested

(1) to support the recommendation that whilst the preferred option involves a small number of bed closures at Ashley House in Grantham, that does not meet the threshold for significant service change by the standards of NHS England;

(2) given the specialist nature of this service and the small number of patients potentially affected, to support a robust but locally-led targeted consultation process with patients, service users, carers and stakeholders, which would effectively cover the duty to involve.

(3) to review the outlined consultation plan and highlight any omissions or areas of strengthening, which the Committee would like to see to ensure a robust process.

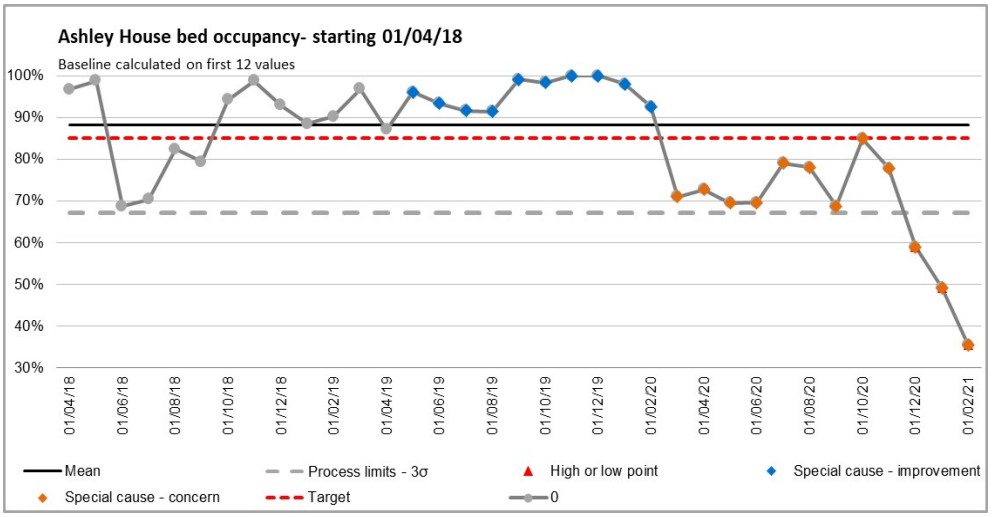
1. Background

Ashley House is a 15 bedded low dependency mental health rehabilitation unit sited in Grantham, it has been temporarily closed since 10 February 2021 and the staff redeployed to support the opening of Ash Villa (adult female acute mental health service) and the temporary expansion of community rehabilitation service during the Covid-19 pandemic.

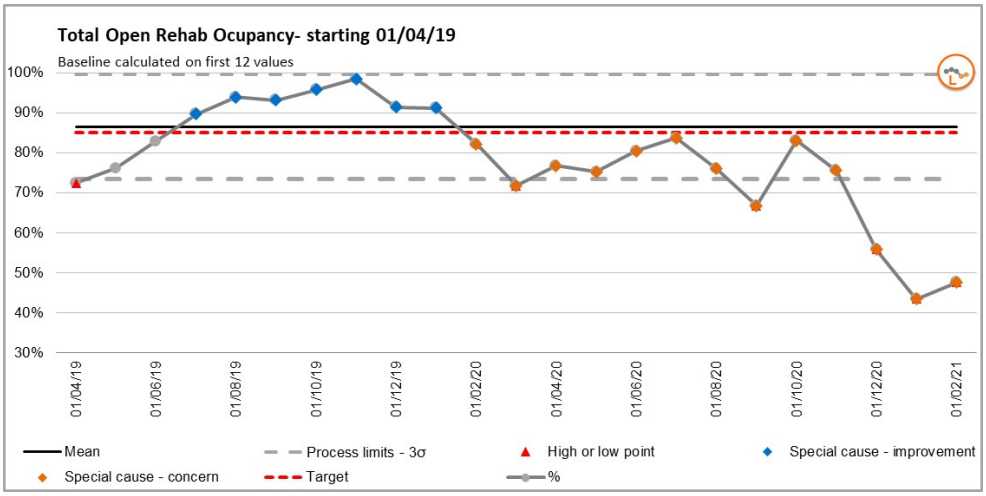
The unit cares for patients with severe and enduring mental illness who have likely had significant periods in hospital to help manage their symptoms, they provide additional rehabilitation support in their recovery before moving back into their community to live.

Since the closure, all patients requiring low dependency rehabilitation have either been treated at Ashley House's twin unit Maple Lodge in Boston or by the community rehabilitation service, which may also involve some elements of support from adult social care services.

Prior to its temporary closure, Ashley House had been operating below 100% occupancy since October 2018:



LPFT's low dependency rehabilitation inpatient bed stock, prior to the temporary closure, consisted of 30 beds, 15 at Ashley House in Grantham and 15 at Maple Lodge in Boston. The combined bed occupancy of both these units had been maintained below 100% since January 2019.



Historically patients have been referred to LPFT's open rehabilitation beds from either high dependency rehabilitation wards, or acute mental health wards, however due to the location of the two units, care was not always near people's local community or social networks and patients from other areas will have been required to travel.

For the three-year period prior to the temporary closure, Ashley House had 52 admissions, of which 14 were from Grantham and the surrounding area, with 8 being from Grantham itself. This means that 73% of patients were treated away from their local communities and social networks.

Area	Count of origin of home location
Billinghay	1
Boston	3
Cleethorpes	1
Colsterworth	1
Cranwell	1
Gainsborough	1
Grantham	8
Horncastle	1
Lincoln	17
Market Deeping	2
Skegness	3
Sleaford	5
Spalding	3
Splisby	1
Stamford	4
(blank)	
Grand Total	**52**

Community Rehabilitation

There is good evidence that when local mental health rehabilitation services are available, around 2/3 of people with complex needs are supported to achieve sustained successful community living without the need for further readmissions to hospital (Killaspy, 2016) and, that people receiving support from rehabilitation services, are eight times more likely to achieve/sustain community living compared to those supported by generic community mental health services (Lavell et al 2011).

Community rehabilitation can provide ongoing specialist clinical support for people when they are discharged from hospital and can complement other mental health community teams when supporting people who need a more structured and intensive approach.

Community rehabilitation can provide a consistent input, with a focus on rehabilitation and recovery, promoting coping skills and widening people's social networks.

The team supports housing providers in being able to offer a tailored package of care, reducing the need for readmission, or a breakdown in placement, and can support agencies to adopt a formulation approach to increase the person's quality of life and improve outcomes.

Community rehabilitation teams would usually be able to support people who have made the move from a ward-based environment into the community, but who may require increased levels of ongoing support and care with their day-to-day lives, both social and personal.

The service plays an integral role in supporting people with specific rehabilitation and recovery needs, to have greater choice and control over their care and to 'live well in their communities' as required as part of the LPFT vision, the Lincolnshire system's *Care Closer to Home* ambitions and the NHS long-term plan.

NHS England have identified the development of and investment into 'dedicated community mental health rehabilitation functions' as an essential part of the community mental health transformation programme.

It includes a strong multi-disciplinary team approach to undertake co-produced care and support planning, reduce reliance on inpatient provision, address severity and complexity, to maximise independence and work with local authority partners to develop and implement a housing strategy for this cohort.

The current service has received positive feedback from service users and the team are in the process of collecting impact data to demonstrate the ongoing effectiveness of the service. This will be brought back as an update for the Health Scrutiny Committee in six months' time, when more quantitative and qualitative data has been collected.

Current Situation

The community rehabilitation service is currently funded to provide support for only one third of the county, having secured primer funding through the national Community Mental Health Transformation Programme. The service cannot currently be expanded to the other parts of the county without additional investment. At this time, no further funding opportunities have been identified or agreed.

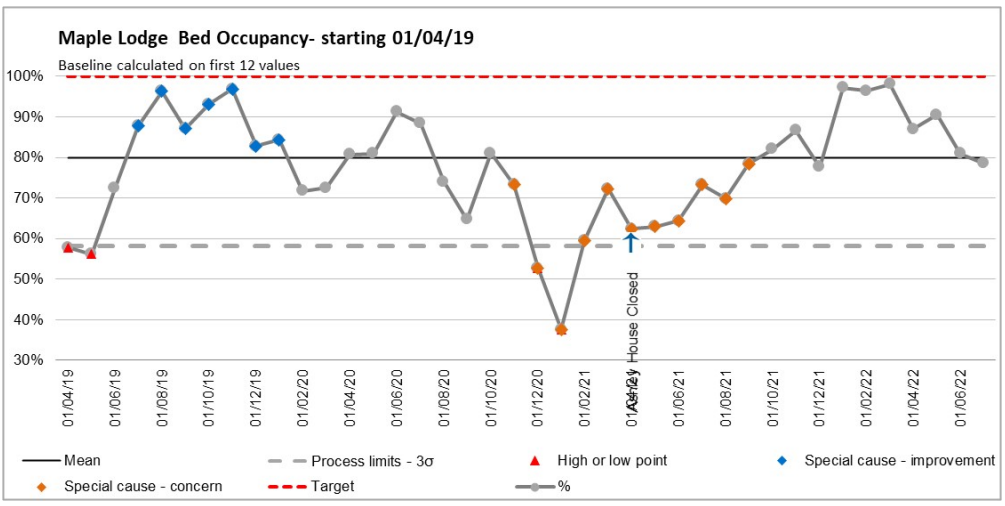
The community rehabilitation service currently has the capacity to cover the West and South of the county with a caseload of 25. The team are able to promote earlier discharge and provide care closer to home, whilst establishing support, including improving social networks and meaningful occupation within their local community.

Intensive in-reach is provided to a further 15 people who are still in inpatient settings. This helps establish strong relationships and promotes effective communication with the ward teams, to support effective and successful transition from ward to community.

Since it was first established in 2020/21, the community rehabilitation service has enabled the discharge of 15 patients previously cared for in the Wolds inpatient rehabilitation unit in Lincoln. This enabled the unit to be able to provide new reablement support for people in the acute mental health pathway, which has supported the reduction in people being cared for out of area.

When Ashley House was temporarily closed in February 2021, some of the staff were redeployed to increase the capacity of the community rehabilitation team. They were consequently able to support patients previously cared for at Ashley House in a community setting, reducing the demand for open rehabilitation beds. However this still did not consistently provide a countywide service.

The reduction in open rehabilitation beds from 30 (Ashley House and Maple Lodge combined) to 15 beds, has meant that all patients requiring open rehabilitation inpatient care have been accommodated at Maple Lodge, and Maple Lodge occupancy has remained below 100% since that time. There have been zero out of area admissions for this patient group.



Options for future delivery

Option 1: Reopen Ashley House as a 15 bedded open rehabilitation unit.

This option would see the reopening of the unit as a 15 bedded open rehabilitation service and the former service restored. This however would only be possible once the impact of the pandemic is no longer having a significant impact on staff availability. The current temporary arrangement would need to remain in place until then.

Risks:

- The community rehabilitation service would not be expanded and return to covering just one third of the county until another source of funding could be found to expand in other parts of the county.
- More people would need to access care away from their communities and personal support networks.
- More people would need to be cared for in more restrictive hospital settings rather than in the community.
- Several staff that originally worked at Ashley House have since left to take up different posts. This would mean a period of recruitment would be required to ensure safe staffing levels before the unit could reopen.

Benefits:

- No financial impact.
- Less disruption for the remaining Ashley House staff who are currently redeployed to other teams.
- Local Grantham and surrounding area residents would not need to travel for their open rehabilitation inpatient care should they need it.

Option 2: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to enable a countywide service. (PROPOSED).

Under this option, the community rehabilitation service would be significantly expanded to cover the entire county. The service would have the capacity to continue supporting the cohort of patients who were previously admitted to Ashley House and would have further capacity to help more people live independently in other parts of the county. In turn, this would enable a reduction in the number of people placed out of area in high dependency rehabilitation placements, as local beds would be available, and the pathway would work most effectively.

It is worth noting that the service investment is not limited to clinical services - as the care package may require third sector, housing support and potentially social care.

Risks:

- The remaining Ashley House staff who are currently redeployed to other teams would need to be redeployed on a substantive basis, which could lead to dissatisfaction.
- Local Grantham and surrounding area residents would need to travel for open rehabilitation inpatient care *(This would affect less than 14 people over three years – or circa 5 per year - with the expansion of the community rehabilitation service)*
- With fewer open rehabilitation beds, if demand increased significantly, this could lead to an increase in out of area placements. *However, it is expected that this risk would be mitigated by the increased capacity of the community rehabilitation service.*
- There could be local objection to inpatient services being changed in the Grantham area.
- There could be impact on adult social care budgets as a result of the closure. This is being monitored - with resolution through the system partnership arrangements if required.

Benefits:

- More people will be supported out of hospital, in less restrictive environments.
- More people will be cared for closer to home and in their own communities, reducing travel for many patients, their families and carers (73% of those patients previously admitted to Ashley House).
- The Ashley House unit would be available for other uses. Including the potential to provide short-term residential accommodation for some of Lincolnshire's most complex individuals. It would be the intention to explore future uses for the population through any consultation undertaken.
- The increased capacity of community rehabilitation could enable a reduction in the number of people placed out of area as more beds are freed up locally in the rehabilitation pathway.

Proposed Community Rehabilitation Service Model

The original service model and this proposed extension has been designed using feedback from patients, service users, carers and staff. The established service model has been running effectively since 2020 and has been subject to ongoing review by the NHS England national team, who maintain oversight of the community mental health transformation programme. The model will be further developed as necessary through the proposed staff, patient, service user and public consultation plan set out in section 2.

The intention with option 2 is to reinvest the Ashley House staffing resource into expanding the community rehabilitation service, enabling the maximum reach of this service, rather than making financial efficiencies.

The financial analysis of the options is detailed in the following section, but in summary, the financial resources associated to Ashley House will take the service from 14.8 staff to 32.5 whole time equivalent staff.

Because of existing management and administrative posts already employed in the team, the majority of new investment would be focused on increasing the number of patient-facing roles.

This means that that service will move from supporting a caseload of 25 people in the community and intensive in-reach to a further 15 people who are in inpatient wards in the West and South of the county, to supporting around 60 people in the community and around 30 inpatients on a countywide basis.

A review of all current inpatients and those in the community with rehabilitation needs has been carried out by LPFT's clinical teams and identified that this level of service provision would be sufficient to cover the needs of the Lincolnshire population.

Workforce Recruitment

There are local and national workforce pressures across the NHS, which are creating significant challenges in recruiting some types of registered clinical professionals and hindering service delivery. Because of this, and because the nature of community rehabilitation allows it, the workforce profile has been designed to minimise a reliance on specialist clinical roles, with greater emphasis on staff with broader skill sets and providing on the job training.

Taking this approach to build upon the established team, LPFT is confident that it can successfully mobilise the proposed service.

Financial Options Summary – Provided by LPFT Finance Team

The table below provides a summary of the two options discussed above:

Financial options comparison	Annual financial impact at 22/23 prices (saving)/ +cost pressure) £000	Financial ranking
Option 1 - Re-open Ashley House	-	2
Option 2 - Closure of Ashley House and expansion of Community Rehab service	(33)	1

- Option 1 is expected to be cost-neutral, as expenditure would revert to the existing recurrently contracted service.
- Option 2 is anticipated to generate a net saving of £33k. As such, **Option 2** is ranked highest on a financial basis.

A further breakdown of the costs relating to Option 2 are provided within the following table:

Option 2 - Financial Summary	WTE	Annual cost at 21/22 price £000
Proposed new service direct costs	**32.5**	**1,455**
Less direct cost of existing Community Rehab service	14.8	743
Less direct costs reallocated from Ashley House		744
Total existing funding		**1,488**
Net saving/contingency		33

The following notes provide further information:

- All costs are shown at **21/22 prices** in order to ensure a like-for-like comparison with current Ashley House budgets
- Values are shown on a **direct cost basis only**, prior to overhead allocation. This is to avoid a double count of overheads already funded in relation to the current Ashley House service
- The proposed new Community Rehab service has been costed in its entirety. The £1,455k illustrated above therefore includes the cost of the current funded service.

Financial Appraisal

The expanded Community Rehab service model proposed within Option 2 could be funded on a cost-neutral basis from existing budgets. As illustrated within the above table, a remaining balance of **£33k** would be available as a contingency for the costs of repatriation, or a potential efficiency in the longer term.

The costs shown above do not include indirect capital charges or maintenance costs associated with the Ashley House building. These budgets will currently remain in place in order to fund any ongoing expenditure related to the physical building and will require separate consideration relating to the future use of the estate.

In addition to the financial summary provided above, it is expected that further cost savings could be generated in relation to out of area placements. Further analysis is required before these savings can be accurately costed. However, if realised this would result in a further system-wide financial benefit in relation to Option 2.

Travel and Transport

As described already for the majority of patients the expansion of community rehabilitation will reduce the need for patients in many areas of the county to travel for rehabilitation support, including many in the Grantham and surrounding area.

There may be a small number of patients (*circa 5 per year following the expansion of the community rehabilitation service)* that would still require inpatient open rehabilitation support, and this would be provided at Maple Lodge in Boston.

Patients requiring this service would be supported with transportation to the ward and the impact on families, carers and friends would be explored as part of any consultation process.

2. Consultation

Public and Patient Engagement

Over the last two years we have carried out a continuous engagement approach, working with patients, carers, public, partner organisations and staff to consider and develop our mental health rehabilitation services.

This has included several events held face to face across the county and online to discuss, develop and shape our new community rehabilitation service, transform our current rehabilitation inpatient provision and to discuss the impact of the temporary closure of Ashley House in Grantham.

As well as the ad-hoc engagement, we have also set up a regular Community Rehabilitation Team Advisory Group, consisting of patients, service users, carers and stakeholders to work with staff to act as a critical friend and help shape our services.

Events have taken place at a variety of locations across Lincolnshire and online. Despite the Covid-19 pandemic we were able to continue our engagement activity by moving to a virtual approach. (A full list of engagement activity can be found at Appendix B)

As part of this process, we have engaged with over 170 members of the public, 76 of which have been patients, service users and carers, as well as 100 stakeholders which included local community, voluntary and social enterprise organisations that could also play a role in supporting our patients in the community.

Through these events and our advisory group, we have heard feedback around the following key themes:

- People wanted more support to live well at home, rather than in hospital.
- People need support with housing following discharge from the wards.
- Services need to work together to support people living with mental health illness.
- Following discharge extra support would be appreciated to help with reintegration back into the community.
- Support in the community needs to come from a range of expertise i.e., social workers, occupational therapists and community nurses as a coordinated package of ongoing care.
- People need support to find and join community projects and groups.
- More support is needed with personal health or adult social care personal budgets.

- People wanted help and support in case their wellbeing deteriorated before the need to be re-admitted.
- Help and support to connect to other services.
- People did not want to travel out of Lincolnshire for their rehab care.

Considering the specialist nature of rehabilitation services and the low number of service users likely to have direct experience of care in these services, we were content with the level of engagement throughout this process and felt this was representative to inform our options appraisal to date.

Service Specific Staff and Clinicians

It is also important that any service change is led by our clinicians, using their expertise, skill and clinical knowledge to shape services to deliver the best quality care for patients.

Like patients, service users, carers and external stakeholders, we have engaged our entire rehabilitation workforce throughout the past two years, keeping them informed of the temporary closure of Ashley House, and involving them in the development of the new community rehabilitation service.

A full options appraisal has been performed to determine any impact of the continued closure of inpatient beds, taking into account a range of factors including the feedback from our patient and staff engagement process to date.

Through this the project team identified that admission to Ashley House was not providing what most people wanted, and that people admitted to Ashley House were often away from their local communities, friends, and their families.

The team are therefore proposing to enable people to live well at home rather than in hospital and to provide parity of care to all residents in Lincolnshire, the expansion of the community rehabilitation service would be the most effective way to facilitate this.

Engagement with Health Scrutiny Committee

We have updated and discussed with Lincolnshire's Health Scrutiny Committee the temporary closure of Ashley House as part of our response to the Covid-19 pandemic, as well as keeping the committee informed of engagement activity. We provided a further update at the meeting on 13 April where we discussed developing future service options.

Now that LPFT and Lincolnshire NHS Integrated Care Board are in agreement on the options, we are here today to discuss these proposals in line with our legal duty to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate.

3. Proposed Next Steps

Given the specialist nature of this service and small numbers of patients the proposals are likely to affect, we would propose that this does not meet the thresholds for significant service change by NHS England and Improvements standards and that we move straight to a robust locally led targeted consultation with patients, service users, carers and stakeholders specifically on the proposals outlined.

Following this proposed process as set out allows a swifter resolution and clarity on future service model, whilst still ensuring a robust engagement and consultation process to aid that decision making.

With the challenges of recruitment and uncertainty of current staffing models, it would benefit the service in being able to finalise a direction of travel and add clarity and certainty for existing staff that would not only help with retention but also help in any remaining recruitment still underway in the service.

It is often challenging to recruit to substantive posts when services are still in a pilot phase and more certainty would also benefit service users who would be assured that the care they are currently receiving will continue and further enhance, aiding in their recovery.
Our consultation proposal would be for this to take place over a 10-week period, utilising a variety of methods and opportunities to achieve our aim of all affected stakeholders being sufficiently well informed of the proposed changes and able to provide feedback in the manner of their choosing. This would pay particular attention to the Grantham area where bed closures are proposed.

A key aspect of our consultation is ensuring that our methods and approaches are inclusive and tailored to ensure those most affected and stakeholders can have their say.

It is proposed to undertake the consultation mainly with those currently accessing mental health services, those currently an inpatient in rehabilitation services and those who have accessed services in the past. As well as their families, carers and rehabilitation staff. We will offer open opportunities to everyone in our local community should there be a wider public interest.

The Equality and Quality Impact Assessments undertaken by the project team have not identified any specific disadvantaged groups from any proposed changes.

However, the events and opportunity to have their say will be distributed to a wide range of organisations, groups and members, with particular attention given to seldom heard groups of our community to ensure they are aware of the changes, have the opportunity to comment and are provided information in a format that meets their needs.

This may include alternative language, easy read and audio where required.

Third sector community groups and organisations who support people with mental ill health will also be asked to comment and contribute to discussions and raise awareness with their service users.

Promotion will be extended with support from our stakeholders and partner agencies with access to large proportions of the Lincolnshire population who may have a specific interest. The exercise will be 'dynamic' – we will adapt our approach in the light of feedback and welcome suggestions of how to reach more people.

Proposed timeline: 12 October 2022 – 21 December 2022 (10-week consultation period)

Approach

This will be supported by extensive communications such as supporting information in a range of multi-media formats both digital, face to face and print where required.

- **Online/paper survey** - As well as an online survey which will capture wider views and opinions of the proposals, we are also proposing that printed copies of the survey and background information will be provided in print for mental health community and inpatient services and key groups that support mental health service users.
- **Posters and use of digital screens** - utilised across a number of sites including, LPFT bases, GP surgeries, community venues.
- **Social media and the Trust's website** - will host information about the consultation and regularly promote across social networks.
- **Existing membership database and newsletter**- as a Foundation Trust we have over 9,000 members identified as interested in receiving information about our services and having their say. We will utilise this group to share information and seek their views.
- **Use of existing forums**
- **Local media** – the Trust will link with local media outlets to proactively profile the changes and encourage views from a wide range of community representatives
- **Face to face and virtual events** – we will host a number of events both face to face and virtually across the county, particularly focusing on Grantham where the closure of inpatient beds is proposed. These will be a mixture of open to all events, and specific targeted opportunities with existing service user groups and current rehab inpatients. See proposed timetable in appendix A.

Reporting and Feedback

The feedback received will inform the Lincolnshire Integrated Care Board final decision-making. This feedback is an important part of the decision making and will be fully taken into account, alongside other essential factors such as clinical, financial and practical considerations.

The consultation does not represent a vote on, or a veto over, any form of change. No final decisions will be taken until after the consultation has closed and results have been collated and reported.

The feedback report and outcomes will be made publicly available following the decision.

4. Key Strategy Documents

The Community Mental Health framework (2019) states 'People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This will help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation'

NICE Guidance NG181 (Rehabilitation for adults with complex psychosis) states patients should be offered care in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway.

The NHS Long Term Plan's Mental Health Implementation Plan specifically recognises mental health community rehabilitation as a "fixed, targeted deliverable" within plans for new community services for adults with severe mental illness.

5. Conclusion

- Ashley House has been temporarily closed since 10 February 2021.
- Since closure, all patients requiring low-dependency open rehabilitation have either been treated at Maple Lodge in Boston or by an expanded community rehabilitation service.
- No patients have had to travel out of Lincolnshire to access low-dependency open rehabilitation care, nor have patients had to wait longer to access care locally.
- Feedback from staff, patients and carers has been positive, with people preferring to be supported at home, rather than in a hospital bed.
- The success of this new way of working has prompted consideration of the future service model and two viable options have been identified:

  Option 1: Reopen Ashley House and reduce the community rehabilitation team back down to just 1/3 county coverage. This would mean that some patients currently being cared for at home would need to be admitted back into Ashley House to receive the level of care they need.

  Option 2: Permanently close Ashley House and use all associated funding to expand the community rehabilitation service across the whole of Lincolnshire.

- Option 2 is currently preferred, as this will ensure that people are cared for closer to home. The current interim way of working has demonstrated that community rehabilitation works well and is preferred by patients, service users and carers. The resource linked to Ashley House will be used to further strengthen the community rehabilitation service, it would ensure equitable countywide provision, and also enable patients who are currently in higher-dependency rehabilitation placements to be cared for in a less restrictive settings, including some people who are currently placed in locked rehabilitation units outside of Lincolnshire. This also releases the current Ashley House building for alternative uses within Grantham - and it would be the intention to explore future uses for the population through any consultation undertaken.

- Given the specialist nature of this service and the small number of patients the proposal is likely to affect, the Committee is asked to approve a process of locally led targeted consultation with patients, service users, carers and stakeholders, to inform a final decision.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Proposed Engagement Timeline
Appendix B	Engagement Activity to Date

6. 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 Chris Higgins Director of Operations at LPFT, who can be contacted via (Christopher.Higgins3@nhs.net / or 01522 309199)

Appendix A

Proposed Consultation Timeline

Date	Activity	Audience	Location
Pre-launch	Review patient experience data	Current service users from 2019	Countywide
10-week engagement period The activities will be supported by: ○ Documents outlining the background information, reasons for change and options for future service delivery ○ Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA) ○ Frequently Asked Questions			
10 October 2022	Meetings / Briefings	○ Staff ○ LPFT Council of Governors ○ Partner organisations ○ Lincolnshire Health Scrutiny Committee ○ Healthwatch Lincolnshire ○ MPs ○ Media	Countywide
12 October – 21 December 2022	Questionnaire inviting views on options for future service delivery (paper version, online and in alternative formats e.g. translations)	Patients, service users, carers, families, staff, third sector partners, public, stakeholders, protected characteristic groups	Countywide
12 October – 21 December 2022	Website - overview of service, case for change and proposal	All patients, service users, carers, public, staff and stakeholders	Countywide
12 October – 21 December 2022	Emails promoting events sent directly to patient panels/memberships in all NHS organisations, extensive database of protected characteristic groups.	All patients, service users, carers, public, seldom heard groups, protected characteristics groups and communities affected by health inequalities	Countywide

Date	Activity	Audience	Location
12 October – 21 December 2022	Working with partner and third sector organisations to promote the consultation activities such as Healthwatch, Voluntary Engagement Team, Shine Lincolnshire, Community Mental Health Transformation Co-Production Network	Patients, service users, carers, families, staff, third sector partners, public, stakeholders, protected characteristic groups and communities affected by health inequalities	Countywide
12 October – 21 December 2022	Communications o Posters in LPFT sites/GP surgeries o Social media promotion o Media activity o Internal comms to staff within LPFT o Sharing via system comms network for wider promotion by partners	Patients, service users, carers, families, staff, third sector partners, public, stakeholders, protected characteristic groups and communities affected by health inequalities	Countywide
TBC	Face to face consultation event	Existing patients, service users, carers and staff	Maple Lodge, Boston
TBC	Face to face consultation event	Existing patients, service users, carers and staff	Discovery House, Lincoln
TBC	Staff consultation event	Staff	Discovery House, Lincoln
TBC	Staff consultation event	Staff	Maple Lodge
TBC	Virtual consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Online
TBC	Virtual consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Online
TBC	Face to face consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Grantham
TBC	Face to face consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Gainsborough

Date	Activity	Audience	Location
TBC	Face to face consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Skegness
TBC	Face to face consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Virtual via MS Teams
TBC	Face to face consultation event	Patients, service users, carers, families, staff, third sector partners, public, stakeholders and interested people	Stamford

Appendix B

Engagement Activity to Date

A. Public Engagement (including patients, service users, carers and stakeholders)

Date	Delivery Method	Audience	Activity	Status
10/12/2019	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties in **Lincoln**	To engage and start a conversation about the new community rehabilitation service	Complete **16 Service Users/Carers + 4 Staff**
13/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Lincoln**	To engage and start a conversation about the new community rehabilitation	Complete **16 Delegates + 4 Staff 5 Service Users/Carers**
14/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Gainsborough**	To engage and start a conversation about the new community rehabilitation service	Complete **8 Delegates + 3 Staff 2 Service Users/Carers**
16/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Boston**	To engage and start a conversation about the new community rehabilitation service	Complete **10 Delegates + 3 Staff 1 Service User**
21/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Grantham**	To engage and start a conversation about the new community rehabilitation service	Complete **12 Delegates + 3 Staff 3 Service Users/Carers**
23/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Spalding**	To engage and start a conversation about the new community rehabilitation service	Complete **5 Delegates + 3 Staff 3 Service Users/Carers**
23/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Long Sutton**	To engage and start a conversation about the new community rehabilitation service	Complete **6 Delegates + 3 Staff 3 Service Users/Carers**

Date	Delivery Method	Audience	Activity	Status
27/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Louth**	To engage and start a conversation about the new community rehabilitation service	Complete **6 Delegates + 3 Staff** **2 Service Users/Carers**
28/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Skegness**	To engage and start a conversation about the new community rehabilitation service	Complete **1 Delegate + 3 Staff** **0 Service Users/Carers**
31/01/2020	Community Rehabilitation Services Engagement workshop	Service users, carers, families, staff, third sector parties, neighbourhood working & commissioners in **Stamford**	To engage and start a conversation about the new community rehabilitation service	Complete **8 Delegates + 3 Staff** **2 Service Users/Carers**
01/09/2020 & 14/09/2020	Rehabilitation Service Transformation Engagement workshop	Rehabilitation service medics	To engage with medics about the transformation work and potential changes	Complete **2 Staff**
12/10/2020	Rehabilitation Service Transformation Engagement Focus Group / Having a Conversation	Service users, carers, families, providers and interested people in Lincolnshire	Starting a conversation about how to improve our rehabilitation services via online forum	Complete **11 delegates + 3 staff** **2 Service Users/Carers**
13/10/2020	Rehabilitation Service Transformation Engagement Focus Group / Having a Conversation	Service users, carers, families, providers and interested people in Lincolnshire	Starting a conversation about how to improve our rehabilitation services via online forum	Complete **12 delegates + 3 staff** **2 Service Users/Carers**
07/10/2020 24/11/2020 ongoing	Rehabilitation Service Transformation Reference Group	Service users, carers, families, providers and interested people	To act as a critical friend to the new service	An Advisory Group has been set up for the Community Rehabilitation Team who meet monthly

Date	Delivery Method	Audience	Activity	Status
26/05/2021 & 09/06/2021	Rehabilitation Service Transformation Update Engagement Focus Group Events	Service users, carers, families, providers and interested people	To give an update on the rehabilitation services transformation work including the expansion of the Community Rehabilitation Team	**16 delegates attended 7 Service Users/Carers**
14/10/21	Community Rehabilitation Advisory Group	CRT Staff, Patients and Carers	To act as a critical friend to the service, to work in partnership to design, co-produce and deliver an excellent service.	Complete
22/11/21	Engagement Event, The Wolds	Patients and Staff	To talk to our patients and staff on The Wolds about converting to a mixed sex ward.	Complete **7 service users**
16/12/21	Community Rehabilitation Advisory Group	CRT Staff, Patients and Carers	To act as a critical friend to the service, to work in partnership to design, co-produce and deliver an excellent service.	Complete
26/01/21	Community Rehabilitation Advisory Group	CRT Staff, Patients and Carers	To act as a critical friend to the service, to work in partnership to design, co-produce and deliver an excellent service.	Complete
22/02/21	Community Rehabilitation Advisory Group	CRT Staff, Patients and Carers	To act as a critical friend to the service, to work in partnership to design, co-produce and deliver an excellent service.	Complete
28/02/22	Rehabilitation Service Transformation Update Engagement Focus Group Events	Service users, carers, families, providers and interested people via MS Teams	To give an update on the rehabilitation services transformation work including the expansion of the Community Rehabilitation Team and the temporary closure of Ashley House in Grantham	Complete Engagement Event via MS Teams **14 Delegates attended 9 Service Users/Carers**

Date	Delivery Method	Audience	Activity	Status
22/03/22	Rehabilitation Service Transformation Update Engagement Focus Group Events	Service users, carers, families, providers and interested people at **Alive Church in Lincoln**	To give an update on the rehabilitation services transformation work including the expansion of the Community Rehabilitation Team and the temporary closure of Ashley House in Grantham	Complete **9 Delegates attended** **4 Service Users/Carers**
23/03/22	Rehabilitation Service Transformation Update Engagement Focus Group Events	Service users, carers, families, providers and interested people at **Boston Football Stadium, Boston**	To give an update on the rehabilitation services transformation work including the expansion of the Community Rehabilitation Team and the temporary closure of Ashley House in Grantham	Complete **8 Delegates attended** **3 Service Users/Carers**
24/03/22	Rehabilitation Service Transformation Update Engagement Focus Group Events	Service users, carers, families, providers and interested people at **Jubilee Life Church, Grantham**	To give an update on the rehabilitation services transformation work including the expansion of the Community Rehabilitation Team and the temporary closure of Ashley House in Grantham	Complete **9 Delegates attended** **4 Service Users/Carers**
24/03/22	Community Rehabilitation Advisory Group	CRT Staff, Patients and Carers	To act as a critical friend to the service, to work in partnership to design, co-produce and deliver an excellent service.	Complete

B. Staff Engagement

Date	Delivery Method	Audience	Activity	Status
September and October 2019 (8 events)	Community Rehabilitation and reablement engagement workshop	LPFT Staff	To engage and start a conversation about the new community rehabilitation service and move to reablement model	Complete **40 staff attended**
19/09/19	Email to all Wolds staff	LPFT staff from the Wolds ward	To update teams on move to reablement model on the Wolds	Complete
27/09/19	Fens away day	LPFT staff from the Fens ward	Discuss future model of rehabilitation	Complete **16 staff attended**
	Vales away day	LPFT staff from the Vales ward	Discuss future model of rehabilitation	Complete
	Wolds away day	LPFT staff from the Wolds ward	Discuss future model of rehabilitation	Complete
December 2020	Future of open rehab engagement meeting	LPFT staff	To discuss possible future options for open rehabilitation	Complete **29 staff attended**
January 2021	Future of open rehab engagement meeting	LPFT staff from Ashley House and Maple Lodge	To discuss possible future options for open rehabilitation	Complete **27 staff attended**
02/02/21	Staff briefing and engagement events	LPFT staff from Ashley House	To discuss temporary closure for Covid-19 business continuity	Complete **27 staff attended**
11/02/21	Ashley House staff engagement event	LPFT staff from Ashley House	To discuss temporary closure and emerging future options	Complete **36 staff attended**
31/03/22	Ashley House staff engagement event	LPFT staff from Ashley House	To discuss temporary closure and emerging future options	Complete **17 staff attended**
18/05/21	Ashley House staff engagement event	LPFT staff from Ashley House	To discuss temporary closure and emerging future options	Complete **12 staff attended**

Date	Delivery Method	Audience	Activity	Status
24/08/21	Ashley House staff engagement event	LPFT staff from Ashley House	To discuss temporary closure and emerging future options	Complete **16 staff attended**
January 2022	One to one staff meetings	LPFT staff from Ashley House	To discuss temporary closure and emerging future options	Complete
19/04/22	Staff briefing	LPFT staff from Ashley House	To update on final options	Complete

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Lincolnshire COUNTY COUNCIL Working for a better future		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 Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 September 2022**
Subject:	**Spalding GP Surgery Managed List Dispersal**

Summary:

Information on the process to invite expression of interest from current providers of primary care medical services to take on a managed list dispersal of patients from Spalding GP Surgery.

Actions Requested:

The Committee is asked to note the content of the report.

1. Background

Spalding GP Practice operates from the Johnson Community Hospital in Spalding and is one of three practices within the Spalding Primary Care Network (PCN). It is the smallest of the three in terms of registered patient list with 3,361 patients (July 2022). The small size of the practice means there is little resilience in the delivery model. This increases the risk of service delivery failure and impacts on patient safety.

Following the decision of Lincolnshire Community Health Service NHS Trust (LCHS) not to extend the contract beyond the initial three years, several options were explored to ensure continuity of patient care. These options were presented to the Primary Care Commissioning Committee on the 15 June 2022 and the recommendation to conduct a managed list dispersal via an open expression of interest process was formally agreed.

The NHS Lincolnshire Integrated Care Board (ICB) very much regrets that the proposed managed dispersal of the patients registered with the Spalding GP will be a second move for many of these patients who were originally registered with Pennygate surgery, which closed in 2018.

To ensure that patients have had the opportunity to provide feedback the ICB have organised a range of local meetings, provided access to both online and paper surveys and is supporting events organised by Sir John Hayes and Councillors of South Holland District Council. The following are key points related to this closure and the move of registered patients from Spalding GP Surgery at Johnson Community Hospital at this time:

- High level of concerns with the access and quality of the two large Spalding surgeries – Beechfield and Munro.
- Continued growth of the town from housing developments
- The previous commitment by the former South Lincolnshire Clinical Commissioning Group to put a facility on the west side of Spalding that has not materialised.

The focus of the ICB team at this time is to ensure that the patients registered at Spalding GP surgery are registered at an alternative GP and have access to ongoing primary care provision.

The team have committed to work with local representatives to agree plans to progress discussion regarding the continued growth of the town once the current process is completed.

2. Consultation

There is direct consultation and engagement with registered patients and other key stakeholders. The ICB commenced this process on 13 July 2022 and will run for 56 days and close at midnight on 7 September 2022. The aim of this process is to seek the views of registered patients and other key stakeholders on what is important to them for the provision of medical services.

The process started with the normal dissemination of information through various routes – letter to households of registered patients, press release, social media, ICB website and direct communication with key stakeholders such as local MPs, Councillors and LMC.

A patient survey has been circulated via the Spalding GP practice, via PALS and can be downloaded from the ICB website. As of 30 August, 177 responses have been received. Feedback is also being gathered from the scheduled drop-in engagement sessions that have been arranged at various times of the day and at different locations. Hard copies of the survey, letters and FAQS are made available at these events. Key messaging on what is important from patients and public to date is:

- Access, including
  - Parking
  - Public transport
  - Face 2 Face appointments
- Quality Care that can be personalised
- Continuity

3. Key Strategy Documents

All legal, policy and regulatory requirement will be adhered to throughout this process. The main reference document with regards to the list dispersal is the Primary Care Policy and Guidance Manual NHS England » Primary Medical Care Policy and Guidance Manual (PGM)

4. Conclusion

All feedback from the engagement process will be collated and evaluated to form a report that will be presented to the September Integrated Care Board Primary Care Commissioning Committee, prior to it being publicly available. This feedback will then inform the expressions of interest process.

The expressions of interest process when finalised will be published through the formal EU Tender Portal and will be managed in line with a formal procurement. Following this process concluding a report with recommendation will be presented to the Integrated Care Board Primary Care Commissioning Committee.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Letter to patients, 2nd iteration
Appendix B	Media Release
Appendix C	Frequently Asked Questions, 2nd iteration

6. 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 Shon Brewster, Primary Care Team, Lincolnshire Integrated Care Board, who can be contacted via sbrewster@nhs.net or 07717 423342

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NHS
Lincolnshire
Integrated Care Board

Lincolnshire Integrated Care Board
HQ Bridge House
The Point,
Lions Way
Sleaford
NG34 8GG

Tel: 01522 573 939
Email: lccg.office@nhs.net

08 August 2022

Please share this information with other members of your household who are registered with Spalding GP Surgery

Dear Patient/s,

Ref: UPDATED Letter - Consultation with patients regarding Spalding GP Surgery – ADDITIONAL DROP IN EVENTS.

We apologise for the delay in the first letter being received.

NHS Lincolnshire Integrated Care Board (ICB), previously known as NHS Lincolnshire Clinical Commissioning Group, are responsible for ensuring the residents of Spalding and surrounding areas have access to high quality local NHS services now and in the future.

Since 2018, services at Spalding GP Surgery have been provided from Johnson Community Hospital by Lincolnshire Community Health Services NHS Trust (LCHS). The contract that is currently in place with LCHS ends on the 30 September 2022.

LCHS have decided not to extend their contract, however, they have agreed to continue providing services at Spalding GP Surgery until an alternative service is in place.

Having reviewed the available options, the ICB have agreed to undertake a managed list dispersal through an Expression of Interest process.

This process will involve evaluating other GP surgery providers who express an interest in providing services in the local area to patients currently registered at Spalding GP Surgery.

This means that when the Expression of Interest process has been completed, patients registered at Spalding GP Surgery will be automatically registered at a new GP surgery.

We would like to reassure you that during this process, you should continue to access services at Spalding GP Surgery as normal.

As part of this process, we want to hear from you about what is important when accessing local services. Please complete our online survey which can be found on our website at: www.lincolnshire.icb.nhs.uk/spalding-gp-surgery-consultation.

On our website, you will also find Frequently Asked Questions (FAQs), now updated. We would encourage you to read these before completing the survey.

Paper copies of the survey and FAQs are also available to collect from Spalding GP Surgery.

We will also be holding several drop-in events where you can come along and speak to members of the team about this process.

Details of the initial drop-in events previously communicated are as follows:

- Event 1 – 6.00pm - 8.00pm, Wednesday, 20 July 2022, Patio Room, Springfields Events & Conference Centre, Camel Gate, Spalding PE12 6ET
- Event 2 – 10.00am – 12.00pm, Friday, 22 July 2022, Room ADM124/125, Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Event 3 – 2.30pm-4.30pm, Thursday, 18 August 2022, Patio Room, Springfields Events & Conference Centre, Camel Gate, Spalding PE12 6ET

Additional drop-in events scheduled following delays to the initial letter being received:

- **Event 4 – 6.00pm – 8.00pm, Tuesday, 23rd August 2022, Patio Room, Springfields Events & Conference Centre, Camel Gate, Spalding PE12 6ET**
- **Event 5 – 6.00pm – 8.00pm, Wednesday, 31 August 2022, South Holland Centre, South Holland Centre (23 Market Place, Spalding, Lincolnshire, PE11 1SS)**

If you would like to request information in alternative formats or receive a copy of the survey or frequently asked questions by post, please contact the Patient Advice and Liaison Service (PALS) by telephone on 0300 123 9553 or by email at LHNT.LincsPALS@nhs.net. The service is open 9am – 5pm Monday to Friday (except Bank Holidays).

Yours sincerely

Sarah-Jane Mills
Director of Primary Care, Communities and Social Value

NHS
Lincolnshire
Integrated Care Board

Spalding GP Surgery
Press Release

Patients at a GP surgery in Spalding are being informed they will be automatically registered at an alternative GP surgery as early as October this year as part of plans to transform services in the area.

Spalding GP Surgery based at the Johnson Community Hospital in the town provide primary care medical services to over 3000 patients.

Since 2018, services at Spalding GP Surgery have been provided by Lincolnshire Community Health Services NHS Trust (LCHS). The contract that is currently in place with LCHS ends on the 30 September 2022.

LCHS have decided not to extend their contract, however, they have agreed to continue providing services at Spalding GP Surgery until an alternative service is in place.

NHS Lincolnshire Integrated Care Board (ICB), previously known as NHS Lincolnshire Clinical Commissioning Group), have now outlined plans to undertake a managed list dispersal through an Expression of Interest process.

This means that when the Expression of Interest process has been completed, patients registered at Spalding GP Surgery will be automatically registered at an alternative GP surgery.

In a letter sent to patients, Sarah-Jane Mills, Director of Primary Care, Communities and Social Value at the ICB reassured patients that during this process, they should continue to access services at Spalding GP Surgery as normal and encourages patients to share their views about what is important to them when accessing local primary care medical services.

To have their say, patients can complete an online survey (or collect a paper copy from the surgery).

Patients are also being invited to attend one of three drop-in events where they can talk to a member of the NHS team about the process.

The events are as follows:

- Event 1 – 6-8pm, 20 July 2022, Patio Room, Springfields Events & Conference Centre, Camel Gate, Spalding PE12 6ET
- Event 2 – 10am-12pm, 22 July 2022, Room ADM124/125, Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Event 3 – 2.30pm-4.30pm, 18 August 2022, Patio Room, Springfields Events & Conference Centre, Camel Gate, Spalding PE12 6ET

If patients would like more information in general about the process or to request information in alternative formats, please contact the Patient Advice and Liaison Service (PALS) by telephone on 0300 123 9553 or by email at LHNT.LincsPALS@nhs.net. The service is open 9am – 5pm Monday to Friday (except Bank Holidays).

The consultation runs from Wednesday 13th July 2022 until midnight on Wednesday 7th September 2022.

NHS
Lincolnshire
Integrated Care Board

Spalding GP Surgery
Frequently Asked Questions
Updated 02 August 2022

Who is NHS Lincolnshire Integrated Care Board (ICB)?

NHS Lincolnshire Integrated Care Board (ICB), previously known as NHS Lincolnshire Clinical Commissioning Group), are responsible for ensuring the residents of Spalding and surrounding areas have access to high quality local NHS services now and in the future.

Why am I being registered with another GP surgery provider?

Since 2018, services at Spalding GP Surgery have been provided from Johnson Community Hospital by Lincolnshire Community Health Services NHS Trust (LCHS). The contract that is currently in place with LCHS ends on the 30 September 2022.

LCHS have decided not to extend their contract, however, they have agreed to continue providing services at Spalding GP Surgery until an alternative service is in place.

Having reviewed the available options, the ICB have agreed to undertake a managed list dispersal through an Expression of Interest process.

This process will involve evaluating other GP surgery providers who express an interest in providing services in the local area to patients currently registered at Spalding GP Surgery.

This means that when the Expression of Interest process has been completed, patients registered at Spalding GP Surgery will be automatically registered at a new GP surgery.

What should I do whilst this process is happening?

You should continue to access services at Spalding GP Surgery as normal. If you register at another practice your care and appointments at the Spalding GP Surgery will cease. All correspondence regarding referrals will be sent to your new GP practice. Any referrals that have been made for appointments i.e. acute hospital (United Lincolnshire Hospitals Trust or North West Anglia Foundation Trust will be unaffected.

When am I likely to be registered with another GP surgery provider?

It depends on how long the Expression of Interest process takes to complete. LCHS have a contract in place until 30 September 2022 and have agreed to continue providing services at Spalding GP Surgery until an alternative service is in place.

What does a managed patient list dispersal mean?

A list dispersal would mean patients currently registered at Spalding GP Surgery will be automatically registered at a new GP surgery. Patients do not need to do anything, and their medical records will automatically be passed over to the new GP surgery provider.

Why don't LCHS want to extend their contract?

Strategically LCHS want to focus on working in partnership with GP surgery providers to develop services in local communities rather than as a provider of GP services.

Why can't another GP surgery provider take over the contract?

Appointing another provider was not recommended as:

- There was little interest from other providers in a procurement relating to the closure of Pennygate Surgery in 2018.
- The low number of patients registered at Spalding GP Surgery means it may not be financially viable for a new provider to take over the contract.
- A change of provider may mean some patients decide to register with another GP surgery that is more established leading to a further reduction in the list size which makes it difficult to provide a full range of services.
- It may not be possible for an incoming provider to identify appropriate new premises within the required timescales.
- Staff recruitment will be an ongoing issue for an incoming provider.

Will another GP surgery be able to meet the needs of all the patients from Spalding GP Surgery?

The ICB will review all expressions of interest and evaluate which GP surgery providers will be best able to provide services in the local area to patients currently registered at Spalding GP Surgery. Providers will have to meet certain criteria before any agreement is reached.

What will happen to the current premises at Johnson Community Hospital?

The ICB will continue to work with GPs in the Spalding area and other providers to develop plans which could see a range of services delivered from the current premises, particularly ones that join up with the existing Urgent Treatment Centre also based at the hospital.

Why have I found out that I will be registered at another practice by – text, social media, a friend etc?

We wanted to coordinate the circulation of the information to the registered population and other key stakeholders by various modes of communication (letters, texts, social media, ICB website, local media etc) at the same time. Unfortunately, the initial letters to all the households of registered patients were delayed due to unforeseen circumstances and we apologise for that.

Texts were sent to all patients who have consented to being contacted in this way.

Copies of the letter will be available at Spalding GP Surgery and at the scheduled events.

How do I get a copy of the letter; frequently asked questions; survey, if I don't have a computer or access to the internet?

You can request these by contacting the Patient Advice and Liaison Service (PALS) by telephone on 0300 123 9553 or by email at LHNT.LincsPALS@nhs.net or at Lincolnshire Community Health Services NHS Trust
Beech House, Witham Park, Waterside South, Lincoln, LN5 7JN

The service is open 9am – 5pm Monday to Friday (except Bank Holidays).

Copies will also be available at Spalding GP Surgery.

There is a lot of housing developments in the area what is happening to ensure there is sufficient access to health care services to meet this growth?

The ICB works in partnership with South Holland District Council to understand the housing plans for the area and opportunities to apply for section 106 funding (contribution from developers towards the cost of providing community and social infrastructure). However, these funds can take years to be triggered as it is often dependent on a set number of houses being completed. These funds are used to develop existing healthcare services or new facilities depending on the total amount of funding available.

The ICB continues to work with the Local Authority and the wider health system to understand potential funding and to plan services that meet the need of the growing population.

What is happening to develop a health facility on the West side of Spalding?

The ICB continues to explore options on the West side of Spalding. This work has unfortunately been impacted by the Covid Pandemic as many staff were redeployed to other duties whilst the NHS was in an emergency response situation.

We are also commencing with a National Estates project to identify and prioritise primary care estates requirements and improvements. We will do that in partnership with Primary Care Networks (PCN). PCNs are groups of practices working together at scale – supporting with workforces and recruitment, helping with financial and estates pressures and to provide a wider range of service to patients.

As per the previous question the ICB is linked in with South Holland District Council re section 106 funds to plan services that meet the need of the local population

Do other practices in the area have sufficient capacity to take on these additional patients?

The ICB is committed to ensuring that all patients have access to good primary care services. The reason for undertaking an expression of interest process is to ensure that any provider has the capacity, both in terms of workforce and estates to be able to continue to provide high quality medical services for existing patients and the patients transferred from the Spalding GP surgery.

As a result of Covid new ways of accessing GP / Primary Care Services are now in place i.e. online access, remote consultations etc. When appropriate these modes of access complement face to face appointments for patients.

I have concerns about other practices in the area that I might end up being registered with / dispersed to.

Patients can only be registered with a practice if they are resident within that practice boundary.

The ICB monitors access to practices through a variety of monitoring mechanisms and will work with practices to improve this if issues are identified.

The quality of services is also monitored by teams within the ICB and the Care Quality Commission.

There will be a robust review and evaluation of any GP surgery provider who express an interest in providing services to patients currently registered at Spalding GP Surgery. This will include having assurance around capacity and access and the delivery of quality services.

What about patient choice, can I choose which practice I want to go to?

Patients are permitted to change GPs for any reason at any time. There are restrictions to this choice and patients must reside within the practice boundary.

We want to disperse the list in a managed and controlled way. We are therefore asking patients to wait on the outcome of the expression of interest process.

What if I live outside of the new practice boundary; will I still be able to remain registered?

Once it is identified where patients will be dispersed the list of registered patients will be reviewed to see if anyone falls outside of the practice boundary. Any patient that falls into this category will be contacted to discuss available options.

The ICB has a statutory responsibility to ensure all patients are registered with a GP Surgery so they can receive primary medical care and services.

Lincolnshire COUNTY COUNCIL Working for a better future		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:	**14 September 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 requested 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. Work Programme for Today's Meeting

14 September 2022		
	Item	*Contributor*
1	North West Anglia NHS Foundation Trust: Restoration Recovery Update and Progress on Clinical Strategy for Stamford and Rutland Hospital Site	Caroline Walker, Chief Executive North West Anglia NHS Foundation Trust.
2	Lincoln Medical School - Update	Professor Danny McLaughlin, Associate Dean of Medicine, Lincoln Medical School
3	Lincolnshire Pharmaceutical Needs Assessment 2022	• Lucy Gavens, Consultant in Public Health, Lincolnshire County Council • Alison Christie, Programme Manager, Public Health, Lincolnshire County Council
4	Ashley House Service Change	• Peter Burnett, System Strategy and Planning Director, NHS Lincolnshire Integrated Care Board • Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust • Paula Jelly, Associate Director of Adult Inpatient and Urgent Care, Lincolnshire Partnership NHS Foundation Trust
5	Spalding GP Surgery Managed List Dispersal	NHS Lincolnshire Integrated Care Board: • Sarah-Jane Mills, Director for Primary Care and Community and Social Value • Shona Brewster, Head of Transformation, South West Locality and Primary Care Team Commissioning, Operations and Delivery.

3. Future Work Programme

12 October 2022		
	Item	*Contributor*
1	East Midlands Ambulance Service Update	• Ben Holdaway, Director of Operations, East Midlands Ambulance Service • Sue Cousland Divisional Director, Lincolnshire Division, East Midlands Ambulance Service
2	Update on GP Services – Integrated Care Board	Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board
3	Update on GP Services – Lincolnshire Local Medical Committee	Dr Reid Baker, Medical Director, Lincolnshire Local Medical Committee
4	Future Commissioning Arrangements for Dental Services, Ophthalmology and Pharmaceutical Services	Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board
5	Lakeside Healthcare	• Sandra Williamson, Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board • Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board

9 November 2022		
	Item	*Contributor*
1	Sustainability Transformation Partnership Clinical Care Portal Data Sharing - Update	Theo Jarratt, Head of Quality and Information, Lincolnshire County Council Samantha Francis, Information and Systems Manager, Lincolnshire County Council Dave Smith, Care Portal Team, United Lincolnshire Hospitals NHS Trust

14 December 2022		
	Item	*Contributor*
1	Four NHS Services in Lincolnshire: Stroke Services; Orthopaedics; Grantham Urgent Treatment Centre; and Community/ Medical Beds at Grantham Hospital	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, Lincolnshire Integrated Care Board
2	Lincolnshire Integrated Care Strategy	Representatives of the Lincolnshire Integrated Care Partnership

18 January 2023		
	Item	*Contributor*
1	Dental Services in Lincolnshire	Representatives from NHS England

15 February 2023		
	Item	*Contributor*
1	Director of Public Health Annual Report 2022	Derek Ward, Director of Public Health, Lincolnshire County Council

4. Working Group Activity

Suicide and Mental Health

The remit of this working group, which comprises Councillors Carl Macey, Sarah Parkin, Tom Smith, Angela White, and Mark Whittington, is as follows:

(1) Access to Mental Health Services
- Waiting Lists for Accessing Mental Health Services
- Support for People (including Children and Young People) while on waiting list.
- Support for People Following Discharge from Mental Health Services

(2) Implementation of the Suicide Prevention Strategy
- Support for Specific Communities or Individuals, such as the farming and the armed forces communities and their families.
- Support for Families following a Suicide of a Family Member
- Training for People Providing Support

(3) Use of Anti-Depressants

- Continued Use of Anti-Depressants for Many Years

At its first meeting on 27 July 2022, the Committee considered information on section (2) of its remit. Information on sections (1) and (3) are due to be considered at the working group's next meeting on 27 September. The working group will submit a report on its findings to the Committee.

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

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