


Agenda Item 11

		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 Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	23 November 2016
Subject:	Work Programme and Responses to Consultations

Summary:

This item invites the Committee to consider and comment on its work programme. The report also sets out the Committee's final responses to two consultations. Attached at Appendix B is the Committee's final response to the Full Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust. Attached at Appendix C is the Committee's final response to the Medicines Management consultation, undertaken by the four clinical commissioning groups in Lincolnshire.

Actions Required:

- (1) To consider and comment on the content of the work programme.
- (2) To note the response of the Committee to Full Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust.
- (3) To note the response of the Committee Medicines Management consultation, undertaken by the four clinical commissioning groups in Lincolnshire.

1. The Committee's Work Programme

The work programme for the Committee's meetings over the next few months is attached at Appendix A to this report, which includes a list of items to be programmed.

Set out below are the definitions used to describe the types of scrutiny, relating to the proposed items in the work programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

In considering items for inclusion in the Committee's work programme, Members of the Committee are advised that it is not the Committee's role to investigate individual complaints or each matter of local concern.

2. Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust

The Boards of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingsbrooke Health Care NHS Trust met respectively on 27 September and 29 September 2016, to discuss a Full Business Case that sets out in detail the case for merging all clinical and administration functions from 1 April 2017.

The Full Business Case is available at the following link:

<https://www.peterboroughandstamford.nhs.uk/about-us/trust-news/hospital-trusts-publish-full-business-case-for-proposed-merger/>

Both boards were clear that their approval was subject to the consideration of feedback on the integration of clinical services from the local independent Clinical Senate, and obtaining further views from staff and members of the public at additional engagement sessions to be held throughout October and early November.

On 21 September 2016, the Committee established a working group to draft and finalise the response of the Committee to the Full Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust.

The deadline for responses was 7 November 2016. The Committee's response will be reported to the next meetings of Peterborough and Stamford Hospitals NHS Foundation Trust Board and the Hinchingsbrooke Health Care NHS Trust Board, which are taking place on 29 November and 24 November respectively. The submission from the Committee is set out in Appendix B.

3. Medicines Management Consultation

On 26 October 2016, the Committee established a working group to draft and finalise the response of the Committee to the Medicines Management consultation, being undertaken by the four clinical commissioning groups in Lincolnshire. The full report, together with the consultation document, was included as part of the Committee agenda for 26 October 2016.

The submission made on behalf of the Health Scrutiny Committee is set out in Appendix C to this report. The closing date for the submission of responses was 18 November 2016.

4. Conclusion

The Committee is invited to consider and comment on the content of the work programme; and to note the responses submitted on the Committee's behalf on two consultations.

3. Consultation

There is no consultation required as part of this item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Scrutiny Committee Work Programme
Appendix B	Response of the Health Scrutiny Committee to the Full Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust
Appendix C	Response of the Health Scrutiny Committee to the Medicines Management Consultation

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, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot

Vice Chairman: Councillor Chris Brewis

23 November 2016		
Item	Contributor	Purpose
Joint Health and Wellbeing Strategy – Annual Assurance Report	David Stacey, Programme Manager – Strategy and Performance, Lincolnshire County Council Alison Christie, Programme Manager – Health and Wellbeing, Lincolnshire County Council	Update Report
United Lincolnshire Hospitals NHS Trust – Emergency Services Update	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust	Update Report
United Lincolnshire Hospitals NHS Trust – Five Year Organisational Strategy	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust	Consultation
Lincolnshire East Clinical Commissioning Group - Update	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group	Update Report
Dental Services Contracts in Lincolnshire	Jane Green, Assistant Contract Manager, Dental and Optometry, NHS England – Midlands and East (Central Midlands)	Status Report


21 December 2016		
Item	Contributor	Purpose
Congenital Heart Disease Services – Consultation	Will Huxter, Regional Director of Specialised Commissioning (London), CHD Programme Implementation	Consultation
Lincolnshire West Clinical Commissioning Group Update	Sarah Newton, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group	Status Report

18 January 2017		
Item	Contributor	Purpose
NHS Improvement – Improving NHS in Lincolnshire	Jeff Worrall (to be confirmed)	Status Report
United Lincolnshire Hospitals NHS Trust - Pharmacy Services	Colin Costello, Director of Pharmacy and Medicines Optimisation, United Lincolnshire NHS Trust	Update Report
Transforming Care: Community Learning Disabilities Support: Long Leys Court	To be confirmed	Consultation
Community Pharmacy 2016/17 and Beyond	Steve Mosley, Chief Officer, Lincolnshire Local Pharmaceutical Committee	Update Report
LIVES [Lincolnshire Integrated Volunteer Emergency Services]	To be confirmed	Update Report

15 February 2017		
Item	Contributor	Purpose
St Barnabas Hospice	Chris Wheway, Chief Executive, St Barnabas Hospice	Update Report
East Midlands Ambulance Service	Blanche Lentz, Lincolnshire Divisional Manager, East Midlands Ambulance Service NHS Trust	Update Report
South West Lincolnshire CCG Update	To be confirmed	Update Report
Obesity in Adults and Children	To be confirmed	Update Report
Reducing Alcohol Harm in Lincolnshire	To be confirmed	Update report
Butterfly Hospice	To be confirmed	Update report

15 March 2017		
Item	Contributor	Purpose
South Lincolnshire CCG Update	To be confirmed.	Update Report

For more information about the work of the Health Scrutiny Committee for Lincolnshire please contact Simon Evans, Health Scrutiny Officer, on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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**RESPONSE TO THE FULL BUSINESS CASE FOR THE MERGER OF
PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST
WITH HINCHINGBROOKE HEALTH CARE NHS TRUST**

This statement has been prepared on behalf of the Health Scrutiny Committee for Lincolnshire.

The Health Scrutiny Committee for Lincolnshire's focus is on the services provided to Lincolnshire patients at Peterborough City Hospital, and Stamford and Rutland Hospital, and would like to see the existing services continue or be enhanced at these two hospitals. The Committee also acknowledges that at least 40% of the patients of Peterborough and Stamford Hospitals NHS Foundation Trust are from the South Lincolnshire area, which in turn provides the Trust with approximately 40% of its income.

On the basis of the information received, the Committee supports the full business case for the merger, and is reassured that the outcomes of the merger will not impact directly on Lincolnshire patients. In addition to this, in the event of significant changes of services in the future, the Committee would be seeking to be involved in any consultations on service changes, led by the appropriate commissioners.

The Committee particularly welcomes the commitment to the retention and development of services at Stamford and Rutland Hospital. Evidence of this commitment is the planned installation of a new MRI scanner at the Hospital early in 2017 and the development of the facility preliminary eye cataract consultations. The Committee would like to see continued engagement between the new trust and Lakeside, particularly to avoid duplication on the Stamford and Rutland Hospital site. The Committee looks forward to further developments from the newly merged organisation in the future.


A recurring theme throughout the NHS in 2016 is the recruitment and retention of clinical staff. The full business case sets out the benefits to recruitment and retention from the merger, through the integration of staff groups from the two organisations, with the larger staff groups leading to, for example, a reduction in the time each consultant would spend on call. The Committee would not like to see a loss of emphasis on recruitment and retention, and would like to see the new organisation become an attractive employer for new clinicians.

The Health Scrutiny Committee for Lincolnshire notes that savings of at least £9 million will accrue as a result of the merger, which will make contribution to closing the combined deficit of the two existing organisations, which stands at £56 million. The Committee has been advised that all staffing reductions from the merger will be among administrative staff, with no effects on patient-facing staff.

The Committee supports the proposed arrangements for naming the new trust through a public ballot.

The Health Scrutiny Committee for Lincolnshire supports the proposed arrangements for the council of governor constituencies, in terms of the number of public governors; and the number of staff governors from each hospital site.

Health Scrutiny Committee for Lincolnshire is grateful to the senior managers from Peterborough and Stamford Hospitals NHS Foundation Trust for engaging with the Committee initially on the outline business case, and subsequently in a working group format on the full business case. The Committee looks forward to this engagement continuing from the merged organisation in the future.

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RESPONSE TO THE MEDICINES MANAGEMENT CONSULTATION

This is the response of the Health Scrutiny Committee for Lincolnshire to the Medicines Management Consultation, undertaken by the four Lincolnshire Clinical Commissioning Groups between 4 October and 18 November 2016.

Proposal 1: To restrict providing over the counter / minor ailment medicines for short term, self limiting conditions

The Committee supports the principle of self-care for very minor ailments. The Committee notes that some medicines such as paracetamol or ibuprofen are cheap and widely available in supermarkets or local convenience stores. However, some over the counter medicines, such as cough syrups, thrush creams or ointments, or child paracetamol are not as cheap, nor as readily available. For this reason, the Committee records its concern that this proposal may have an impact on low income families, as some more expensive over the counter medicines may no longer be affordable to these families.

The Committee accepts that in addition to the financial saving from this proposal, there would be a benefit of more GP appointments becoming available. While pharmacists have the skills to offer advice and provide medicines in most instances, there may be a small number of instances where pharmacists should recommend a GP appointment, so that patients can receive the required medical advice, and potentially a prescribed medicine.

Proposal 2: To restrict the prescription of gluten-free foods.

The Committee supports the proposal to limit prescribing of gluten-free foods to loaves of bread, bread-flour and bread mixes (in accordance with Coeliac UK's recommended quantities). However, GPs should be advised always to take account of the impact of these arrangements on particular individuals, and allowed the discretion in exceptional circumstances to prescribe other products.

If this proposal is implemented all GPs should receive guidance from the clinical commissioning groups, in terms of what should be prescribed and in what quantities, and also advised that they should take account of exceptional circumstances.

Proposal 3 - To restrict prescribing of baby milks and specialist infant formula

The Committee notes that specialist baby milks and infant formulas may cost four times as much as standard milk and formulas. The Committee is concerned about the potential impact on low income families and believes that GPs should be allowed the discretion to take account of exceptional circumstances, including any serious financial impacts on families. GPs should be provided with the guidance to enable them to exercise their discretion on this.

Proposal 4 – To restrict prescribing oral nutritional supplements

The Committee strongly supports the "food first" approach for those with low appetite or a degree of malnourishment. There is a concern that some care homes rely too much on nutritional supplements, when they should be encouraging their residents to eat food.

However, the Committee is mindful that there may be exceptional circumstances, and GPs should be advised of the need to take account of the impact on low income families.

General Comments

The Committee notes that each proposal includes the word "restrict", rather than "discontinue". This provides an element of reassurance that discretion will be applied by GPs, who can take account of individual and exceptional circumstances, in particular impacts on low income families.

The Committee is concerned that the six week period of consultation has been too short, although the Committee acknowledges the pressures on the four clinical commissioning groups to reduce expenditure during the remainder of the 2016/17 financial year. The Committee is also concerned that the consultation document has not been widely circulated, as some GP practices have decided not make the consultation document available in their waiting rooms. Efforts to promote the consultation are acknowledged.

In view of this, the Committee will be seeking feedback from the clinical commissioning groups on the numbers of responses received; and an analysis of the types of patient and their geographical location.

Whatever is determined by the clinical commissioning groups on this proposal, the Committee would like to emphasise the importance of publicising the new arrangements, to ensure patients are aware of the new arrangements and the reasons for their introduction.