

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	12 June 2019
Subject:	Chairman's Announcements

1. Head and Neck Cancer Services

Head and neck cancer services are a specialised serviced, commissioned by NHS England. Head and neck cancers are rare and account for only 3% of all cancers, and the primary form of treatment is surgery, which usually takes place at a specialist centre. Across the east midlands, 600 patients are treated by surgery each year. Currently there are four specialist centres in the east midlands: Derby, Leicester, Northampton and Nottingham.

On 12 September 2018, I reported to the Committee that NHS England was considering developing proposals to reduce the number of specialist centres in the east midlands to maintain a safe and sustainable workforce. Following an informal meeting of health overview and scrutiny chairmen on 11 September 2018, NHS England agreed that it would attend each health overview and scrutiny committee separately to present its proposals, if requested to do so.

On 30 January 2019, NHS England advised that the four surgical centres had been asked to develop 'network options'.

On 23 May 2019, NHS England advised that the East Midlands Cancer Alliance would support a project to develop 'network options' and all four surgical centres had given their commitment "to be a nationally/internationally recognised network of excellence for head and neck cancer, delivering excellent care and outcomes".

There is an intention that by 31 October 2019 a preferred option would be prepared for the Programme Board, which, if supported, would then need to be agreed by NHS England.

NHS England advises that a network approach for head and neck cancer services would focus on how services work together, rather than where they are delivered. As most head and neck cancer services would continue on each site, it is unlikely there will be a need for formal consultation. However, NHS England states there will be additional clinical engagement to build on that already done and will continue to listen to patients about these services.

2. Skellingthorpe Health Centre

The Skellingthorpe Health Centre is a branch of the Glebe Medical Practice, which is based in Saxilby. The total number of patients registered at the Glebe Medical Practice, including the Skellingthorpe Health Centre, stands at 8,139 (May 2019). The Skellingthorpe Health Centre currently opens between 8am and 1pm, Monday to Thursday. The Saxilby site is open Monday to Friday, 8am – 6.30pm.

A formal application from the Glebe Medical Practice on the closure of the Skellingthorpe Health Centre was approved by Lincolnshire West Clinical Commissioning Group's Primary Care Commissioning Committee on 17 May. Formal public consultation began on 3 June and will continue until 2 August.

Patients at the surgery have been sent a letter and encouraged to complete a survey - <https://www.surveymonkey.co.uk/r/K7ML52V> - or attend any of the following drop in events:

- | | |
|---------------------------------|---------------------------------|
| • Monday 24th June 6pm – 8pm | Skellingthorpe Community Centre |
| • Thursday 27th June 12pm – 2pm | Saxilby Church Hall |
| • Friday 28th June 10am -12pm | Skellingthorpe Community Centre |
| • Monday 1st July 2pm – 4pm | Skellingthorpe Community Centre |
| • Wednesday 3rd July 6pm – 8pm | Saxilby Church Hall |

The Committee will be considering an item on the consultation, including making arrangements for a response to the CCG at its next meeting on 10 July.

3. Cleveland GP Surgery, Gainsborough

On 29 May 2019, services at the Cleveland GP Surgery in Gainsborough were suspended by the Care Quality Commission (CQC). Lincolnshire West Clinical Commissioning Group (CCG) stated that the suspension was as a result of immediate concerns identified by the CQC and the CCG following recent visits to the practice.

On 30 May 2019, the CQC lifted the suspension and the GP surgery was re-opened, following assurances from the CCG, NHS England and NHS Improvement. Services at the surgery will continue to be monitored closely.

Lincolnshire West CCG has also stated that it is supporting the practice and remains committed to ensuring services continue to be offered from this site, and that patients receive safe care.

Cleveland GP Surgery has 12,946 registered patients (May 2019). The most recent inspection report from the CQC, published on 22 January 2019, rated the practice as 'requires improvement' overall. This followed a previous rating from the CQC of 'inadequate' in May 2018. Prior to this, in January 2017, the practice absorbed approximately 3,700 patients following the closure of Gainsborough's Pottergate Surgery.

If any further details become available, they will be reported to the Committee.

4. Grantham A&E Exclusion Criteria and Proposals for Exclusion Criteria at Grantham Urgent Treatment Centre

In accordance with the Committee's decision on 15 May (Minute 112), I wrote to the Lincolnshire Sustainability and Transformation Partnership (STP) setting out the Committee's initial views in response to the STP's engagement on the Urgent and Emergency Care strand of *Healthy Conversation 2019*.

One of the issues raised by this Committee was a request for a list of those services currently provided at Grantham A&E, and a list of proposed services for the Grantham Urgent Treatment Centre. The response of the STP on this matter has been received and is attached at Appendix A to this report.

As stated in the letter from the STP, the proposed list of 'additional exclusion criteria' proposed for the Grantham Urgent Treatment Centre is draft at this stage.

5. United Lincolnshire Hospitals NHS Trust – Interim Chief Executive

On 23 May 2019, United Lincolnshire Hospitals NHS Trust (ULHT) announced that it had appointed Andrew Morgan as its interim Chief Executive with effect from 1 July 2019. This interim appointment will continue until 31 March 2020. ULHT's current Chief Executive, Jan Sobieraj, is due to retire at the end of June 2019.

There had been an extensive national recruitment campaign to appoint a successor in a permanent role, but no appointment had been made. The Chair of ULHT, Elaine Baylis, together with NHS England and NHS Improvement has worked on developing these interim arrangements.

Andrew Morgan is currently the Chief Executive of Lincolnshire Community Health Services NHS Trust (LCHS) and during his time with ULHT he will step down from this role. Alternative management arrangements will be made for the leadership of LCHS.

6. Quality Accounts Working Group

The Quality Accounts Working Group met on 23 May 2019 and reviewed the draft Quality Accounts of the East Midlands Ambulance Services NHS Trust and United Lincolnshire Hospitals NHS Trust. Following this statements were prepared and sent to the two providers on 28 May.



Lincolnshire Sustainability and Transformation Partnership

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Cllr C Macey
Chair – Lincolnshire Health Scrutiny Committee
Lincolnshire County Council
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30 May 2019

Dear Carl,

Ref: Health Scrutiny Committee – Grantham Hospital Exclusion Protocol

I am writing further to the discussion at the Health Scrutiny Committee on Wednesday 15th May regarding the Urgent & Emergency Care item. At the meeting you requested a list of those conditions for which patients are currently able to attend the Grantham A&E Department, but which potentially would not be able to under the emerging option of an Urgent Treatment Centre at the hospital.

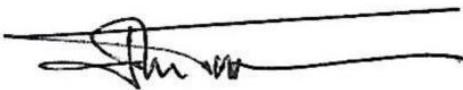
To assist the Committee's consideration of this matter I have attached two appendices to this letter:

- i. Appendix 1 – is the exclusion protocol which is currently in place and operational at Grantham.
- ii. Appendix 2 – is a draft list of potential additional patient conditions which would potentially not be seen at Grantham under the UTC emerging option. I would like to emphasise the following points:

- a) This is draft. It has been developed by our senior medical staff but has not yet been finalised or signed off, so should not be seen as a final document
- b) Senior medical staff have advised that the current exclusion criteria are kept under regular review, and that best clinical practice indicates that there is a clinical case for some of these conditions to be added to the current A&E exclusion criteria, regardless of the UTC option
- c) Our position in relation to the emerging option of establishing a 24/7 Urgent Treatment Centre at Grantham is that the vast majority of patients who currently might attend Grantham A&E would be able to attend the UTC for their care. Our clinicians estimate that the draft additional patient conditions would affect approximately 1% of current total patient attendances at Grantham.
- d) Our senior doctors have emphasised that the condition of each patient is individual, and that it is the professional role of our staff to assess the unique circumstances of each patient's presentation and manage or arrange for that patient's care accordingly.

I hope that this is helpful to you and the Committee. If you require any further information, please do not hesitate to get back to me.

Yours sincerely



John Turner
Chief Officer, Lincolnshire CCGs (East, South, South West and West)
SRO Lincolnshire STP

APPENDIX I

GRANTHAM AND DISTRICT HOSPITAL A&E AND EAU EXCLUSION PROTOCOL

Ambulances/GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E Department & Emergency Assessment Unit

- Fast Positive Stroke / high risk transient ischemic attack (TIA),
- ST-Elevation Myocardial Infarction (STEMI) Suspected Acute coronary syndrome (ACS) - Ongoing ischaemic chest pain with 1mm ST depression in more than one limb lead or in two or more consecutive chest leads
- Significant bradycardia < 40bpm, 2nd or 3rd degree AV block, Ventricular tachycardia
- Gastro-intestinal haemorrhage (fresh blood or melaena).
- Severe abdominal pain and acute abdomen (refer patient directly to Lincoln County.)
- A female of childbearing age with lower abdominal pain
- A male with testicular pain
- A patient with suspected abdominal aortic aneurysm (**AAA**) or ischaemic limb needs admission to the on-call Vascular Unit (Pilgrim Hospital)
- All obstetric and Gynaecological patients
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies e.g. acute glaucoma, trauma
- All Major trauma is excluded from this site in line with the East Midlands Trauma Network Triage Tool, including all suspected femoral fractures.
- Fractures/ dislocations with evidence of distal neurovascular compromise. See over page for trauma that can be treated on the Grantham Hospital site

Paediatric Exclusions

Ambulances/GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E department, and Emergency Assessment Unit

- Children requiring Paediatric assessment / Review
- Children with severe Breathing difficulties
- Children with severe asthma
- Children with Severe Bronchiolitis
- Children with biphasic stridor
- Children with Severe Croup
- Children with Diabetic ketoacidosis (DKA)
- Children with Status epilepsy
- Children who have self-harmed
- Children requiring Mental health assessment

Trauma that can be treated on the site

Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E. For example:

- All suspected shoulder, arm, wrist and hand fractures
- All suspected tibial, ankle and foot fractures
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, ankle
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomas
- All hand injuries (may require subsequent transfer after assessment)
- Children's suspected fractures- If confined to one area and child is haemodynamically stable (may require subsequent transfer after assessment)

Review date : September 2019

APPENDIX 2

EMERGING OPTION FOR GRANTHAM URGENT TREATMENT CENTRE – POTENTIAL ADDITIONAL EXCLUSION CRITERIA

**(This is draft work in progress and requires further consideration by senior
medical staff)**

- A patient requiring immediate airway management and/ or resuscitation
- Suspected acute heart failure in non-frail patient
- Confirmed Non-ST-elevation myocardial infarction (NSTEMI) - Once diagnosis made transfer to Lincoln Hospital
- Post cardiac arrest
- Reduced conscious level (not alert) – Glasgow Coma Score <13 in non-frail patient
- Status epilepticus
- National Early Warning Score (NEWS) ≥ 7 in non-frail patient
- Acute respiratory distress with an oxygen saturation <91% on room air unless the patient has known significant chronic lung disease in non-frail patient
- Children requiring immediate airway management and/or resuscitation