



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
11 NOVEMBER 2020**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council), Mrs A White (West Lindsey District Council) and Mrs L Hagues (North Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Maz Fosh (Chief Executive, Lincolnshire Community Health Services NHS Trust), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group) and Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust).

County Councillor Dr M E Thompson, (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

Dr Majid Akram, (Clinical Director, Market Deeping and Spalding Primary Care Network) and Dr Sadie Aubrey (Clinical Director, Lincoln City South Primary Care Network) were also in attendance and participated in the meeting.

34 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor S Barker-Milan (North Kesteven District Council).

The Committee noted that Councillor Mrs L Hagues (North Kesteven District Council) had replaced Councillor S Barker-Milan (North Kesteven District Council) for this meeting only.

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

35 DECLARATIONS OF MEMBERS' INTEREST

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

**36 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 14 OCTOBER 2020****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 October 2020 be agreed and signed by the Chairman as a correct record.

37 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated prior to the meeting.

The supplementary announcements provided information on the following:

- NHS response to Covid-19 – Return to Incident Level 4;
- Lincolnshire CCG's Primary Care Commissioning Committee – 11 November 2020;
- Grantham Hospital – Correspondence with the Minister of State for Health;
- Planning Application for Urgent Treatment Centre at Lincoln County Hospital; and
- Continuing Healthcare: Getting It Right First Time.

RESOLVED

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

**38 INTEGRATED URGENT CARE IN LINCOLNSHIRE (PROVIDED BY
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)**

The Chairman invited Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust (LCHS) and Tracy Pilcher, Director of Nursing and Deputy Chief Executive, LCHS to present the report, which provided the Committee with an update on LCHS's urgent care services. The report as detailed on pages 29 to 36 focussed on the Clinical Assessment Service (CAS), the urgent treatment centres (UTCs), and minor injuries units (MIUs) provided by LCHS.

The Committee was provided with an overview of the latest position in relation to Covid-19 second surge. It was noted that as of Tuesday 10 November 2020, United Lincolnshire Hospitals NHS Trust (ULHT) had 117 Covid-19 positive in-patients in their acute hospitals; and LCHS had 13 Covid-19 positive in-patients in their community hospitals. It was noted further that LCHS were also caring for 532 patients in the community.

It was also highlighted that Covid-19 was having an impact on workforce availability, and that currently ULHT had 272 staff absences as a result of Covid-19. This figure included staff who were self-isolating, or waiting for test results. The Committee was advised that out of the 98 absences LCHS had, 34 were as a result of Covid-19.

It was reported that LCHS were taking all the necessary steps to meet the requirements of the government's guidance and as a result patients were being encouraged to ring 111; and that 'Talk Before You Walk', was being promoted to protect patients and staff.

The Committee were reminded that urgent care included services where treatment required was not life threatening, but was required on the same day for patient wellbeing, satisfaction and quality of life. It was highlighted that urgent care differed from emergency care, where the need was more acute or life-threatening and this was provided by accident and emergency departments.

It was reported that when Lincolnshire patients called NHS 111, and their call was categorised as being suitable for LCHS services, the calls were transferred to the Clinical Assessment Service (CAS). It was noted that the CAS was well established and operated 24/7, 365 days a year, providing phone-based clinical advice and guidance.

Pages 30 and 31 of the report provided the Committee with details of the number of cases handled, call-back times, cases closed by CAS, and monthly performance information.

It was noted that between 1 February 2020 and 20 October 2020 a total of 83,757 cases had been handled, representing an average of 9,306 cases per month, which had peaked at 11,018 in March 2020.

The Committee was advised that the average call-back wait time in the past 30 days had reduced to 19 minutes for interim cases and 17 minutes for emergency cases. The Committee was advised further that the figure for the number of cases closed by the CAS had increased to 67%, with no referral to any other service. It was also noted that the proportion of cases closed without being referred to emergency care remained at 90%.

It was reported that since July 2020, there had been a further 32,588 attendances at UTCs during August, September and October 2020. It was highlighted that during this period 98.89% of patients had been seen within four hours.

Pages 32 and 36 of the report pack provided the Committee with UTC/MIU attendance and performance information relating to all sites; a site by site summary of the services provided by LCHS, and the changes made at those sites during the Covid-19 pandemic; and activity profiles by site for 2019 and 2020.

During discussion, the Committee raised the following points:

- Assurance was sought regarding the temporary arrangements at Grantham Hospital. The Committee was advised that the decision for the temporary arrangements at Grantham Hospital had been taken by the ULHT Board, and that LCHS were providing that temporary service until 31 March 2021, unless Grantham Hospital ceased operating as a 'green site;'
- Clarification was sought as to staffing required for 24/7 UTC provision against 24/7 A & E provision. The Committee noted that there was a fundamental difference between UTCs and A & Es, with A & Es required to operate in accordance with the Royal College of Emergency Medical Standards, which meant that the skill set of staff needed were more specialist, and completely different to that of a UTC, which was primarily a GP led service. An A & E's role was to deal with the most acute and life threatening needs; and a UTC's role was to deal with non-life threatening health issues, that could be deal with on the same day;
- The need for the use of digital technology in the future was stressed to continually enhance services being provided;
- The effect of increasing Covid-19 cases on the 'green site'. The Committee noted that if the number of Covid-19 cases were to exceed the agreed threshold, it would be up to ULHT to determine whether and when to rescind the temporary arrangements and revert to an A & E service at Grantham Hospital;
- Some concern was expressed to the lack of UTC provision in the south east of the county. Particular reference was made to Spalding MIU. It was reported that activity at Spalding MIU had seen a reduction of 82% during the Covid-19 peak. Reassurance was given that patients were still able to access a full range of services. A request was made for a more detailed report on the potential for UTC provision in the south east of the county. The Committee noted that Lincolnshire Clinical Commissioning Group was responsible for commissioning services across Lincolnshire, and that this was not the responsibility of LCHS;
- Thanks were extended to LCHS staff for the excellent service provided at Grantham Hospital;
- Concern was expressed at the lack of overnight UTC provision at Skegness and along the east coast. Some members felt that there was an inequality of provision along the coast and a reduced provision was having a negative effect. A further question was asked as to how many home visits were being undertaken. Reassurance was given to the Committee that the reduction in 24/7 operation at the Skegness UTC had been as a result of a reduction in attendances at the UTC. The Committee was advised that between 10pm and 8am patients continued to be triaged via NHS 111 and signposted to ensure that appropriate care was provided. The Committee also noted that home

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visits were being made from a number of bases across the county. The Committee was advised that LCHS services were responding to a pandemic, and as such steps had been put in place to protect patients and staff to keep them safe in accordance with national guidelines. Reassurance was also given that Skegness Hospital, including its UTC was a key NHS service, meeting the needs of the local community;

- Some concern was also expressed to the lack of confidence in NHS 111. A further question was asked as to how many patients were being displaced as a result of reduced services at UTC's. The Committee was advised that postcode analysis was obtained to identify where patients were accessing treatment; and that this was continually monitored. The Committee was advised that patients were encouraged to ring NHS 111 rather than just walking into a UTC; as this then protected others in the population; with a booked appointment being safer; and for those unable to attend a UTC, a home visit would be arranged;
- Reasons for the reduction in attendances at UTCs and MIUs. The Committee noted that some patients were now choosing to use digital platforms for consultations, guidance and prescriptions. Reassurance was given that all activity would continue to be monitored. There was also appreciation that some patients were still reluctant to make contact and that national campaigns were underway to encourage patients to make contact if they had any health concerns;
- Clarification was sought whether the 'temporary' closure of Skegness and Louth UTC's overnight actually meant 'temporary' or was it a repeat of what had happened at Grantham Hospital. Again, the Committee were advised that the aim was to maintain these hospitals as vibrant hubs; there was a commitment to community hospitals, for example apprenticeships were currently being offered to build in resilience for the future staffing provision. Reassurance was given that the current measures were temporary to help protect patients and staff and reduce the transmission of Covid-19;
- Staff were also commended at the Skegness UTC for the services provided and for their professionalism;
- Some concern was expressed to the decision of East Lindsey District Council to extend the caravan park season; and whether this was likely to have an impact on the number of people needing access to urgent care; and whether this factor would be taken into consideration with extending the overnight closures. It was reported that the situation was being monitored and if there was an increase in activity, the service would be reviewed; and
- A request was also made for list of locations for community hubs.

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

RESOLVED

1. That the Committee's support and thanks to all staff providing urgent care in Lincolnshire be recorded.

2. That the Trust be supported and commended on the opening of the Gainsborough Urgent Treatment Centre on a walk in basis, from 8am to 8pm from 2 November 2020.
3. That the Committee's view be confirmed that the changes to the opening times at Louth and Skegness Urgent Treatment Centres should only be a temporary measure during the Covid-19 pandemic, and that there should be an aim to re-open these two centres in the longer term on a 24/7 'walk-in' basis, as set out in the Healthy Conversation engagement exercise of 2019.

39 PRIMARY CARE SERVICES

The Chairman welcomed Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group to the meeting and invited her to present the report to the Committee.

The item as detailed on pages 37 to 77 of the agenda pack provided the Committee with information of GP primary care services in Lincolnshire. The report also provided an overview of the national requirements from primary care during Phases 1, 2 and 3 of the responses to Covid-19; the current arrangements and plans for continuing to ensure local people can access primary care services; and the future development of primary care services as part of the wider integrated care offer from health and care.

Attached to the report were the following Appendices for the Committee to consider:

- Appendix 1 – A copy of the Lincolnshire Primary Care Network Alliance – Annual Report 2019-20;
- Appendix 2 – Primary Care Access Arrangements; and
- Appendix 3 – Case Study regarding the introduction of Ask my GP.

The Committee was advised that since 5 November 2020, the NHS had returned to Incident Level 4. This meant the NHS had moved from regionally-managed, but nationally supported Incident Level 3 to one that was co-ordinated nationally.

The Committee was advised that the most significant changes patients had experienced in recent months had been the introduction of remote consultation. Appendix 2 to the report provided the Committee with a list of all practices and the arrangements that had been adopted to facilitate remote consultation. It was highlighted that there were three methods being used by GP practices across Lincolnshire, these were: Telephone consultation; E-Consult; and Ask My GP (Appendix 3 to the report provided details of a case study of Ask My GP).

It was reported that one of the core services provided by GPs was to support patients who were vulnerable. The type of additional support provided included the review of care/treatment plans; remote consultations and home visits when necessary; home delivery of medications; and outreach contacts from wellbeing services and volunteers.

The Committee noted that when the NHS had declared a national level four incident, the Clinical Commissioning Group had established a Primary Care Cell. It was noted further that the role of the Primary Care Cell was to provide direct support to GPs and primary care colleagues; co-ordinate a response to the national request; and assist teams and managers to manage local issues and integrate with the wider system.

Page 45 of the report pack provided the Committee with details of the on-going development of primary care services. It was noted that Primary Care Teams would continue to provide support to GP practices, as they worked together as Primary Care Networks and other agencies to develop service provision arrangements.

In conclusion, the Committee was advised that primary care services were and would continue to be available to people across Lincolnshire. There was recognition however, that the accelerated introduction of remote consultations had not, in some instances given time for practices and their patients to understand how best to use the new facilities. The Committee noted that feedback from patients and practices pre-Covid-19 had shown that the arrangements could be effective. It was further noted that some practices needed to upgrade their infrastructures; particular reference was made to telephony systems, as some practices were having problems coping with increasing demands.

During discussion, the Committee raised the following points:-

- What level of complaints the Clinical Commissioning Group (CCG) and Primary Care Networks (PCNs) were receiving regarding the lack of access to GP appointments and telephone access problems. A request was made for numbers and trends regarding complaints to be shared with the Committee. Confirmation was given that there had been some complaints and the Trust was happy to share this information with the Committee. The Committee was reminded that the changes had been expedited as a result of Covid-19, and that specific areas of concern highlighted were being addressed. The Committee noted that the use of E-Consult had provided patients at some surgeries with greater access. PCNs had also gone from strength to strength, as GPs were able to signpost patients to the right professional, as in some cases, the GP was not always the right person to see. Some members provided examples of their personal experiences, which in one instance had highlighted that patients were not being made aware of the different access options available open to them from their surgery. Some concern was also expressed at the length of messages a patient was confronted with when making contact with a practice. The Committee was advised that work was on-going in relation to national message requests; and that the CCG was supporting practices to develop their own individual messages;
- Reference was made to pages 73-75 of the report which stated that a number of the PCNs had e-consultations planned. A question was asked whether the timescales for this was available and could this information be shared with the Committee. The Committee was advised that this information would be shared with the Committee;

- What future planning had been done to take into consideration an increasing population, as a result of increasing housing development and the effect this would have on GPs and PCNs. Confirmation was given that there was no development threshold at which the NHS should be consulted. Reassurance was given that the NHS was working with all district councils on developer contributions for health care facilities, and that any help for practitioners regarding this matter would be appreciated;
- Funding of additional professional roles within a PCN. The Committee noted that each PCN had a budget to recruit professionals required, based on the needs of the local community. The Committee noted further that the last six months had seen better recruitment and that First Contact Practitioners was an initiative that would be rolled out across the whole of England;
- Reassurance was sought as to whether there was sufficient Personal Protective Equipment available to deal with the second surge of Covid-19. Reassurance was given to the Committee that stronger supply arrangements were now in place for GPs; and that supplementary arrangements were also in place in Lincolnshire;
- Support for care homes. The Committee was advised that there had been significant developments over the last few months which included more collaborative working arrangements to minimise the number of professionals attending a care home; and the implementation of Telemedicine and WHZAN, a Telehealth early warning detection and monitoring kit. The Committee noted that there was still more to be done;
- Feedback from Healthwatch. The Committee was advised that the NHS always welcomed feedback from Healthwatch and that some planned engagement work was due to be discussed with representatives from Healthwatch in the following week; and
- When face to face appointments were likely to return to normality. Clarification was given that face to face appointments were still available to patients and that patients were being seen who needed to be seen. The Committee noted that even pre-Covid-19 new ways of working were being explored which had been accelerated as a result of Covid-19; and that steps were being taken to continue improvements to services; and that the learning from Covid-19 was a positive experience for primary care.

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

RESOLVED

1. That the Primary Care Services update be received.
2. That further information be requested relating to:
 - The timetable for GP practices to adopt e-consultations;
 - The level of and type of complaints on GP practices; and
 - Any feedback from patients on AskMyGP, and additional data in relation to the presented case study.

40 COVID-19 UPDATE

The Chairman invited Derek Ward, Director of Public Health, to provide the Committee with an update relating Covid-19. Pages 91 – 92 of the report pack advised the Committee of the role of the County Council, as the lead public health authority in Lincolnshire; and provided a summary of the outbreak management arrangements in Lincolnshire.

The Committee was advised that Lincolnshire continued to see a lower than average England rate, although there was some variation across the districts.

It was noted that Lincolnshire was seeing an upward trend of Covid-19 cases, but it was hoped that this would see a levelling out by the end of the new restrictions. It was noted further that if at the end of the new restrictions on 2 December 2020 there was a downward trend, this would be expected to continue for a period of 10 days and then there was an expectation that the rate would increase again.

During discussion, the Committee raised the following points:

- Whether there would be mass testing in Lincolnshire. The Committee was advised that mass testing would only be considered by the government for areas with a high prevalence of the virus;
- If a vaccine became available in December, how the vaccine would be distributed to patients. The Committee noted that roll-out of the vaccine would be led by the NHS and that it was understood that it would be made available to priority groups first. The Committee noted further that the NHS may have to use other personnel to help with logistics of delivering the vaccine, and that conversations regarding this matter were on-going at the moment;
- Some concern was expressed to the disregard for Hands, Space, Face. The Committee was advised that there had been a very active communication programme by the County Council and the Lincolnshire Resilience Forum;
- Whether wearing a mask reduced transmission rates. The Committee was advised that evidence was developing as things progressed. It was highlighted that face masks helped protect others and that was why it was necessary to keep two metres or more from other people, and that all three factors Hands, Face and Space were helping to reduce infection rates; and
- Take up in Lincolnshire of 'Track and Trace.' The Committee was advised that as the Track and Trace system was anonymous; there was no record of what the take-up was in Lincolnshire. It was however noted that a future model might look different after the national restrictions, as this was an issue that was currently out for discussion. Local track and trace was a suggested option, as Lincolnshire had a Public Protection Team to help with this process.

The Chairman on behalf of the Committee extended his thanks to the Director of Public Health for his update.

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RESOLVED

That a further Covid-19 Update be requested for the 20 January 2021 meeting and that an update on the Covid-19 vaccine be received at the 16 December 2020 meeting.

41 LOUTH AND SKEGNESS URGENT TREATMENT CENTRES PATIENT SURVEY - ARRANGEMENTS FOR THE COMMITTEE'S RESPONSE

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee, which was detailed on pages 83 and 84 of the report pack.

The Committee were reminded at its meeting on 14 October 2020 it had been agreed that the Committee would respond to the patient survey on a continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres between 10pm and 8am; as the temporary overnight closure arrangements were due to remain in place until March 2021.

The Committee was advised that the survey was due to close on 13 November 2020.

As the Committee had already expressed their concerns regarding the temporary arrangements in item 5 of the agenda. The Committee agreed to respond to the survey.

RESOLVED

That the Chairman be authorised to write to Lincolnshire Community Health Services NHS Trust, expressing the views that the changes to the opening times at Louth and Skegness Urgent Treatment Centres should only be a temporary measure during the Covid-19 pandemic, and there should be an aim to re-open these two centres in the longer term on a 24/7 'walk-in' basis as set out in the Healthy Conversation engagement exercise of 2019.

42 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee. The item was detailed on pages 85 to 94 of the report pack.

The Committee were invited to consider the work programme detailed on pages 86 and 87.

Appendix A to the report set out the previous work undertaken by the Committee.

The Committee noted that following the request from a member of the public referring to the eligibility of a specific case for NHS-funded continuing healthcare (as detailed in paragraph 5 of the report). The Chairman advised he had responded advising that this was not a matter that the Committee could get directly involved in an individual case, as it was not within the Committees remit.

The Committee was however asked whether it would like to include an item on NHS Continuing Healthcare in its work programme. Page 89 of the report provided expenditure figures on NHS Continuing Healthcare for 2019/20 for three of the four former Clinical Commissioning Groups for the Committee's information.

Also, the Committee noted that Section 3 of the Chairman's supplementary announcements provided information on a recent publication by the Parliamentary and Health Service Ombudsman on NHS Continuing Healthcare.

During a short discussion, a suggestion was made to the Committee for further consideration on the use of opioids. The Committee noted that a request would be made for this to be included in the update from the Community Pain Management Service, which was scheduled to be considered by the Committee at the 24 March 2021 meeting. A further request was made for the inclusion of an item on the potential for UTC provision in the south east of the county.

The Committee also agreed to the inclusion of Continuing Healthcare as a future agenda.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items mentioned above.

The meeting closed at 1.08 p.m.

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