

Agenda Item 4

		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:	20 January 2021
Subject:	Chairman's Announcements

1. Covid-19 Vaccination Programme

Since the last meeting of this Committee, there have been several developments with the Covid-19 vaccination programme

Approval of AstraZeneca (Oxford) Vaccine

On 30 December 2020, the Medicines and Healthcare products Regulatory Agency (MHRA) authorised the AstraZeneca (Oxford) vaccine for deployment across the UK. The MHRA authorisation includes conditions that the AstraZeneca (Oxford) vaccine should be administered in two doses, with the second dose given between four and twelve weeks after the first. The MHRA states that while efficacy is optimised when a second dose is administered, the vaccine offers considerable protection after a single dose, at least in the short term. The second dose completes the course and is likely to be important for longer term protection.

Pfizer/BionNTech Vaccine

Also on 30 December, the MHRA clarified that for the Pfizer/BioNTech vaccine, the interval between doses must be at least three weeks. As with the AstraZeneca vaccine, the MHRA stated that while efficacy is optimised when a second dose is administered, the vaccine offers considerable protection after a single dose, at least in the short term and a second dose is likely to be important for longer term protection.

Approval of Moderna Vaccine

On 8 January 2021, it was announced that the MHRA had authorised the Moderna vaccine, which was evaluated in trials as 94% effective in preventing Covid-19. Supplies of the vaccine were due to be available to the NHs in the spring.

Prioritisation of Vaccine Doses

Following the statements by MHRA, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that as many people on the JCVI priority list as possible should sequentially be offered a first vaccine dose as the initial priority. The JCVI has advised that the second dose of the Pfizer/BioNTech vaccine may be given between three to twelve weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between four to twelve weeks following the first dose.

Operationally the JCVI has said that this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of twelve weeks. This will maximise the number of people getting vaccine and therefore receiving protection in the next twelve weeks.

Administration of the AstraZeneca (Oxford) Vaccine

On 4 January 2021, the first AstraZeneca (Oxford) vaccinations were given at a small number of hospitals in England. The first vaccines were given in Lincolnshire on 5 January 2021, and the number of vaccination sites and community hubs was being expanded throughout Lincolnshire.

Availability of Information

There has been some criticism on the availability of information on the national vaccination programme. From 11 January 2021, the Government is expected to publish information on a daily basis on the number of Covid-19 vaccinations administered, and further information will be provided to the Committee on 20 January 2021. As Chairman I would like to see figures being made available by the NHS on the number of vaccinations received by people in Lincolnshire and the sites being used for this activity.

2. St Mary's Medical Centre Site, Stamford

On 18 December 2020, Lincolnshire Clinical Commissioning Group (CCG) confirmed that a lease had been agreed between the freeholders of the St Mary's Medical Centre in Stamford and Lincolnshire Community Health Services NHS Trust. This has secured the site for the NHS in Stamford for a period of up to five years. In addition, Lakeside Healthcare has agreed in principle to continue to operate from St Mary's, and the CCG and Lakeside are currently working on the detailed arrangements for this.

3. Woolsthorpe Branch Surgery

Between September and November 2020, Vale Medical Group consulted with its patients on the proposed permanent closure of its Woolsthorpe Branch Surgery. This proposal is expected to be considered at the next meeting of the Lincolnshire CCG's Primary Care Commissioning Committee on 10 February 2021.

4. Mental Health and Dementia Services for Older Adults – Engagement Events

Lincolnshire Partnership NHS Foundation Trust (LPFT) is holding three engagement events on their mental health and dementia services for older adults in the county. They are taking place as online video conferences on:

- Thursday 14 January 2021, 2pm - 4pm
- Monday 18 January 2021, 10am - 12noon
- Wednesday 20 January 2021, 2pm - 4pm

These events will provide an update on services and seek views on:

- home treatment
- out of hours support
- support for carers
- dementia services

Bookings can be made via lpft.involvement@nhs.net.

5. Child and Adolescent Mental Health Services - Engagement on Community-Based Intensive Home Treatment Model

As previously reported to this Committee, Lincolnshire Partnership NHS Foundation Trust has been operating a community-based intensive home treatment model for children and young people who are at risk of being admitted to a general adolescent unit. Engagement is taking place with the service users of this model, and its findings will be reported to this Committee on 17 February 2021.

6. Long Leys Court – Review Report by Lincolnshire Safeguarding Adults Board

On 16 December 2020, the Lincolnshire Safeguarding Adults Board published its review report on Long Leys Court. Long Leys Court was a 16-bedded assessment, treatment and rehabilitation centre for patients who had a learning disability with mental health problems.

In June 2015, Lincolnshire Partnership NHS Foundation Trust (LPFT), the provider of services at Long Leys Court, notified the Lincolnshire Safeguarding Adults Board of serious concerns about twelve adults with complex combinations of learning disabilities and mental health problems. Some of these patients also had physical health problems. The allegation was that they had been emotionally and physically abused while NHS inpatients at Long Leys Court. From June 2015, patients received reviews of their needs and by October 2015 all patients at Long Leys Court had been offered alternative accommodation and the unit was in effect permanently closed.

A police investigation of the allegations, which began in June 2015, did not lead to criminal proceedings and the relevant staff working at Long Leys Court received appropriate sanctions through employment or professional body processes.

The Lincolnshire Safeguarding Adult Board review began in 2018 after all other investigations and other processes had been completed. The review focused on five key thematic areas: (1) the concept of multi-disciplinary teams; (2) regulatory and commissioning oversight; (3) deprivation of liberty, best interests and restrictive practices; (4) culture, competence and attitudes to wrongdoing; and (5) service users, families and making safeguarding personal.

The full report, which made five recommendations, is available at:

<https://www.lincolnshire.gov.uk/downloads/file/4867/sar-long-leys-court-overview-report>

7. GP On-Line Consultations - Data from Case Study (Brant Road Surgery, Lincoln)

Introduction

The previously presented case study was from the first practice to go live in Lincolnshire circa just under two years ago. The data, collected over the last eleven weeks, was used to inform the numbers and percentages behind the activity shown in this briefing.

Data

Over the eleven week period, the surgery managed 8,250 requests (on average 750 per week). During this period, 6,436 (78%) patients accessed the surgery through the practice's on-line consultation system. The range over this period was between 73% and 84% of requests.

Over the two year period, the average number of contacts by an individual via on-line consultation has been between 2-3 times. A few patients have accessed via on-line consultation over 50 times over the two years.

Over a seven week period, 6,600 (80%) requests were managed and closed on the same day. This had a range between 65% and 91%. This will also include people who have made requests outside normal working hours, including weekends, which cannot be managed on the same day.

The reasons for the request are analysed:

- Existing problems – 3,383 (41%)
- New problems – 2,723 (33%)
- Medication – 908 (11%)

People were managed by the following contacts:

- Face-to-face – 800 (9.7%)
- Phone – 3,977 (42%)
- Message – 2,937 (36%)

In the vast majority of cases, people get the type of response they have requested, for example by a phone call or a face-to-face consultation.

Requests follow the same pattern as previous to the implementation of on-line consultation. Monday remains the busiest day, which then reduces over the week. The largest gender/age group to use on-line consultation are females aged between 20 and 60. This group accounted for 3,135 requests (38%). This would appear to be in line with access to GPs in general.

Results of a patient survey asking about the on-line consultation service over the same eleven week period, 142 responses were received; 101 patients reported the service was better, 31 the same and 10 saying it was worse.

8. Impact of Covid-19 on Neighbouring Acute Hospitals

Northern Lincolnshire and Goole NHS Foundation Trust

At the last meeting a request was made for information on the impact of Covid-19 on their activity of Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). On the basis that the health overview and scrutiny committees of North Lincolnshire Council and North East Lincolnshire Council scrutinise NLaG, this Committee has not had extensive engagement with the trust. However, the following was reported to the Board of Northern Lincolnshire and Goole NHS Foundation Trust on the pandemic impact and trust response:

"Wave 2 of the Covid-19 pandemic affected Northern Lincolnshire and Northern Lincolnshire and Goole NHS Foundation Trust much more than Wave1, the peak number of Covid-positive inpatients on any one morning being 184, compared to a Wave 1 peak of 72. This reflected the Humber having a far higher number of people testing positive than previously, with North East Lincolnshire at one point having the third highest positive rate in England.

It had been expected that the very high number of Covid-positive inpatients at the end of November would continue to grow, but in fact the number flattened and declined to 107 on the morning of 30 December 2020, although this number may be expected to rise again.

Sadly, the number of deaths associated with Wave 2 has been more than 150% more than in Wave 1, and has grown from 122 in total from March to September, to an aggregate of 331 by 30 December. Over the whole period of the pandemic the Trust has discharged home 701 patients who have tested positive for Covid-19. The impact has overall been significantly greater at Scunthorpe General Hospital than at Diana Princess of Wales Hospital, though at the peak of Wave 2, Grimsby had more inpatients than Scunthorpe.

At the time of writing, Northern Lincolnshire has not yet experienced any measurable impact of the huge surge in cases being experienced in the South East, and Northern Lincolnshire is currently experiencing one of the lowest rates of Covid-19 in the country – although this may change adversely and rapidly.

Over the last month, while coping with higher numbers of Covid-positive inpatients, the Trust has also experienced very high levels of the usual winter pressure, and been affected by unusually high staff absence rates (in common with the whole NHS) partly as a direct or indirect consequence of the pandemic. This has put the Trust under, arguably, the most intense operational pressure it has ever experienced, and its ability to respond to this has also, of course, been compromised by the huge impact that the pandemic has had on operational and clinical practices.

Alongside this, the Trust has continued to do its best to protect and expand its elective, outpatient and diagnostic activity to recover as much as possible from the huge dips in this work caused during 2020 by the pandemic. It has also introduced lateral flow testing for more than 4,500 patient-facing staff, and made preparations for commencing Covid-19 vaccination (although this will only begin in week commencing 4 January, as the Trust, although selected to be a Wave 2 'hospital hub', did not receive vaccine in December, due to national policy switching to focus on community vaccination).

Data from Acute Hospital Trusts

Each hospital trust is required to provide significant data on the impact of the pandemic to NHS England / Improvement (NHSE/I).

Covid-19 Bed Occupancy

One set of data is the number of inpatient beds occupied by patients with a Covid-19 positive test at 8 am each morning, on which all NHS providers are required to report. For ease of presentation, data from local acute trusts for each Tuesday from 1 September 2020 have been compiled from the NHS England website. In the first column the number of beds occupied by Covid-19 positive patients is stated. In the second column this is expressed as percentage of the usual number of inpatient beds at each trust. It should be noted that this percentage figure is indicative as the usual number of inpatient beds may have changed at many trusts because of temporary Covid-19 arrangements.

The table shows relatively low levels of Covid-19 bed occupancy at the end of the summer, which slight increases during September and early October 2020. Several trusts have experienced percentages of occupancy in excess of 30% from December onwards.

	United Lincolnshire Hospitals		Doncaster and Bassetlaw		Northern Lincolnshire and Goole		North West Anglia		Nottingham University Hospitals		Queen Elizabeth Hospitals, King's Lynn		Sherwood Forest Hospitals	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Number of Inpatient Beds ¹	1,018		747		622		877		1,481		512		539	
1 Sept	1	0.1	2	0.3	3	0.5	4	0.5	13	0.9	0	0.0	1	0.2
8 Sept	1	0.1	4	0.5	0	0.0	3	0.3	8	0.5	0	0.0	0	0.0
15 Sept	1	0.1	9	1.2	3	0.5	2	0.2	20	1.4	1	0.2	3	0.6
22 Sept	8	0.8	11	1.5	3	0.5	4	0.5	19	1.3	4	0.8	5	0.9
29 Sept	9	0.9	10	1.3	4	0.6	4	0.5	23	1.6	3	0.6	8	1.5
6 Oct	13	1.3	38	5.1	16	2.6	8	0.9	47	3.2	3	0.6	6	1.1
13 Oct	19	1.9	61	8.2	26	4.2	8	0.9	114	7.7	10	2.0	18	3.3
20 Oct	32	3.1	141	18.9	41	6.6	23	2.6	194	13.1	14	2.7	35	6.5
27 Oct	47	4.6	201	26.9	62	10.0	22	2.5	289	19.5	20	3.9	54	10.0
3 Nov	57	5.6	215	28.8	73	11.7	50	5.7	340	23.0	29	5.7	85	15.8
10 Nov	117	11.5	203	27.2	124	19.9	52	5.9	293	19.8	30	5.9	86	16.0
17 Nov	215	21.1	184	24.6	158	25.4	73	8.3	314	21.2	40	7.8	92	17.1
24 Nov	235	23.1	153	20.5	167	26.8	82	9.4	305	20.6	39	7.6	95	17.6
1 Dec	251	24.7	158	21.2	144	23.2	71	8.1	274	18.5	42	8.2	73	13.5
8 Dec	244	24.0	143	19.1	147	23.6	70	8.0	245	16.5	63	12.3	89	16.5
15 Dec	205 ²	20.1	153	20.5	128	20.6	99	11.3	236	15.9	112	21.9	97	18.0
22 Dec	207	20.3	165	22.1	125	20.1	141	16.1	258	17.4	150	29.3	84	15.6
29 Dec	201	19.7	121	16.2	121	19.5	150	17.1	283	19.1	159	31.1	111	20.6
5 Jan	198	19.4	108	14.5	108	17.4	188	21.4	286	19.3	172	33.6	152	28.2

¹ This is the number of available general and acute beds and excludes beds for learning disabilities, mental health and maternity (Source – NHS England).

² This is the number of in-patient beds occupied by Covid-19 patients on 16 December 2020, as the figure for 15 December 2020 was not reported by NHS England and NHS Improvement.

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