

Report to the Board of Directors

Date of meeting	12 th January 2020	Agenda item	3d
Subject	Louth and Skegness UTC Engagement Findings Report		
Report of	Tracy Pilcher, Director of Nursing, AHPs and Operations		
Prepared by	Heather Emmerson, Stakeholder Engagement Manager		
Previously considered by	TLT Quality and Risk Committee		
Action recommended	Decision		To make a decision based on advice or referral
	Information	X	To consider an update where no decision is required but input will inform future developments
	Assurance		To provide assurance to TLT/ committee/ Board
How the report supports the delivery of the priorities within the Board Assurance Framework			
1. Provide Safe, High Quality, Personalised Population Healthcare	1a. Deliver safe services		X
	1b. To maintain CQC Outstanding in 2020/21 and aspire to be Outstanding in all domains		X
	1c. Design services around population healthcare focused on prevention		X
	1d. Take a proactive approach in driving services that are focused on self-care and prevention		X
2. Deliver Sustainable 21st Century Community Health Services	2a. With partners, shape and lead the implementation of healthcare change and improvement across Lincolnshire		X
	2b. Homefirst - identify and implement internal opportunities for integration and proactive care		
3. Build A Productive, Quality and Supported Workforce	3a. Make the NHS the best place to work		
	3b. Improve our leadership culture		
	3c. Develop our workforce to deliver 21st century care		
	3d. Enable great care, close to home		
4. Ensure Value For Money and Financial Sustainability	4a. Sustain service viability while demonstrating value for money		
	4b. Ensuring value for money and financial sustainability		
	4c. Create insight to drive great care close to home		
5. Collaborate to Lead System	5a. Actively support and lead key programmes to deliver system integration		

Great care, close to home

Integration and Innovation	5b. Support move to Integrated Care System			
	5c. Ensure collaboration that makes a positive difference			
	5d. Driving innovation			
Patients and the Public Impact Assessment	Stakeholder, patient and public involvement will improve patient experience of LCHS service.	Positive	Neutral	Negative
		X		
Equality Impact Assessment	An equality impact assessment will be carried out as a result of this work	Positive	Neutral	Negative
		X		
Quality Impact Assessment	Quality improvement through the continuous involvement of stakeholders, particularly patients.	Positive	Neutral	Negative
		X		
Financial Impact Assessment		Positive	Neutral	Negative
			X	
Links to risks	This engagement activity is part of the SEIG work plan which aligns to, and aims to mitigate issues and risks identified within, the Trusts board assurance framework (BAF).			
Legal/ Regulation	Stakeholder Engagement: Duty to involve - section 242 of the Health and Social Care Act 2012, Nice Guidelines NG44 - Community Engagement Equality & Diversity – EDS2			

Executive Summary

In order to gather stakeholder views on the temporary change to opening hours at Skegness and Louth Urgent Treatment Centres (UTCs) an eight week period of engagement was undertaken between 18th September 2020 - 13th November 2020.

The committee is asked to receive this report as information, consider the feedback provided by stakeholders and be assured that the Trust has followed best practice guidance and complied with its statutory duty to involve.

Section 14Z2 and Section 242 of The Health and Social Care Act 2012 places a statutory duty on CCGs and Provider organisations to involve patients, members of the public and key stakeholders at the earliest opportunity when:

- Planning services / commissioning arrangements

- Developing and considering services / proposals which could change the way services are provided or the range of services available (including reducing or closing services)
- Making decisions which could change the operation or location of services

Recommendations

The committee is asked to receive this report as information, consider the feedback provided by stakeholders and be assured that the Trust has followed best practice guidance and complied with its statutory duty to involve.

Appendices

Appendix 1: Louth and Skegness UTC Engagement findings summary report - Nov 2020

Glossary

C&E – Communications and Engagement
 UC – Urgent Care
 UTC – Urgent Treatment Centre
 CCG – Clinical Commissioning Group
 HSC – Health Scrutiny Committee

TLT – Trust Leadership Team
 TDG – Transformation Delivery Group
 DHU – Derbyshire Health United (provider for NHS111 in Lincolnshire)

1. Louth and Skegness UTC Engagement findings report - Nov 2020

2. Purpose

The decision to engage:

Communications and engagement have a pivotal role before, during and after changes are made to services.

Time taken to engage at the beginning of service changes is known to support swifter and more effective implementation of the changes, more effective use of services and greater staff and patient satisfaction and experiences. As well as patients and the public, staff and clinicians must be given opportunities to share their views and help shape services moving forward, especially if we are expecting them to help us support and implement the changes.

During Covid-19 Guidance was issued by NHSE/I:

“During the pandemic, many service changes continue to be necessary to respond to rapidly changing needs. Whilst it is not realistic to continuously engage and consult on every change in these circumstances the best changes are those developed in partnership with stakeholders”

Where temporary changes are proposed to remain in place over a prolonged period, or be made permanent, there will be an expectation from stakeholders and the regulators that normal processes are followed.

The communications and engagement plan for the extension to the temporary change in opening hours at Louth and Skegness UTC was developed in accordance with the best practice approach outlined in this guidance. It also took into account the political environment and extreme scrutiny that ULHT were experiencing relating to the lack of engagement that had been undertaken in relation to the transition of Grantham A&E to a UTC,

The aim of the communications and engagement plan:

- To engage and involve stakeholders, patient representative groups and the wider public about the decision to temporarily extend the change in how people access over night services at Louth and Skegness
- To direct feedback and comments from stakeholders and the public about the extension of the temporary change to the online survey
- To gather intelligence which could be used by the Trust and commissioners when considering and developing options for the centres opening hours after March 2021.
- To explain the reasons behind the short term extension of the temporary change to how people access services over night.

Benefits of this communications and engagement activity:

- Opportunity to develop the UTC offer to mitigate concerns raised by stakeholders including our patients and the public.
- Useful intelligence and insight gathered in order to support any future case for change or business planning.
- Transparency and involvement at the earliest opportunity.

The engagement findings:

This summary report of key findings attached at Appendix1 has been produced for circulation to all interested stakeholders including patients, the public and staff.

3. Key Messages

This opportunity to share views and experiences was widely publicised through internal and external communications channels and with the support of partners including ULHT, LPFT and the CCG. It produced 422 responses to the online survey and additional written responses from a number of key stakeholders

Key data

- 72 % of respondents understood why LCHS temporarily changed the way in which people can get help with any urgent medical issues overnight in Louth and Skegness
- 76% of respondents were aware how to get help with any urgent medical issues between the hours of 10pm and 8am
- 98% respondents were aware of the NHS 111 service

Key themes

- lack of public confidence in the NHS 111 service
- lack of publicity / public knowledge of the alternatives
- lack of understanding about rationale behind the decision / desire for data
- concern that the temporary change will become permanent without consultation.
- transport and the distances patients would need to travel to emergency department
- concern that this change will move pressure elsewhere in the system
- discrimination against rural communities
- accessibility to services particularly for the elderly population / those with a hearing impairment / children

4. Recommendation

The engagement activity described in this report was carried out in order to gather feedback from stakeholders and local communities about the temporary change in UTC opening hours.

The response rate suggests a high degree of public, patient and stakeholder interest in the provision of Urgent Treatment Centre healthcare in Louth and Skegness.

The feedback highlights a number of the concerns raised by stakeholders which can be addressed immediately. Activity in the form of increased communication is already taking place.

- Publicity about the opening hours of UTCs and type of treatment available
- Information about the alternatives to face to face appointments ('Let's do this together campaign').
- Share stakeholder feedback with NHS 111 provider and commissioner.
- Undertake an Equality Impact Analysis into the impact of the changes since March 2020.
- Work with stakeholders to develop the UTC / Integrated Urgent Care Offer.

The intelligence gathered will also be used to shape any emerging proposals for the urgent treatment centres opening hours after March 2021. The Trust is clear that this eight week period of engagement activity does not constitute a formal consultation which would need to be carried out should any permanent change to service delivery be proposed as an option in the future.

The findings of this engagement will be shared with decision making bodies within LCHS so that they can conscientiously consider the intelligence received from the wide range of stakeholders that have participated.

In addition to ensuring that LCHS is fully aware of the feedback received the information will also be shared with the Lincolnshire clinical commissioning group (CCG) and partner organisations including DHU which delivers the NHS 111 service.

A summary report of key findings has been produced for circulation to all interested stakeholders including patients, the public and staff. This includes a thank you all those that have shared their views and experiences.

Louth and Skegness UTC Engagement findings summary report - Nov 2020

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Trust Purpose

Great care, close to home

Strategic objectives

1. Providing high quality, safe, personalised care
2. Delivering value for money and financial sustainability
3. Strengthening our positive reputation
4. Leading integration and innovation

LCHS Way

The LCHS Way is “We listen, we care, we act, we improve”

We listen: we engage with everyone we work with | we are united | we are always positive

We care: everyone is valued, respected and developed | knowledge and skills are nurtured | success is celebrated

We act: Clear goals and the right resources | freedom coupled with accountability | emphasis on simplicity

We improve: we are creative, resourceful and innovative | integration & collaboration is the way forward | we're always striving to do better

Executive Summary

In order to gather stakeholder views on the temporary change to opening hours at Skegness and Louth Urgent Treatment Centres (UTCs) an eight week period of engagement was undertaken between 18th September 2020 - 13th November 2020

This opportunity was widely publicised through internal and external communications channels and with the support of partners including ULHT, LPFT and the CCG. It produced 422 responses to the online survey and additional written responses from a number of key stakeholders.

Key data

- 72 % of respondents understood why LCHS temporarily changed the way in which people can get help with any urgent medical issues overnight in Louth and Skegness
- 76% of respondents were aware how to get help with any urgent medical issues between the hours of 10pm and 8am
- 98% respondents were aware of the NHS 111 service

Key themes

- public lack of confidence in the NHS 111 service
- lack of publicity / public knowledge of the alternatives
- lack of understanding about rationale behind the decision
- transport and the distances patients would need to travel to access an emergency department
- concern that this change will move pressure elsewhere in the system
- concern that the temporary change will be made permanent without consultation
- discrimination against rural communities
- accessibility to services particularly for the elderly population / those with a hearing impairment/children

Background

In March 2020, as part of the Trust's Urgent Care response to the COVID-19 pandemic, the decision was taken to rationalise Urgent Care services across Lincolnshire, in order to maintain key services and support an anticipated surge in home visiting.

The Louth Urgent Treatment Centre (UTC) and Skegness Urgent Treatment Centres (UTC), normally open 24/7 for walks in patients, were both closed from 10pm to 8am on a temporary basis. Staff based at these locations were redeployed to support

home visiting and online/telephone clinical consultations, accessed by calling NHS 111.

Part of the rationale for closing these services overnight was that the impact on patients was assessed as being minimal due to the low numbers of patients accessing these services between the hours of 10pm-8am.

The impact of the overnight closure was monitored closely, and it was determined that this had not had a noticeable impact on the number of patients attending either Boston UTC or North Lincolnshire and Goole's Urgent Care provisions.

Given the ongoing need to consider Covid19 precautions and in line with the Phase 3 NHS guidance, the Trust decided to continue the temporary overnight closure of Louth and Skegness UTCs. This allowed resources to be deployed at times of higher demand across urgent care services, and supported planning for a winter surge and potential accompanying staff sickness. Urgent overnight patient care has continued to be provided through the Clinical Assessment Service (CAS), with the ability to book patients an appointment the next day, and urgent home visiting for patients who meet the criteria.

Stakeholder and public involvement

In order to understand the impact of this temporary change LCHS has undertaken an eight week period of communication and involvement from 18 September – 13 November. The aim of this activity has been;

- to engage and involve stakeholders, patient representative groups and the wider public about the decision to temporarily extend the change in how people access over night services at Louth and Skegness
- to direct feedback and comments from stakeholders and the public about the extension of the temporary change to the online survey
- to review the feedback to shape proposals for the centres opening hours after March 2021
- to explain the reasons behind the short term extension of the temporary change to how people access services over night

This activity has taken the form of:

- briefing document sent to key stakeholders
- media releases - which set the context and directed public to the online survey
- social media posts

- an online survey - asking for views on the extended closure and in particular what support and information people may need to use alternative services

Findings

The findings of the online survey and responses received from key stakeholders are presented below:

Survey results

A total of 422 responses were received to the online survey during the eight week period. 890 free text comments were submitted in answer to the eight key questions:

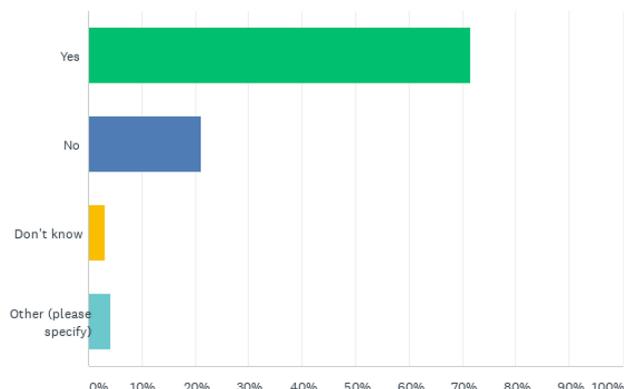
- Do you understand why LCHS is temporarily changing the way in which people can get help with any urgent medical issues overnight in Louth and Skegness?
- If you do not understand the reason why we have made these temporary changes please tell us what additional information would help to make this clearer.
- Are you aware how to get help with any urgent medical issues between the hours of 10pm and 8am?
- If you are not sure how to get help with any urgent medical issues between 10pm and 8am, please tell us what additional information would be helpful?
- Are you aware of the NHS 111 service?
- If you have any concerns about using the NHS 111 service to get help with urgent medical issues please tell us below.
- If you have any concerns about the temporary changes at Louth and Skegness UTCs please tell us below and also include your suggestions for how we can overcome these.
- Your opinion is important to us please use the space below for any other comments or suggestions

These questions were designed to establish stakeholders' understanding of the temporary change, public knowledge of the alternative way in which the service is being delivered and any perceived impact of this change on local communities.

Question 1: Of the 422 respondents 13% also identified as being NHS staff, 7% had been recent patients at either Louth or Skegness UTC.

Question 2:

Q2 Do you understand why LCHS is temporarily changing the way in which people can get help with any urgent medical issues overnight in Louth and Skegness?



- 72% Yes
- 20% No
- 8% Don't know / other

General themes

- understand but disagree with the decision **44%**
- concern that the temporary change will be made permanent without consultation **38%**
- unaware of the change – lack of publicity **12%**
- concern that this will move pressure elsewhere in the system **6%**

Whilst the majority of respondents understood the rationale provided for the temporary change, feedback demonstrated a significant degree of concern that the reasons given were not valid and that the temporary decision would become permanent without further consultation.

“I understand the reasons you give but do not necessarily agree with them.”

“I understand but must be balanced against impact on acute trust A&E attendance and OOH and Urgent Care must not increase this workload”

Question 3: If you do not understand the reason why we have made these temporary changes please tell us what additional information would help to make this clearer.

General themes

- more information/data about rationale behind decision **64%**
- more publicity about the alternatives (distance/transport to access face to face) **18%**
- more publicity about the change in opening hours **18%**

As with the previous question respondents questioned the validity of the decision making, suggesting that the pandemic was being used as an excuse to make cost savings and reduce local services. Some asked for clear data which would support this decision making.

It is worth noting that at the time this engagement activity commenced Lincolnshire still had relatively few cases of COVID19 and infection rates remained low compared to other areas of the country. This may have impacted public perception.

A number of respondents expressed concerns over the alternatives available and others suggested that more publicity was needed in order to inform the public about what services they should access and when.

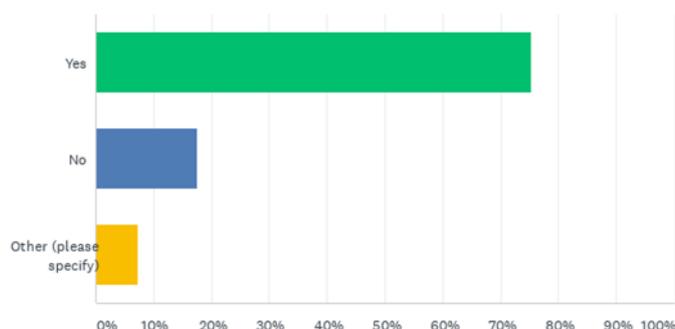
“Information about how residents are expected to get urgent care locally between the hours of 10pm and 8am.”

“I didn’t know there had been changes”

“If it can open in the day why not at night? Especially if there is a rising demand and we are so isolated.”

Question 4:

Q4 Are you aware how to get help with any urgent medical issues between the hours of 10pm and 8am?



- 76% Yes
- 17% No
- 7% Don't know / other

General themes

- awareness of NHS111 but public lack of confidence in the service **43%**
- concern over distance/transport to access face to face urgent care / A&E **36%**

Over 75% of respondent were aware of how to access urgent care in Louth and Skegness between the hours of 10pm and 8am however many raised concerns about the use of NHS 111 as an alternative to the UTC provision.

"Yes if 111 is appropriate - otherwise not if hands on treatment is required. I am 10 miles from Louth, 15 miles from Skegness, 25 from Pilgrim, 25 from Princess Diana and 30 from Lincoln County"

"Unsure, I guess I would ring 111 or travel straight to Pilgrim A&E."

"I realise there is 111 but they will say to go to A&E or the Urgent Treatment Centre"

"I am aware of your recommendation to call 111 or use the app but this seems like no substitute for a functioning UTC"

Question 5: If you are not sure how to get help with any urgent medical issues between 10pm and 8am, please tell us what additional information would be helpful?

General themes

- better/wider publicity about urgent and emergency care and what to do between 10pm – 8am **36%**
- information on how/where to go for face to face care over night **27%**

Feedback generally indicated a lack of knowledge of the alternative provision overnight or a lack of confidence in said alternatives. A clear focus for respondents was the need to access face to face care. The majority expressed concern in relation to accessing face to face consultations with a clinician

between 10pm – 8am and the distance they would need to travel to the nearest UTC or A&E department.

Responses also indicated some uncertainty about what treatment could be accessed from a UTC as opposed to an Accident and Emergency department.

“Where to go if you need urgent care. How are people without transport or people to help them get there supposed to travel to Lincoln or Boston”

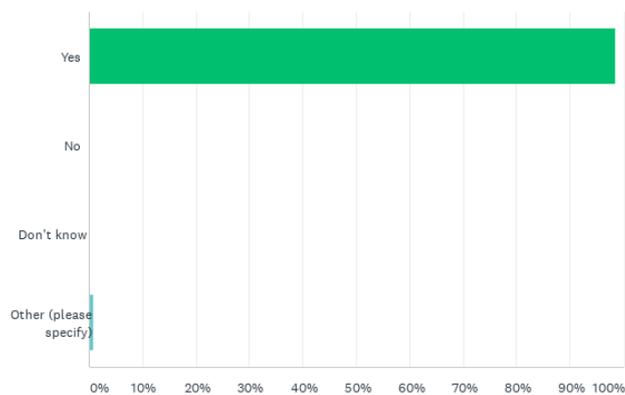
“Information on how local people can get face to face care between the hours of 10pm and 8am”

“How people who don’t have a phone, transport or phone credit get help”

“Clear guidelines on what is available at what time from Urgent Care, i.e out of hours Drs and what time this finishes. When is x-ray open”

Question 6:

Q6 Are you aware of the NHS 111 service?



- 98% Yes
- 2% Other

General themes

- public lack of confidence in NHS 111 service

“Yes, but they do not get the patient to the correct pathway”

“Yes but have no faith in their abilities.”

Question 7: If you have any concerns about using the NHS 111 service to get help with urgent medical issues please tell us below

General themes

- delays - time taken to answer initial call or to receive call back - **31%**
- not an alternative for face to face consultation - **16%**
- general public lack of confidence in NHS 111 service – **14%**
- previous negative experience of the NHS 111 service - **12%**
- perceived lack of knowledge of the call handlers, clinical and/or geographical (not necessarily based on experience) **12%**
- distance required to travel as a result of consultation – **5%**

Responses indicated a public lack of confidence in the NHS 111 service due to either a previous negative experience of the service or the perception that it does not represent a viable alternative to a face to face consultation with a clinician.

A key factor in the negative perception of the service expressed by members of the public was identified as the length of time patients have to wait; both in terms of the taken to answer their initial 111 phone call and the length of time spent waiting for a call back.

A number of respondents raised concerns about the suitability and efficacy of the NHS 111 service for elderly patients, those with a hearing impairment and people with a learning difficulty.

The capacity of the service was questioned and a number of respondents commented that the likely outcome of a call to NHS 111 was to be advised to go to the nearest UTC or A&E department. For this reason using NHS 111 was perceived as slowing down patient access to urgent care.

“111 is a service of people reading from a script. They arrange to get someone medical to call you back the urgency of how quickly this happens depends on how good or bad the caller is on explaining their symptoms”

“I telephoned 111 to request an appointment for my son who had a foot Injury , they offered us an appointment in Grantham 1.5 hrs away when I live 15 min from Skegness and 20 min from Louth, their geographical knowledge is not good and

some patients may take that appointment and travel extra miles when they don't have too"

"Takes a long time to get an answer from them"

"Being elderly we found very difficult to get help as so many questions asked when we are feeling really poorly"

Question 8: If you have any concerns about the temporary changes at Louth and Skegness UTCs please tell us below and also include your suggestions for how we can overcome these.

General themes

- distance/poor transport links to other UTC/A&E sites in the county **43%**
- concern that the temporary change will become permanent without consultation **26%**
- access for elderly patients / children **20%**
- concern about how to access care overnight /need for local 24/7 UTC **17%**
- pressure on other sites or services (eg) A&E and EMAS **6%**

The main concerns raised were in relation to accessing an urgent care or accident and emergency site. As previously the rurality of Lincolnshire, poor road networks and limited public transport services were highlighted. A key theme throughout the survey responses was concern that the temporary change would become permanent without consultation.

63% of the comments relate to a perceived inequity of access to services; particularly for residents of the east coast, the elderly population, families with young children and those people that do not have access to their own transportation. A number of respondents questioned whether an overnight closure or the UTC sites would put additional pressure of other parts of the healthcare system. One individual respondent commented that they had no concerns in relation to the change in opening hours.

"Makes it harder for people in the area to access urgent medical care out of hours, particularly for people with no transport to get to Pilgrim, Lincoln or Grimsby hospitals"

“The word “temporary” is the crucial point. Once a service has changed or been removed it will be too easy for the “powers that be” to remove it permanently”

“Whilst understanding the rationale in March most health services in acute pathways have been restored. This means that any spare focused emergency pathway capacity at our local acute trusts has gone. As winter pressures increase this cannot be good for the whole health economy keeping these services closed. It would be better that they were open and more work diverted there by 111”

“Skegness and Louth can hardly be likened to a large town or city A&E dept. So i find it difficult to understand why these temp closures have had to occur at all. Keeping them open would surely ensure a much higher percentage of lives saved through proper diagnosis than through 111. The longer these closures go on the more 111 will be stretched resulting in a much less effective service.”

“I can be understand due to COVID but would be very concerned if this were permanent as our nearest hospitals are over 40 miles away when Skegness and Louth are closed”

Question 9: Your opinion is important to us please use the space below for any other comments or suggestions:

189 comments were submitted in response to this question. The general themes reflected those identified throughout the survey

General themes

- lack of publicity / public knowledge of the alternatives
- lack of understanding about rationale behind the decision
- public lack of confidence in the NHS 111 service
- concern that the temporary change will become permanent without consultation
- transport and the distances patients would need to travel to access UTC or emergency department
- concern that this change will move pressure to elsewhere in the system
- discrimination against rural communities
- accessibility to services particularly for the elderly population / those with a hearing impairment / learning difficulties / children
- disproportionate response to COVID -19

Whilst the majority of respondents expressed concerns about the change in service delivery one respondent commented:

“Very few patients attend Skeg UTC between midnight and 08:00 most of those could wait till 08:00 to be seen by their GP/UTC those that are too unwell to wait till 8am should be going straight to A&E not attending UTC”

Other Stakeholder feedback:

A number of key stakeholders provided written responses to the survey or wrote to the Trust asking for additional information or requesting assurances. The content of these written responses reflects the key themes identified from the online survey and included within the main body of this report. Where additional information was requested this has been provided by the Trust. The Lincolnshire Health Scrutiny Committee response is included as Appendix 1.

Conclusion:

The engagement activity described in this report was carried out in order to gather feedback from stakeholders and local communities about the impact of the temporary change in UTC opening hours. The response rate suggests a high degree of public, patient and stakeholder interest in the provision of Urgent Treatment Centre healthcare in Louth and Skegness.

The feedback highlights a number of the concerns raised by stakeholders which can be addressed immediately. Activity in the form of increased communication is already taking place.

- Publicity about the opening hours of UTCs and type of treatment available
- Information about the alternatives to face to face appointments ('Let's do this together campaign').
- Share stakeholder feedback with NHS 111 provider and commissioner.
- Undertake an equality Impact Analysis into the impact of the changes since March 2020.
- Work with stakeholders to develop the UTC / Integrated Urgent Care Offer.

The intelligence gathered will also be used to shape proposals for the urgent treatment centres opening hours after March 2021. The Trust is clear that this eight week period of engagement activity does not constitute a formal consultation which would need to be carried out should any permanent change to service delivery be proposed as an option in the future.

The findings of this engagement will be shared with decision making bodies within LCHS so that they can conscientiously consider the intelligence received from the wide range of stakeholders that have participated.

In addition to ensuring that LCHS is fully aware of the feedback received the information will also be shared with the Lincolnshire Clinical Commissioning Group (CCG) and partner organisations including DHU which delivers the NHS 111 service.

This summary report of key findings has been produced for circulation to all interested stakeholders including patients, the public and staff. LCHS would like to thank all those that have shared their views and experiences.

Appendices:

Appendix 1: Health Scrutiny Committee response

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