

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 20 JANUARY 2021

ITEM 7: UNITED LINCOLNSHIRE HOSPITALS NHS TRUST OUTPATIENT SERVICES AT COMMUNITY HOSPITALS

Correspondence between Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire, and Andrew Morgan, Chief Executive of United Lincolnshire Hospitals NHS Trust, is set out below.

Letter from Councillor Carl Macey to Andrew Morgan (12 January 2021)

The Health Scrutiny Committee for Lincolnshire is due to consider the attached item at its meeting on 20 January 2021. This follows several county councillors raising concerns that they had been made aware that some outpatient services at certain community hospitals would be discontinued in six months. The report includes reference to a statement made by your Director of Finance and Digital, Paul Matthew, to the effect that there would be a comprehensive engagement exercise before any changes and no decisions had yet been made.

Whilst this statement provides some reassurance, I would like further clarification on which services at which hospitals are being considered, and the timing of any engagement exercise. I would also like to know the extent of any involvement of Lincolnshire CCG, as well as the wider health care system, in these developments. Given the references in *Healthy Conversation 2019* to a strong future for community hospitals, I would like to see how any proposals relate to the Lincolnshire acute services review.

I would be very grateful for a response by 19 January, so that it can be reported to the Committee on 20 January 2021.

Reply from Andrew Morgan to Councillor Carl Macey (15 January 2021)

Thank you for your letter dated 12 January 2021 enquiring as to the status of outpatient services delivered by ULHT at community hospitals. You specifically mention that 'some outpatient services at certain community hospitals would be discontinued in six months' also pointing to the statement made by our Director of Finance and Digital.

It was correct that following the first wave of Covid-19 we had a number of consultations in place with our staff who were based at peripheral clinic sites. The rationale being that during the first wave of the pandemic the model of delivering outpatients significantly changed to provide more appointments by telephone or video consultation, which have evaluated well. We do recognise the ongoing need for a number of patients to have a face to face appointment in a local setting. However, ULHT does not necessarily need to be the provider of many of these appointments and they could be better provided by our community colleagues at LCHS.

At this point there were no plans in place but with an absolute expectation of engagement on any proposals. However it should be noted that due to the ongoing situation with Covid-19 affecting our ability to develop the plans and engage appropriately, all consultations with our staff ceased in December.

There is broad agreement with system partners for us to review what services are provided and by who in peripheral locations. We are committed to providing accessible services across a range of locations increasingly using telephone and video consultations. Where face to face appointments are needed we need to review who is best placed to provide the service and ensure the right mix of specialties are catered for.

As we remain in a difficult position with Covid-19 we do not, at the time of writing, have an agreed timescale to commence this work with LCHS and CCG colleagues. However please note that we are committed to undertaking appropriate engagement and where necessary consultation.

Please do get in touch if you require any further information.