


Agenda Item 8

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|  | | 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 |

**Open Report on behalf of Andrew Crookham
Executive Director - Resources**

| | |
|------------|--|
| Report to: | Health Scrutiny Committee for Lincolnshire |
| Date: | 13 April 2022 |
| Subject: | United Lincolnshire Hospitals Consultation on Nuclear Medicine – Finalisation of the Committee’s Response |

Summary:

On 28 February 2022, United Lincolnshire Hospitals NHS Trust (ULHT) launched a public consultation on its nuclear medicine service. The Committee considered a presentation on the consultation document at its last meeting on 16 March 2022 and agreed that its response to the consultation would be determined at this meeting. The closing date for the consultation is 23 May 2022.

On the basis of the comments made by the Committee on 16 March a draft response is being prepared. **The draft response will be circulated to the Committee prior to the meeting.**

Actions Requested:

That the Committee’s final response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service be approved.

1. Background

On 28 February 2022, United Lincolnshire Hospitals NHS Trust (ULHT) launched a formal public consultation exercise on its nuclear medicine service. As part of the twelve-week consultation four virtual consultation events were planned. Two of these took place on 8 March and 28 March. Two further events are due to take place on 13 April (6.30 – 7.30 pm) and 3 May (3.00 – 4.00 pm). The consultation period closes on 23 May 2022.

The full consultation document is available at:

[Nuclear Medicine Consultation - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/nuclear-medicine-consultation)

2. What is Nuclear Medicine?

The British Nuclear Medicine Society describes nuclear medicine as diagnostic medical imaging and treatment. It differs from other imaging techniques such as x-ray, MRI or CT scan by giving different information about organ function as well as structure. Radiopharmaceuticals are usually given to the patient via an injection. Images of the patient are made by a gamma camera.

The following information was contained in the consultation document:

“Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances (called radiopharmaceuticals) in the diagnosis and treatment of disease. The technique enables assessment of the function of organs, whereas most conventional imaging modalities (e.g. X-ray) look at anatomy.

“The majority of radiopharmaceuticals used for these tests are made daily in an aseptic facility known as a radio-pharmacy.

“There are over 20 different tests that nuclear medicine can perform and they look at conditions as diverse as Parkinson’s disease to delayed gastric emptying. In United Lincolnshire Hospitals NHS Trust hospitals, the most common tests performed are bone scans and heart scans.

“After administration of the radiopharmaceutical, patients must wait for a time for the radiopharmaceutical to distribute in their bodies before the images are then taken on a specialist camera called a gamma camera. This camera detects the radiation emitted from the patient to enable the organ of interest to be investigated. A gamma camera is similar in size to a CT scanner.

“Due to the fact nuclear medicine involves radiation, the technique is highly regulated and all staff have to undergo extensive specialist training. This is to ensure the risk to the patient from the radiation is outweighed by the benefits of having the procedure.

“In addition, a clinician is required to oversee the service and hold an ARSAC (Administration of radioactive substances advisory committee) licence (Practitioner Licence). This licence lists the different diagnostic tests that can be performed under the Practitioner. Only tests that the clinician has proven training and experience in are listed on this licence to ensure the test is diagnostic and the impact on the patient management is optimised. Each site also has an ARSAC licence which requires a Medical Physics Expert (MPE) to oversee the service at that site (site licence), this also lists the tests that can be performed at that site.”

3. Previous Committee Consideration

15 September 2021

On 15 September 2021, the Committee considered an introductory item on the nuclear medicine service. The key points reported to the Committee were:

- As nuclear medicine involves radioactive substances, it is highly regulated and all staff have to undergo extensive training. There are national workforce challenges, which mean that ULHT has struggled to recruit and retain clinical technologists over the last five years. The national training service for nuclear medicine clinical technologists has ceased, which has resulted in a national shortage of specialists. The following whole-time- equivalent staffing numbers were reported in September 2021:

| | Lincoln | Grantham | Pilgrim | Total |
|-----------------------------|---------|----------|---------|-------|
| Technologists | 5.65 | 1.6 | 2.8 | 10.05 |
| Clinical Scientists | 2.8 | 0 | 0 | 2.8 |
| Clinical Imaging Assistants | 1.8 | 1.0 | 0 | 3.8 |
| Apprentice | 1.0 | 0 | 0 | 1.0 |
| Nurses | 2.0 | 0 | 1.0 | 3.0 |
| Administration | 0.8 | 0 | 1.06 | 1.86 |
| Total | 14.05 | 2.6 | 4.86 | 22.51 |

- ULHT has five gamma cameras (two each at Lincoln County Hospital and Pilgrim Hospital Boston; and one at Grantham and District Hospital). The ages of these five cameras range from ten to 16 years.
- The majority of radiopharmaceuticals for the tests are made daily in an aseptic facility known as a radio-pharmacy. ULHT's radio-pharmacy was installed at Lincoln County Hospital in 2019 and provides the radio-pharmaceuticals for all three hospital sites. The radiopharmaceutical used is dependent on the part of the body that is being investigated. Radio-pharmacy is needed daily to produce drugs for the scans.
- The following information on nuclear medicine patient numbers for 2019-20 was reported in September 2021 and included in the consultation document (Patient numbers differ from the number of studies as some tests require two studies):

| | Lincoln | Grantham | Pilgrim | Total |
|------------------------|---------|----------|---------|-------|
| Number of Patients | 1,771 | 680 | 792 | 3,243 |
| Percentage of Patients | 55% | 21% | 24% | 100% |
| Number of Studies | 2,114 | 886 | 955 | 3,955 |
| Percentage of Studies | 54% | 22% | 24% | 100% |

- The 3,243 nuclear medicine patients in 2019-20 were from the following postcodes:

| | LN | NG | PE | Other |
|----------------|-------|-----|-----|-------|
| Patients | 1,540 | 685 | 894 | 124 |
| Percentage (%) | 47% | 21% | 28% | 4% |

4. Service Change Proposals

The Six Initial Options

The consultation document contained information on an options appraisal process, which considered the following six initial options:

- Centralisation of the service at Lincoln County Hospital and Pilgrim Hospital Boston
- Centralisation of the service at Lincoln County Hospital and Grantham and District Hospital
- Centralisation of the service at Lincoln County Hospital only.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Pilgrim Hospital Boston. The service at Grantham and District Hospital would close.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Grantham and District Hospital. The service at Pilgrim Hospital Boston would close.
- A hub and spoke service with staff based at Lincoln County Hospital, with a two day per week service at Grantham and District Hospital and three day per week service at Pilgrim Hospital Boston.

The six initial options were assessed against six factors: patient experience; quality of service; robustness of the service; cost and efficiency; and long-term sustainability. Using these factors, the consultation document refers to (c) as the one providing the most robust, efficient service, which ensured responsiveness for patients.

The ULHT Patient Panel also considered the challenges facing the service and its view was that nuclear medicine should continue at Lincoln County Hospital, but there should be a second site offering the service and ULHT should take seriously that patients may struggle to reach their appointments if the service was centralised. The Patient Panel asked for mitigating actions to be put in place to improve access if the service were to be centralised.

Following this, as set out in the consultation document, there was an evaluation of Grantham and District Hospital and Pilgrim Hospital Boston as potential second sites against six criteria. Pilgrim emerged as the preferred second site when evaluated against four of the six criteria: patient experience; staffing; efficiency of the service; and building compliance with legislation. The remaining two criteria (robustness of the service; quality and governance) did not lead to a preferred second site. This led to the following two consultation options being put forward.

The Two Consultation Options

The consultation document states that running the nuclear medicine service at three sites is not sustainable and centralising the service to either one or two sites would ensure a robust service for the people of Lincolnshire. As a result of the options appraisal process, ULHT is consulting with its staff, stakeholders and public on two possible options:

- Option 1: Centralisation of the service at Lincoln County Hospital
- Option 2: Centralisation of the service at two sites - Lincoln and Pilgrim

The following risks and benefits have been identified for each option.

| Option 1 - Benefits |
|---|
| <ul style="list-style-type: none"> • Most efficient use of batching kits and studies. • Most efficient use of the cameras and staff. • Robustness for continuity of service if poor weather/traffic problems. • Greater mix of scans and tasks for technologists, so should be more likely to keep staff interested and improve staff retention. • Improve monitoring of governance (as on one site). Lincoln County Hospital is already ISO9000:2015 accredited. • More capacity to introduce new techniques as clinical scientists and senior staff will have more time to do this. • Ensure that the service is only using the equipment it needs, negating the need to equip three sites at a cost of £650k per camera (plus approximately £50k per annum servicing) as well as the other equipment and consumables needed. • Ensuring a more responsive service to patients, as the radio-pharmacy is on site so can help with discharge. Currently, Grantham and Pilgrim have to order preps the day before, so cannot always do same day request to scan studies. • New camera at Lincoln County Hospital, meaning a reliable service and access to up-to-date technology that will aid diagnosis and turnaround of studies. In addition, this should increase staff retention. |

| Risks of Option 1 | Notes / Mitigations |
|---|--|
| Requirement for patients to travel for their scans leading to inconvenience to patients and could lead to some patients going out of county for the tests or not having the test. | Patients already travel for a variety of nuclear medicine tests due to equipment, lack of staffing at Pilgrim and legal requirements for performing the tests. There is also support with transport if required. |

| Risks of Option 1 | Notes / Mitigations |
|---|---|
| Need to transfer inpatients from Pilgrim to Lincoln. | Most nuclear medicine scans do not require the patient to be kept in for their test; those who require a test not performed at Pilgrim already are transferred between sites. |
| Possible impact on other services that rely on our service before breast surgery. | Will need working through with the teams. |

| Option 2 - Benefits |
|---|
| <ul style="list-style-type: none"> • Somewhat improved efficiency of batching kits and studies. • More efficient use of the cameras. • More capacity to introduce new techniques as Clinical Scientists and senior staff will have more time to do this. • Robustness of service if problem in Lincoln hospital (power outage, flood). • Ensure that the service is only using the equipment it needs, negating the need to equip three sites at a cost of £650k per camera (plus approximately £50k per annum servicing) as well as the other equipment and consumables needed. • Reduced impact on patients - fewer patients will need to travel further for their nuclear medicine tests. • Reduced impact on staff - fewer members of staff will need to be relocated/displaced. |

| Risks of Option 2 | Notes/ Mitigations |
|--|---|
| Requirement for some patients to travel for their scans leading to inconvenience to patients and could lead to some patients going out of county for the tests or not having the test. | Patients already travel for a variety of nuclear medicine tests due to equipment. There is also support with transport if required. |
| Need to transfer inpatients from Grantham to Lincoln or Pilgrim. | Most nuclear medicine scans do not require the patient to be kept in for their test and the number of Grantham inpatients is low. |
| Retention of some existing issues around effective use of resources and staffing. | Still an improvement on three site model. |
| Risk that cannot effectively staff 2 sites | Little to mitigate this. |
| Harder to ensure good governance as management not day to day on site. | Regular visits from Clinical scientists and teams meetings |

Drafting the Response to the Consultation

In line with previous approaches, it is proposed that the Committee's response is structured as follows:

Part A - Introduction

Part B - Response to Consultation Survey Questions

This section of the response would follow the format of the survey questions issued by United Lincolnshire Hospitals NHS Trust.

Part C – General Statement

A draft response will be circulated to the Committee prior to the meeting. Attached at Appendix A to this report is the proposed format of the response.

3. Consultation and Conclusion

The Committee is invited to approve its response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service.

4. Appendices

| These are listed below and attached at the back of the report | |
|---|---|
| Appendix A | Proposed Format for Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation United Lincolnshire Hospitals NHS Trust on its nuclear medicine service (A completed response will be circulated prior to the meeting.) |

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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RESPONSE OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE CONSULTATION ON NUCLEAR MEDICINE AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

To be completed

PART A – INTRODUCTION

PART B – RESPONSE TO SURVEY QUESTIONS

SERVICE CHANGE PROPOSAL

This consultation is on the future of nuclear medicine services in Lincolnshire. Nuclear medicine services are currently provided at Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston.

Due to the fact the nuclear medicine is a very specialist service, there are a number of challenges it faces nationally, and we have these same challenges in Lincolnshire including:

- A shortage of staff
- Workload of the service which only requires three gamma cameras but we have five
- The age of the gamma cameras, all of which are over 10 years old and cost £0.5million per camera to replace
- The impact of other services, specifically the redevelopment of the Emergency Department at Pilgrim Hospital which means that the nuclear medicine department will need to be moved.

To Be Completed by the Committee

We believe that the safest way to provide a sustainable, long term service to the patients of Lincolnshire is to reduce the number of sites that the nuclear medicine service is provided from. This will reduce the redundancy of equipment and create a greater capacity to replace aged equipment.

Q1. How much do you agree or disagree that the Nuclear Medicine service needs to change to ensure a safe and sustainable service to patients in Lincolnshire?

| Strongly Agree | Tend to Agree | Tend to Disagree | Strongly Disagree | Don't Know |
|----------------|---------------|------------------|-------------------|------------|
| | | | | |

Q2. Please tell us how much you agree or disagree with the following options. Our clinicians, expert staff and patient representatives have looked at different ways that we could deliver these services in the future and they are explained in more detail in the consultation document.

We believe that centralising the service to either one or two sites would ensure a robust service for the people of Lincolnshire. The radio-pharmacy has recently been built at Lincoln County Hospital and this cannot be moved, therefore closing Lincoln was not considered as an option. As a result of our option appraisal work, this consultation is on the following two options. These are:

Option 1- Centralisation of the Service at Lincoln

| Strongly Agree | Tend to Agree | Tend to Disagree | Strongly Disagree | Don't Know |
|----------------|---------------|------------------|-------------------|------------|
| | | | | |

Option 2- Centralisation of the Service at two sites- Lincoln and Pilgrim

| Strongly Agree | Tend to Agree | Tend to Disagree | Strongly Disagree | Don't Know |
|----------------|---------------|------------------|-------------------|------------|
| | | | | |

Q3. What is your preferred choice for changes to nuclear medicine services? (please choose only 1 answer)

| | |
|---|--|
| <input style="width: 100%; height: 100%;" type="checkbox"/> | Option 1: Centralisation of the service at Lincoln |
|---|--|

To Be Completed by the Committee

Option 2: Centralisation of the service at two sites- Lincoln and Pilgrim

- Q4. Please tell us why you chose your preferred option and if you have any other suggested proposals to address the identified challenges

- Q5. Please tell us about the impact the proposed changes to nuclear medicine services might have on you:

No Impact

Positive Impact

Negative Impact

Prefer Not to Say

- Q6. Please tell us the reason for your answer and what could be done to reduce any negative impacts:

- Q7. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. It is against the law to discriminate against someone because of the nine protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any positive or negative impacts that you believe we should take into account in relation to equalities or human rights? If so, are you able to provide any supporting evidence and suggest any ways in which the organisations could reduce or remove any potential negative impacts and increase any positive impacts?

To Be Completed by the Committee

PART C – GENERAL STATEMENT

The Health Scrutiny Committee for Lincolnshire has been appointed by Lincolnshire County Council to fulfil its functions as set out in Section 244 of the National Health Service Act 2006 and Regulations 20 – 34 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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