

BOARD MEETING – PUBLIC

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| Date of Meeting: | 25 th May 2022 | Agenda item: | 12a |
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| Title of Report: | Work completed to inform recommendations on four of Lincolnshire's NHS services |
| Report Author: | Pete Burnett, System Strategy and Planning Director Tom Diamond, Associate Director of Strategy |
| Lead Director: | CCG Executives |
| Accountable Officer: | John Turner, NHS Lincolnshire CCG Chief Executive |
| Attachments: | Appendix 1: NHS Lincolnshire Public Consultation 2021 Feedback Report |

| 1. | Purpose of the Report (including link to objectives) |
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| | <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Confirm the work undertaken to develop the proposals that were outlined in the Pre-Consultation Business Case • Outline the approach and activities undertaken to deliver the public consultation exercise in 2021 • Review the Consultation Institute (tCI) Quality Assurance of the public consultation undertaken by NHS Lincolnshire CCG and briefing from tCI on the role of the Board in considering the feedback when making a final decision on the Decision Making Business Case. • Provide a summary presentation on the independent consultation report detailing the responses received throughout the public consultation on four of Lincolnshire's NHS services. This will be presented by the independent company, Opinion Research Services (ORS) who analysed the feedback received and produced the report. • Confirm the approach taken to involve the public in the decision making process following the consultation formally closing • Outline the approach taken across the NHS in Lincolnshire to respond to the feedback identified in the independent consultation report. • Inform the Board on the role of the Clinical Directorate and the CCG Clinical Polices Sub-Group in reviewing the response to the consultation feedback, evaluating the four proposals as presented in the Decision Making Business Case and reviewing the Equality Impact Assessments and Quality Impact Assessments. • Present the findings from the Quality and Patient Experience Committee's review of the response to the public feedback, Equality Impact Assessments and Quality Impact Assessments |

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| 2. | Recommendations |
| <p>The Board is asked to note and provide feedback on:</p> <ul style="list-style-type: none"> • The work undertaken following the approval of the Pre-Consultation Business Case to inform the development of the Decision Making Business Case • The information and advice provided by the Consultation Institute when considering and taking the final decision on the DMBC • The key findings identified in the public feedback and the information provided by ORS • The approach taken to respond to the feedback identified in the Independent Consultation Report, including public involvement and input from across the NHS in Lincolnshire • The clinical assessment that has been undertaken | |

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| 3. | Executive Summary |
| <p>On the 29 September 2021 the NHS Lincolnshire CCG Board agreed to proceed to a period of public consultation on the proposals, as set out in the Pre Consultation Business Case (PCBC), relating to four NHS services:</p> <ul style="list-style-type: none"> • Orthopaedics • Urgent & Emergency Care • Acute Medicine • Stroke Services <p>The public consultation, which ran from 30 September to 23 December 2021, enabled a robust and detailed dialogue with an extensive range of stakeholders.</p> <p>This paper provides a summary of the work undertaken to develop the PCBC and outlines the work undertaken since the start of the consultation. The outputs from this extensive work programme have enabled the Decision Making Business Case (DMBC) to be developed in line with the legal duties of the CCG</p> | |

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| 4. | Management of Conflicts of Interest |
| Not applicable in relation to this paper | |

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| 5. | Finance, QIPP and Resource Implications |
| The financial implications of any future decision will be identified in the Decision-Making Business Case | |

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| 6. | Legal/NHS Constitution Considerations |
| NHS Clinical Commissioning Groups have a duty (Section 14Z2) to 'make arrangements' to inform, involve and consult with the public in relation to the planning of commissioning arrangements, the development and consideration of proposals and the decisions affecting the operation of commissioning arrangements. | |

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| 7. Analysis of Risk including Assessments | | | | |
| Not applicable | | | | |
| Please state if the risk is on the CCG Risk Register. | | | | |
| <table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>√</td> </tr> </table> | Yes | | No | √ |
| Yes | | No | √ | |

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| 8. Outline engagement – clinical, stakeholder and public/patient |
| Significant engagement with all stakeholder groups has occurred throughout the ASR Programme. |

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| 9. Outcome of Impact Assessments |
| <p>The proposed service changes will deliver improvements in the quality of care and support reductions in health inequalities by delivering more equitable access to timely specialist interventions proven to improve patient outcomes.</p> <p>The impact of the proposed service changes on protected characteristics has also been considered. The potential positive and negative impacts are the same for all groups, however the age, disability and economically disadvantaged groups have been identified as possibly being more likely to be impacted:</p> <ul style="list-style-type: none"> • Potential positive impacts have been identified in terms of improved care and outcomes, including more people benefiting from highly specialised interventions. • Potential negative impacts have been identified related to access to services. Outcome of impact assessments are reflected in the DMBC. |

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| 10. Assurance Departments/Organisations who will be affected have been consulted | | | | | | | | | | | | | | | | |
| Insert details of the departments you have worked with or consulted during the process: | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Finance</td> <td>√</td> </tr> <tr> <td>Commissioning</td> <td>√</td> </tr> <tr> <td>Contracting</td> <td>√</td> </tr> <tr> <td>Medicines Optimisation</td> <td></td> </tr> <tr> <td>Clinical Leads</td> <td>√</td> </tr> <tr> <td>Quality</td> <td>√</td> </tr> <tr> <td>Safeguarding</td> <td></td> </tr> <tr> <td>Other</td> <td>√</td> </tr> </table> | Finance | √ | Commissioning | √ | Contracting | √ | Medicines Optimisation | | Clinical Leads | √ | Quality | √ | Safeguarding | | Other | √ |
| Finance | √ | | | | | | | | | | | | | | | |
| Commissioning | √ | | | | | | | | | | | | | | | |
| Contracting | √ | | | | | | | | | | | | | | | |
| Medicines Optimisation | | | | | | | | | | | | | | | | |
| Clinical Leads | √ | | | | | | | | | | | | | | | |
| Quality | √ | | | | | | | | | | | | | | | |
| Safeguarding | | | | | | | | | | | | | | | | |
| Other | √ | | | | | | | | | | | | | | | |

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| 11. Report previously presented at: |
| Not applicable |

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| 12. For further information or for any enquiries relating to this report, please contact |
| lccg.asr-enquiries@nhs.net |

1. Purpose

Following the board approval of the Pre Consultation Business Case a significant work programme has been undertaken. From 30 September 2021 through to 23 December 2021 a Public Consultation took place on each of the four proposals. Listening to the views of those that responded to the consultation and working with partners across the Lincolnshire health system has been invaluable. This feedback and the further consideration and evidence compiled following the public consultation in response to it, together with the evidence contained within the PCBC, have been brought together into a Decision Making Business Case (DMBC).

The purpose of this report is to ensure that the CCG Board are informed of the work that has been undertaken and the outputs produced. The key aim is:

- Confirm the work undertaken to develop the proposals that were outlined in the Pre-Consultation Business Case
- Outline the approach and activities undertaken to deliver the public consultation exercise in 2021
- Review the Consultation Institute (tCI) Quality Assurance of the public consultation undertaken by NHS Lincolnshire CCG and briefing from tCI on the role of the Board in considering the feedback when making a final decision on the Decision Making Business Case.
- Provide a summary presentation on the independent consultation report detailing the responses received throughout the public consultation into Four Lincolnshire NHS Service. This will be presented by the independent company, Opinion Research Services (ORS) who analysed the feedback received and produced the report.
- Confirm the approach taken to involve the public in the decision making process following the consultation formally closing
- Outline the approach taken across the NHS in Lincolnshire to respond to the feedback identified in the independent consultation report.
- Inform the Board on the role of the Clinical Directorate and the CCG Clinical Policies Sub-Group in reviewing the response to the consultation feedback, evaluating the four proposals as presented in the Decision Making Business Case and reviewing the Equality Impact Assessments and Quality Impact Assessments.
- Present the findings from the Quality and Patient Experience Committee's review of the response to the public feedback, Equality Impact Assessments and Quality Impact

2. Background

The reconfiguration of acute hospital services has always formed a key part of the Lincolnshire health and care system's transformation plans, including in the most recent articulation through the *Lincolnshire's NHS Long Term Plan 2019-24*. This plan:

- Responds to Lincolnshire's specific strengths, challenges and requirements;
- Clarifies a shared future ambition for health services in Lincolnshire so it can work to make these a reality; and
- Identifies the specific priorities for improvement and how these will be achieved. In order to i) Improve the health of the population ii) Improve quality and iii) Reduce inequalities

The Pre Consultation Business Case (PCBC) was prepared by system partners to provide assurance to local governance Boards and NHS England and Improvement that the system has thoroughly considered a range of requirements before deciding to move to public consultation on the proposed service changes.

These requirements included:

- A detailed case for change, supported by system partners
- The proposed changes to acute services
- Alignment of these proposals with NHS policy and plans
- A clear description of the enablers required for the proposed service changes
- Governance and decision making arrangements
- Clinical assurance of the proposals, including the East Midlands Clinical Senate
- A description of the public engagement that has occurred in the development of the proposals

| Change Proposal | Description |
|----------------------------------|--|
| Orthopaedics | <ul style="list-style-type: none"> • Consolidate planned orthopaedic surgery at Grantham and District Hospital, to establish a 'centre of excellence' in Lincolnshire. • Establish a dedicated day-case centre at County Hospital Louth for planned orthopaedic surgery. |
| Urgent and Emergency Care | <ul style="list-style-type: none"> • Grantham and District Hospital A&E department to become a 24/7 Urgent Treatment Centre (UTC). |
| Acute Medicine | <ul style="list-style-type: none"> • Develop integrated community/acute medical beds at Grantham & District Hospital, in place of the current acute medical beds. |
| Stroke Services | <ul style="list-style-type: none"> • Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation team. |

The four service change proposals contained within the PCBC successfully passed through rigorous regional and national assurance processes:

Clinical

- On 11 July 2018, the East Midland Clinical Senate was asked to consider whether there is a clear clinical evidence base underpinning Lincolnshire STP's proposals. The review focussed on the clinical interdependencies and the totality of the changes proposed, as opposed to a more in-depth review of each clinical specialty. Specifically, the clinical review team was asked whether it supported Lincolnshire STP's proposals based on clinical sustainability, workforce and clinical outcomes.
- Following this meeting the panel recommended that the Lincolnshire STP proceeds with its proposals for Orthopaedics and Stroke, and the use of the word 'Plus' in UTC is dropped (which was agreed by the Lincolnshire system on the day at the end of the session.). The panel was of the opinion further work needed to be completed for the acute medical beds at Grantham Hospital.

- A supplementary clinical review took place on 12 September 2018 in relation to the acute medical beds at Grantham Hospital. The panel were left with the impression that all system partners are joined up on the future of medicine for Grantham, and that the proposal had changed significantly in a short period - All previous concerns were adequately addressed and the proposal was considered by the panel to be not only clinically acceptable but to represent an excellent example of the value of a team approach to finding solutions to the inevitable issues that result from service redesign

NHS regulator

- The PCBC met the requirements and regulatory processes of NHS England and Improvements (NHSEI), including:
 - THE NHSEI Regional Panel
 - The NHSEI national assurance process

3. Pre-Consultation Business Case Approval

On the 29th September 2021 the NHS Lincolnshire CCG Board were asked to:

- Approve the Acute Services Review (ASR) Pre-Consultation Business Case (PCBC), which underpins four Lincolnshire NHS service change proposals relating to Orthopaedics, Urgent & Emergency Care, Acute Medicine and Stroke Services; and
- Agree to proceed to a period of public consultation on the four Lincolnshire NHS service change proposals set out within the PCBC.

The NHS Lincolnshire CCG Board approved the ASR PCBC and agreed to proceed to a period of public consultation.

The public consultation on the four Lincolnshire NHS services launched on the 30th September 2021 and closed on the 23rd December 2021.

4. Public Consultation Process

The NHS Lincolnshire CCG launched the public consultation on the 30 September 2021, and it ran for 12 weeks until 23 December 2021. The approach to consultation was underpinned by the Gunning principles which say consultations must have the following principles applied:

- When proposals are still at a formative stage
- Sufficient information to give 'intelligent consideration'
- Adequate time for consideration & response
- Must be 'conscientiously' taken into account

In line with the Consultation Plan, a suite of materials was produced, which included the main consultation document (which benefited from the input of patient representatives), a summary document, a leaflet and feedback questionnaire (all of which were translated into languages relevant to the local population), as well as supplementary information, including videos that described the process to date and the proposed changes. More detail is available in DMBC Appendix A, which contains the Communications and Consultation Activity Report, and DMBC Appendix O (Consultation Plan) of the Pre Consultation Business Case (PCBC).

It was agreed with the Lincolnshire Health Scrutiny Committee that the leaflet would be dropped through every door in Lincolnshire.

During the consultation period, stakeholders were invited to provide feedback through:

- A consultation questionnaire for all residents, stakeholders and organisations; the questionnaire was available online (hosted by ORS) and paper questionnaires were widely circulated and available on request. An easy read version and translated documents were also available

Independently facilitated engagement designed and conducted by ORS:

- A telephone residents survey; and
- Independently-facilitated online focus groups and 1:1 in-depth interviews with members of the public (delivered by ORS)

Engagement activities undertaken by NHS Lincolnshire CCG including:

- Face-to-face and online public events, and a 'virtual' 24/7 event
- Meetings with staff members, stakeholder and service users
- 'Pop-up' engagement activities at market days across Lincolnshire

Written or email submissions from residents, stakeholders and organisations

- Petitions (organised by two local campaign groups and submitted to ORS).

The consultation methods reflected the government guidelines in force at the time relating to Covid-19, while continuing to ensure the needs of all communities were met. Throughout the consultation the CCG, supported by partner organisations, undertook a comprehensive, wide ranging public consultation exercise across the whole county in line with best practice. The exercise was informed by discussion with, and advice provided by the Consultation Institute. The key aim was to give as many people as possible the opportunity to get involved and share their views in a way that suits them. The CCG advertised locally, online and across social media at a variety of locations and times.

The public consultation was supported by a comprehensive communication strategy, see diagrams below.

ASR Public Consultation COMMUNICATIONS SUMMARY

30 September - 23 December 2021



Royal Mail were commissioned to deliver leaflets to households across Lincolnshire



89 media articles appeared in over 300 separate locations across TV, radio, print and online



25 advertisements placed in county newspapers.



413 NHS social media posts and tweets seen by over 260,000 people, of whom 7700 directly engaged and 784 clicked through to the consultation questionnaire.



Consultation website attracted over 12,000 unique visitors, generating 31,000 page views, 5100 visits to the questionnaire page and 2290 visits to the events page.



Lincolnshire NHS organisations across the county displayed over 400 consultation posters in public and staff areas.



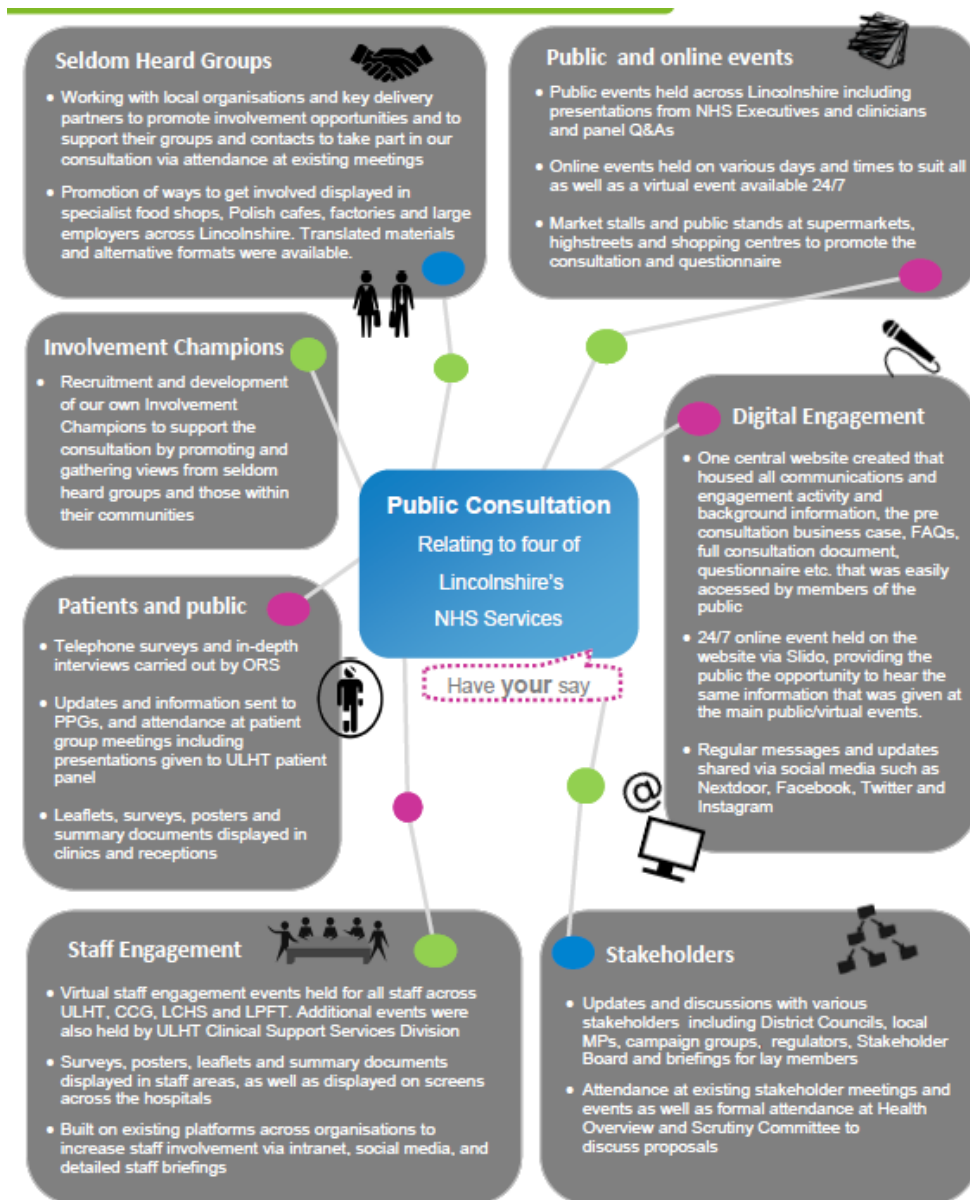
Over 12,000 consultation flyers and posters were distributed to locations such as GP surgeries, pharmacies, shops, cafes, businesses, libraries and places of worship.

It was essential to make the consultation as accessible and visible as possible, using all established methods of communication and engagement such as printed materials in a range of formats, online, email and telephone contact through a dedicated team, as well as embarking on a range of channels of engagement through social media.

Partnerships were also formed with local media organisations to maximise reach and raise awareness about the consultation.

In addition to the communications directly controlled by Lincolnshire's NHS which are summarised here, partners and relevant agencies across the county (such as the local authority) were asked to promote access to the consultation on their channels.





Consultation materials were made available in hard copy, as well as via a dedicated section of the CCG website. Material was also available in different formats and languages.

Consultation materials were also distributed through the network of the NHS organisation communications and engagement teams, including United Hospitals Lincolnshire NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS), and available in locations such as GP surgeries, libraries, clinics, food banks, Parish Councils and community venues.

Partner organisations and key stakeholder groups were also asked to share these materials on our behalf via their online methods and extensive venue and distribution lists.

In addition to both the traditional and social media methods focussed work was also undertaken to ensure those from seldom heard groups and with protected characteristics were able to consider the proposals from the perspective of the relevant characteristics.

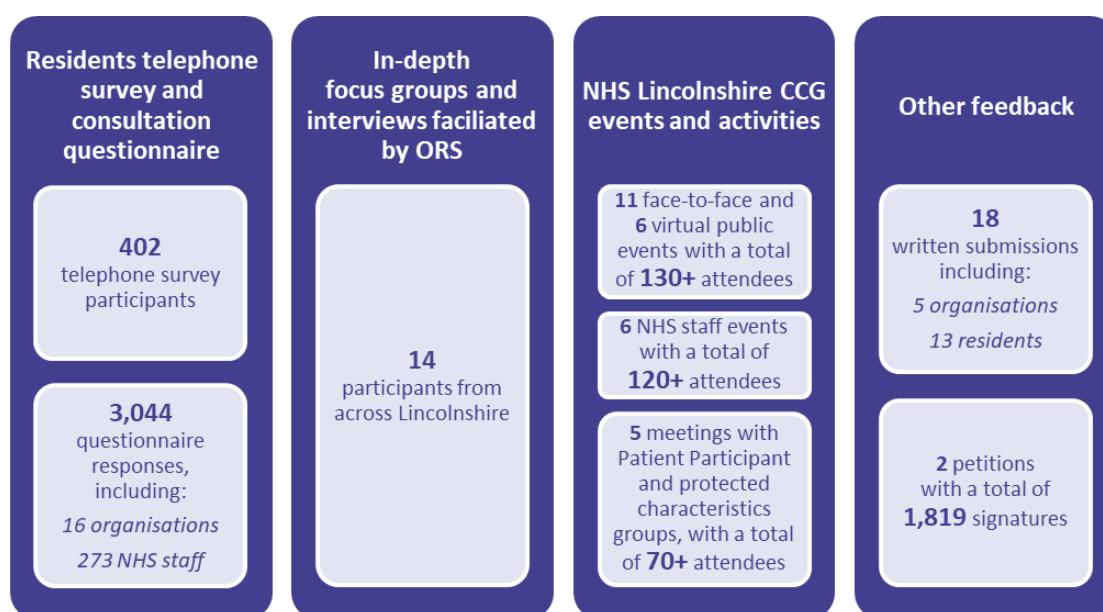
Letters and consultation materials were sent to groups aligned with the nine protected characteristics, as set out in the Equality Act 2010, requesting they consider the proposals from the perspective of those they support. An overview of the groups contacted is set out below.

The consultation team offered to attend meetings on request from community groups and other organisations.

When the consultation engagement plan was developed it was recognised it would need to be 'dynamic' in nature. Throughout the consultation the engagement team responded to a number of requests and based on feedback received undertook additional activities: Examples of this include:

- Attendance at Skegness Town Council meeting on 01 December 2021 to present the public consultation as an agenda item.
- Attendance at Boston Primary Care Network board meeting on 09 December 2021 to discuss as an agenda item at the request of a locality lead
- Establishment of a Louth consultation event on 14 December 2021 at the request of patient representatives and a local councillor.

An overview of the public consultation responses is set out below:



5. The Consultation Institute Overview

Prior to the Pre-Consultation Business Case being presented to the CCG Board the Consultation Institute (tCI) were commissioned to undertake a six-stage Quality Assurance (QA) process based upon their established methodology:

- Scoping documents sign-off (now expanded to include aspects of governance)
- Project Plan sign-off
- Documentation approval
- Mid-consultation Review
- Closing date Review, Analysis & Feedback plan approval
- Analysis & Report sign-off

The tCI is a UK-based not-for-profit organisation founded in 2003, which has been setting the standards for best practice in public engagement and consultation across the UK. The Institute QA services have now been used extensively throughout the NHS, to help:

- Conduct a best practice consultation that will enable safe decision making
- Design a consultation process that is fit for purpose and withstand external scrutiny
- Mitigate for risks associated with legal challenge

The tCI has now signed off all of the first five stages of the QA process for the public consultation. The final Gateway Review focuses on the reporting of findings from the consultation. The aim is to ensure that the report of findings is a balanced and true representation of the views which have been received and is suitable to inform and influence the decision-makers and meet the requirements of the Public Sector Equality Duty.

As part of this process the tCI agreed to provide an overview of the consultation process following the QA process and provide advice to the CCG Board on its role when considering the Public Consultation findings and in making a final decision on the DMBC.

This was to ensure the CCG Board are aware of:

- The law regarding consultation; case law
- The Court's view of equality analysis
- Risks of legal challenge and risk mitigations

6. Independent Consultation Report

Opinion Research Services (ORS), are a company that grew out of Swansea University, and now have a UK-wide reputation for social research and major statutory consultations. They were appointed by NHS Lincolnshire CCG to support some consultation activities, and to analyse and report the outcomes of this public consultation programme with members of the public, clinicians and other NHS staff, and other stakeholders.

The public consultation process on the change proposals set out in the Pre Consultation Business Case enabled a robust and detailed dialogue with an extensive range of stakeholders. The final full independent public consultation report provides detailed analysis and presentation of both quantitative and qualitative responses for all consultation proposals, including a selection of qualitative free text responses to illustrate the range of feedback received. The full independent consultation report should be read in full and can be found as an Appendix to this report.

The report presents an independent analysis taking into account all the consultation responses. It identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents.

It is not ORS' role, however, to 'make a case' for the proposals, or to make any recommendations as to how the CCG Board should use the reported results. It is the role of the CCG to make a final decision based on all of the evidence available, which will be detailed in the DMBC, of which consultation feedback is one part.

A summary of the main findings from the consultation feedback report is set out below.

Consultation Key Findings:

There was broad support across all elements of the consultation for the need for change, and overall agreement with each of the four proposals

There were however, two proposals where slightly more concerns were raised, and there was evidence of differing views between those living in different areas of Lincolnshire:

A slight majority of consultation questionnaire respondents living nearest to Grantham Hospital disagreed with the Urgent and Emergency Care proposal

A majority of consultation questionnaire respondents living nearest to Pilgrim Hospital, Boston disagreed with the proposal relating to Stroke services

Some equalities concerns were raised about or by particular groups or communities. They focused on travel and transport, particularly for those with limited access to private transport. Specific groups mentioned in this regard included: older people; people with disabilities and long-term conditions and co-morbidities; people living in rural and isolated communities, areas of deprivation or with low incomes; and people with learning disabilities and neurodiverse people such as those with ASD.

Across the consultation, evidence suggests that individuals' views and feedback on the proposals were commonly informed most strongly by their area of residence, rather than in light of any protected or other demographic characteristics.

ORS Public Consultation Feedback Report May 2022

The need for change:

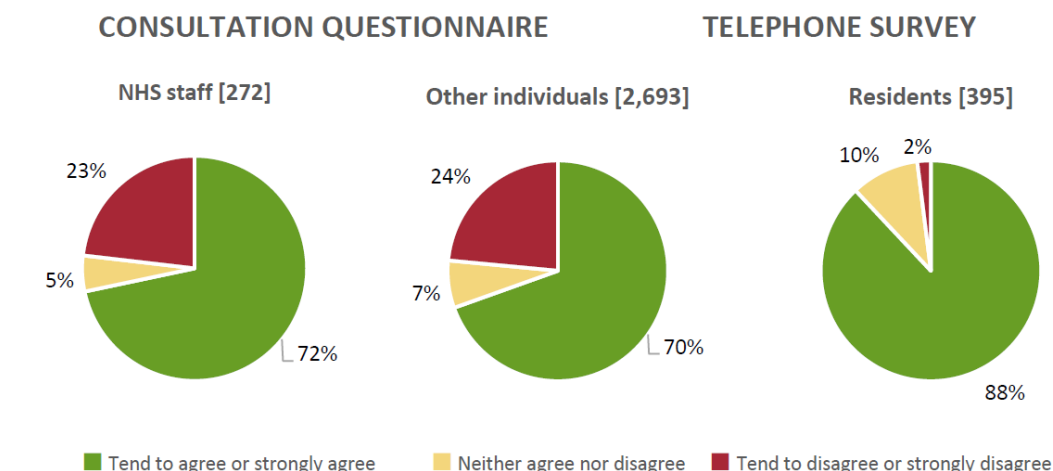
There was broad support for the overall need for change across all elements of the consultation

ORS Public Consultation Feedback Report May 2022

The consultation questionnaire identified that over two thirds of the individuals (72% of NHS staff and 70% of other individuals) who responded to the questionnaire either tended to agree or strongly agreed with the need for changes to be made in response to challenges facing NHS hospital services in Lincolnshire. Less than a quarter (23% and 24% respectively) either tended to disagree or strongly disagreed.

Support among the Lincolnshire population as a whole was overwhelming, with 88% of residents (+/- 6%) agreeing that changes should be made in principle, while just 2% disagreed.

Views on the need for change to respond to challenges in delivering NHS services in Lincolnshire (from the consultation questionnaire and residents telephone survey, by stakeholder type)



BASE: Number of participants given in brackets (excludes 'don't know' responses)

Among the 16 organisations that submitted questionnaire responses, 13 agreed with the need for changes to be made to address challenges, 2 neither agreed nor disagreed, and 1 disagreed.

In the feedback received across the consultation programme, the issues most commonly raised in regard to the need for change were those of increasing pressure on NHS services in Lincolnshire, challenges related to recruitment and retention of staff, and waiting times for both hospital appointments and urgent and emergency care.

Orthopaedic surgery

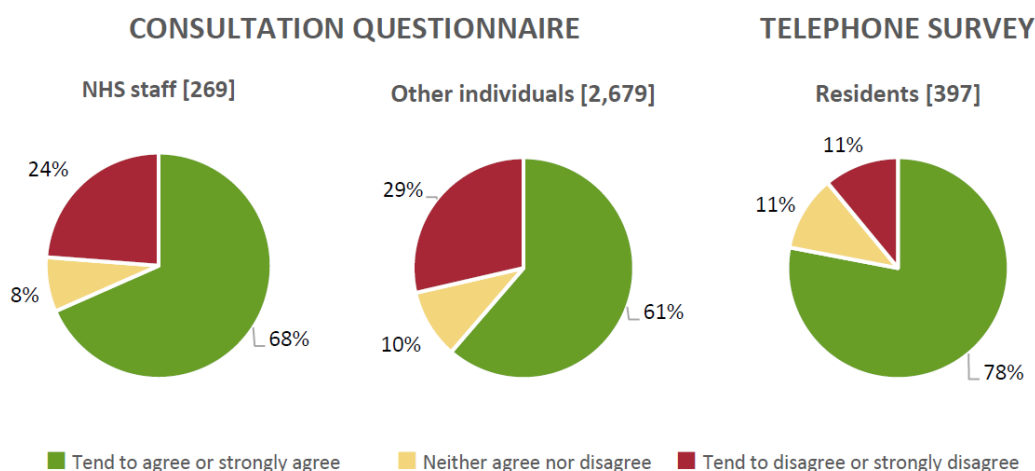
There was also broad support for the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day case orthopaedic surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery, across all elements of the consultation.

ORS Public Consultation Feedback Report May 2022

The consultation questionnaire identified that over two thirds of NHS staff who responded (68%) and three fifths (61%) of other individual respondents either tended to agree or strongly agreed with the proposal for orthopaedic surgery in Lincolnshire. Around a quarter (24%) of NHS staff and three in ten (29%) of other respondents either tended to disagree or strongly disagreed.

Support for the proposal for orthopaedic surgery among the Lincolnshire population as a whole was even stronger, with over three quarters (78%) of residents (+/- 6%) agreeing with the proposed changes, while just over one in ten (11%) disagreed.

Views on the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day care orthopaedic surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery (from the consultation questionnaire and residents telephone survey, by stakeholder type)



BASE: Number of participants given in brackets (excludes 'don't know' responses)

In summary, the feedback on the orthopaedics change proposal identified:

- Supported across both consultation questionnaire and telephone survey
- Recognition of benefits in terms of reduced waiting times and fewer cancellations
- Links made to reduction of Urgent and Emergency Care at Grantham and District Hospital
- Concerns around implications for travel and access and staffing
- Older people, people on low incomes, those without access to private vehicles, and people with disabilities in particular identified as being particularly vulnerable to impacts of change
- Mitigations for travel challenges put forward: more patient transport, working with the Local Authority to explore transport improvements, more follow up appointments in community

Urgent and emergency care

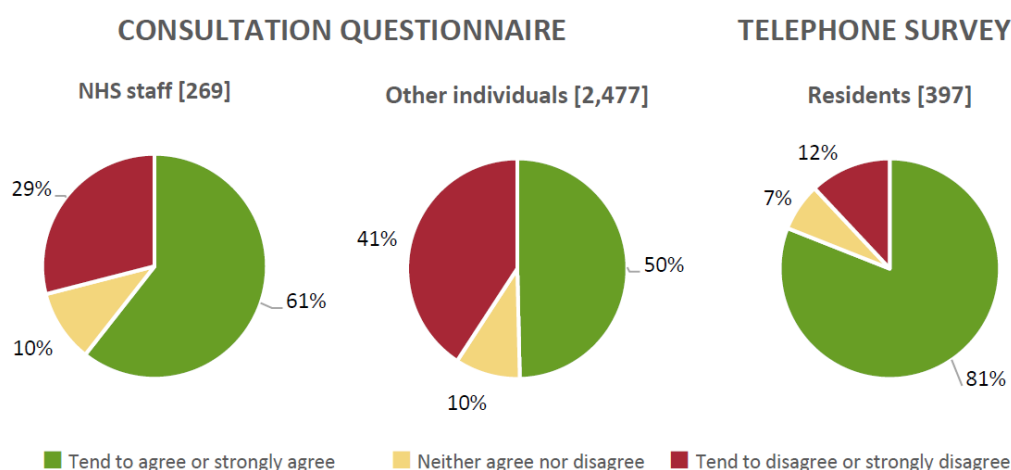
There was overall support for the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre (UTC) at Grantham and District Hospital

ORS Public Consultation Feedback Report May 2022

The consultation questionnaire identified that around three fifths of NHS staff who responded (61%) and half (50%) of other individual respondents either tended to agree or strongly agreed with the proposal to create a UTC at Grantham and District Hospital. Around three in ten (29%) of NHS staff and two fifths (41%) of other individual respondents either tended to disagree or strongly disagreed.

Support for the proposal for urgent and emergency care among the Lincolnshire population as a whole was much stronger, with over four fifths (81%) of residents (+/- 6%) agreeing with the proposed changes, while approximately one in eight (12%) disagreed.

Views on the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, by stakeholder type)



BASE: Number of participants given in brackets (excludes 'don't know' responses)

It is important to note that there is evidence that concerns about the proposals for urgent and emergency care are strongest among those living nearest to Grantham and District Hospital. This is most particularly marked in the questionnaire responses, in which just over half (51%) of all individual respondents living closest to Grantham and District Hospital expressed disagreement with the proposal, compared to 44% who agreed.

The residents telephone survey indicates that there is majority support among the resident population, including those living closest to Grantham and District Hospital, three quarters (75%) of whom agree with the proposals. There was nonetheless evidence of concern as well, with nearly a quarter (24%) of residents disagreeing with the proposals.

In summary, the feedback on the urgent and emergency care change proposal identified:

- Supported across consultation questionnaire responses, particularly from staff, and the telephone survey
- Concerns about the proposals for urgent and emergency care are strongest among those living nearest to Grantham and District Hospital, this is most particularly marked in the questionnaire responses
- Residents telephone survey indicates majority support among the resident population, including those living closest to Grantham and District Hospital

- Support for proposal was most commonly based on the view that a local 24-hour UTC is preferable to a limited-hours A&E department that is not able to meet the needs of all patients.
- Disagreement with the proposal was most commonly based on the view that anything less than a fully equipped and staffed Emergency Department would be unacceptable - rather than a desire for services to remain unchanged.
- Where concerns were raised in feedback about particular groups (e.g., older people, people with disabilities, those from more deprived communities or living in rural areas), the focus was predominantly on travel and transport - particularly for those with limited access to private transport.
- Evidence that residents with disabilities or long-term health conditions that limited their day-to-day activities a lot, were significantly less likely to agree (and more likely to disagree) with proposals than other residents (although there was still majority agreement) – concerns were about travel and access to alternative sites and the need for local acute emergency services at all hospitals

Acute medical beds

There was broad agreement with the proposal for community/acute medical beds, seen by many as an opportunity to better integrate hospital and community services to benefit patients

ORS Public Consultation Feedback Report May2022

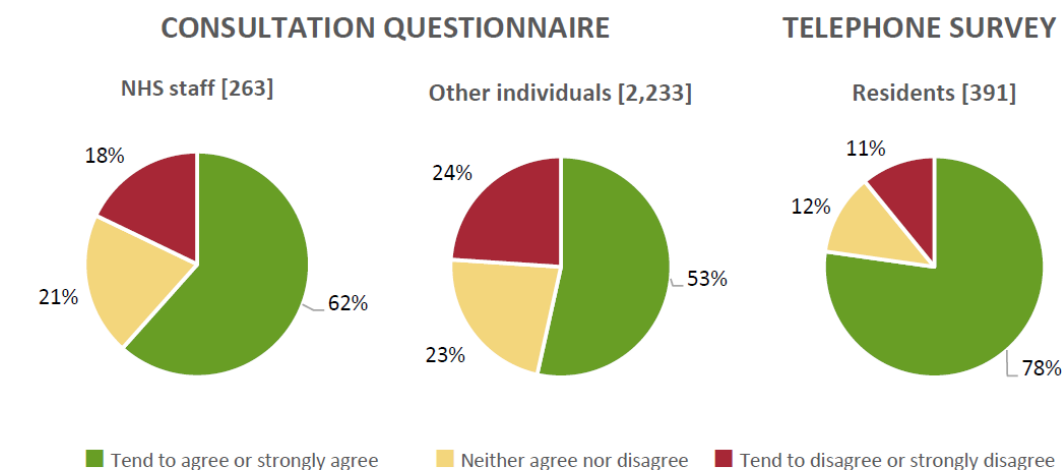
There was majority support for the proposals to provide integrated community/acute medical beds across all stakeholder and consultation strands. Of note, however, is evidence of a level of uncertainty about the proposal, with many consultation respondents indicating that they neither agreed nor disagreed with the proposals, or that they felt unable to provide a view. It is reasonable to assume that this may reflect a lack of familiarity with acute medical beds among respondents and residents compared to the other acute services addressed in the consultation.

Just over three fifths (62%) of NHS employees in the open questionnaire agreed with the proposals to provide integrated community/acute medical beds at Grantham and District Hospital, with fewer than one in five (18%) expressing disagreement.

There was also majority agreement from other individual questionnaire respondents (53%), with just under a quarter (24%) disagreeing. As noted above, among NHS staff and other individuals who took part in the questionnaire, between one fifth and a quarter of respondents neither agreed nor disagreed with this proposal.

Over three quarters (78%, +/- 6%) of Lincolnshire residents expressed support for the proposals, with around one in ten (11%) disagreeing and a similar proportion (12%) neither agreeing nor disagreeing.

Views on the proposal to provide integrated community/acute medical beds at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, by stakeholder type)



BASE: Number of participants given in brackets (excludes 'don't know' responses)

In summary, the feedback on the acute medical bed change proposal identified:

- Supported across staff consultation questionnaire responses and telephone survey – still 53% of 'other individual' questionnaire responses supported
- Recognition of benefits such as patients seen quicker, more efficient care, with patients being discharged more quickly while continuing to receive treatment and care in their communities – particularly for frail/elderly people
- Concerns expressed around overall bed numbers, costs, staff shortages, capacity within primary and social care services and cost to implement

Stroke services

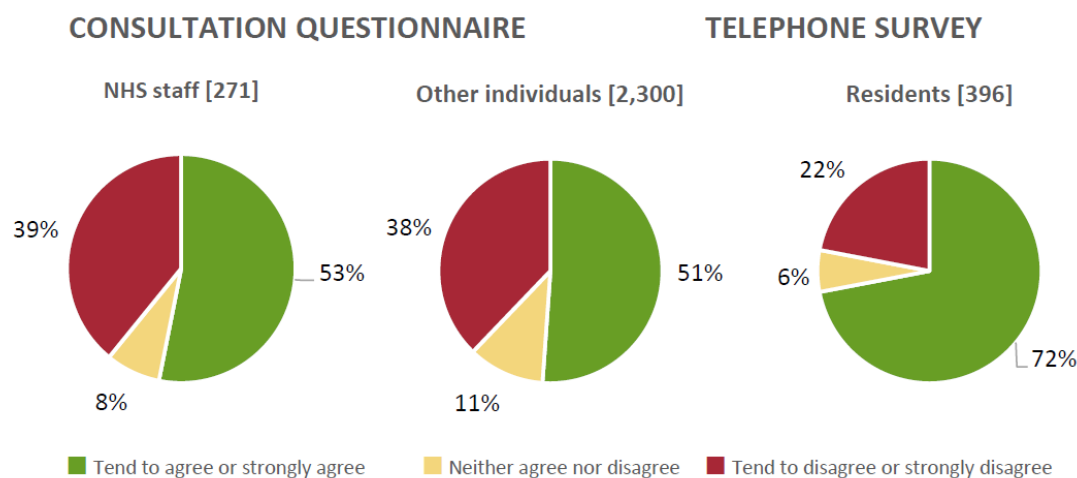
There was also majority support for the proposal to create a Centre of Excellence for acute and hyper-acute stroke at Lincoln County Hospital, supported by an enhanced community stroke rehabilitation service across the consultation as a whole; however views did vary somewhat across different areas in Lincolnshire

ORS Public Consultation Feedback Report May 2022

More than half (53%) of NHS staff responding to the consultation questionnaire agreed with the proposal for stroke services, while approximately two fifths (39%) disagreed. This was also the case with other individual respondents to the questionnaire, half of whom expressed agreement (51%) and just over a third (38%) disagreed.

Among Lincolnshire residents, there was more support for the proposed changes; approximately three quarters (72%, +/- 6%) of residents agreed with the proposal, with a little over one in five (22%) expressing disagreement.

Views on the proposal to a Centre of Excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service (from the consultation questionnaire and residents telephone survey, by stakeholder type)



BASE: Number of participants given in brackets (excludes 'don't know' responses)

There is evidence that concerns about the proposals for stroke services are strongest among those living nearest to Pilgrim Hospital in Boston. This is most particularly marked in the questionnaire responses, in which more than two thirds (69%) of all individual respondents living closest to Pilgrim Hospital expressed disagreement with the proposal, compared to just over a quarter (27%) who agreed.

The residents telephone survey, by contrast, indicates that there is majority support from the overall resident population, including among those living closest to Pilgrim Hospital in Boston, where more than two thirds (69%) agree with the proposals.

There was nonetheless also evidence of concern; more than a quarter (27%) of Boston residents disagreed with the proposals to provide a Centre of Excellence for stroke services at Lincoln County Hospital with Pilgrim Hospital in Boston no longer delivering specialist stroke services.

In summary, the feedback on the stroke service change proposal identified:

- Supported across consultation questionnaire responses and telephone survey
- Concerns about proposals are strongest among those living nearest to Pilgrim Hospital in Boston - this is most particularly marked in the questionnaire responses
- Residents telephone survey indicates that there is majority support among the resident population, including among those living closest to Pilgrim Hospital Boston.
- Agreement with the proposals for stroke services on grounds of increasing expertise, improving quality of care and outcomes and likely tackle many of the challenges faced.
- Disagreement with the proposals comes largely from Boston residents, with concerns about loss of 'life-saving' services and concerns about time to get to other stroke units
- Concerns the proposal could widen health inequalities and negatively impact patient access as services would be removed from a deprived area.
- Some indication that residents with disabilities that limit their activities a lot were also less likely to agree, and more likely to disagree. with this proposal, compared to other residents (although there was still majority agreement).

7. Public Involvement since the consultation closed

There is a legal requirement for NHS Clinical Commissioning Groups to involve the public during the decision-making process and for this purpose the NHS Lincolnshire CCG Involvement Champions and Healthwatch were engaged.

Involvement Champions

The NHS Lincolnshire CCG Involvement Champions are individuals from a variety of backgrounds who wish to work with the NHS to support their community / groups' voices to be heard. There is currently representatives from a breadth of the county's diverse population, such as a young person, military and mental health, East Coast, carer, cancer service user, campaigner and GP receptionist as well as others. During the consultation they supported the CCG by reviewing the consultation plan and identifying any gaps, promoting the opportunities to get involved, putting posters up in their local area, sharing emails with their groups and encouraging people to complete the questionnaire etc.

As well as supporting the CCG with activities such as displaying posters and sharing the consultation information with their networks, the NHS Lincolnshire CCG Involvement Champions were integral to the review of the consultation findings and emerging themes. In order for them to undertake a confidential review, they were provided with the full draft independent report on the consultation findings from ORS together with the themed feedback.

A subsequent meeting was held to enable the Involvement Champions to share their thoughts on whether the feedback theming included everything in the report that they would expect to see, identified all of the key pieces of feedback or information that they would expect to be responded to and if there was anything they felt had been missed. Discussions also included their thoughts on the consultation report in general and suggestions for how we could communicate the findings of the consultation and CCG Board decision extensively.

Healthwatch Lincolnshire

Healthwatch Lincolnshire were also involved in reviewing the full draft independent report on the consultation findings from ORS. Healthwatch circulated this to their volunteers to undertake a readability and 'plain English' review of the document and to their steering group to gain an organisational perspective on the draft findings.

All feedback was taken into consideration during discussions with ORS and development of the final report.

8. Approach to review of service change proposals following consultation

Following the end of the public consultation there has been an extensive programme of work to review the findings of the public consultation and ensure conscientious consideration of the feedback, ahead of final decision-making on the change proposals.

Central to this review process has been the theming of the feedback received through the public consultation for each of the four change proposals and the establishment of subject matter expert working groups to consider and respond to each theme. An example of Grantham UTC is provided below.

| Theme | In opposition of proposal | In opposition of proposal | Additional consideration | Mitigation | Alternative option |
|---|---------------------------|---------------------------|--------------------------|------------|--------------------|
| Conditions that would be treated at 24/7 Grantham and District Hospital UTC | ✓ | ✓ | ✓ | | |
| Full A&E and hospital service provision at Grantham and District Hospital | ✓ | ✓ | | ✓ | ✓ |
| Ambulance Conveyance | ✓ | ✓ | ✓ | | |
| Workforce and Organisational Integration | | ✓ | ✓ | | |
| Travel and Transport | ✓ | ✓ | ✓ | ✓ | |
| Equalities and Health Inequalities | | | ✓ | | |
| Similar UTC provided at Stamford and Spalding | | | ✓ | | |
| New Specialist Hospital | | | | | ✓ |

Subsequently feedback consideration documents were developed for each of the themes by the relevant subject matter experts as summarized in Chapter 5 of the DMBC and detailed in DMBC Appendix F. These were developed jointly from colleagues across the Lincolnshire NHS including United Lincolnshire Hospitals NHS Trust, Lincolnshire Community Health Services NHS Trust, General Practice and East Midlands Ambulance Service NHS Trust.

This process was overseen by the Consultation Steering Group, with weekly meetings being held with the key organisational leads to review progress, assess the depth of response and ensure collaboration was undertaken in the consideration of the feedback.

Responses relating directly to the four clinical directorates were signed off by steering group for each proposal and the Trust Leadership Teams at United Lincolnshire Hospital and Lincolnshire Community Health Services NHS Trust.

9. Clinical Directorate and NHS Lincolnshire Clinical Policies Sub- Group

A joint meeting of the ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group was established to co-ordinate the clinical consideration and ensure quoracy of the CCG Clinical Policies Sub-Group was maintained, whilst facilitating appropriate engagement of clinical leaders within the Lincolnshire system. A series of three meetings took place in April 2022 which focused on the process (14 April 2022) and each of the proposed changes to the four service areas (UEC and Acute Medicine, 21 April 2022; Orthopaedics and Stroke Services, 28 April 2022).

The ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group were asked to assess the change proposals, in light of the feedback received through the public consultation that took place September to December 2021 and subsequent consideration given to this, against the following criterion:-

- Quality
- Clear clinical evidence base
- Access

Following a lengthy debate, the outcome of the assessment against the criteria is outlined in chapters six, seven, eight, nine of the DMBC.

10. CCG Quality and Patient Experience Committee

The Extraordinary QPEC meeting on 12th May 2022 focused on receiving a report in relation to the assessment of the quality; clear clinical evidence base; and access elements of the Acute Services Review (ASR). The proposed changes related to the following four service areas:

- Urgent & Emergency Care (UEC)
- Acute Medicine
- Orthopaedics (elective and non-elective)
- Stroke Services

Members were asked to endorse the process undertaken by the Joint ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group to consider the quality; clear clinical evidence base; and access elements of the ASR proposed changes to the four service areas, following feedback from the public consultation. This process included consideration of the Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) that were revised following the public consultation.

Members were also asked to endorse the outcome of the assessment of the ASR proposed changes to the four service areas, undertaken by the joint meeting of the ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group.

Members considered each proposal and the feedback from the ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group meeting and agreed to:

- Endorse the process undertaken.
- Endorse the outcome of the assessment of the ASR proposed changes to the four service areas.

Quality Impact Assessment

QIA documents for each of the proposed changes were included in the papers reviewed by QPEC and formed part of the assessment undertaken by the ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group.

A request was made for review of risk scoring for 3 of the 4 QIAs (UEC; Acute Medicine; and Orthopaedics) presented to the ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group. Whilst this had been undertaken at the time of QPEC it should be noted the proposed revised scoring for Orthopaedics was still in the process of being confirmed with the service area lead. The draft revised scoring for Orthopaedics included in the papers for QPEC has since been confirmed as the QIA risk scoring.

There are a few elements of the QIAs that identify moderate risk of 9, however, majority of the risk scoring is in the very low risk/low risk categories. Where there are moderate risks identified the clinical case for change was considered appropriate to managing the presenting risk factors.

Equality Impact Assessment

EIA documents for each of the proposed changes were presented to the joint ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group which formed part of the assessment.

There were themes from the EIAs for all 4 proposed service changes regarding feedback through the public consultation about particular groups (e.g. older people, people with disabilities, those from more deprived communities or living in rural areas) and the focus was predominantly on travel and transport, particularly for those with limited access to private transport. The consultation feedback also included a number of comments and concerns related to travel requirements for carers and visitors, as well as for patients themselves.

However, there was also consideration of some benefits such elderly or frail patients receiving quicker treatment and more timely discharge back into the community (Orthopaedics; Acute Medicine).

It was not appropriate for the joint ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group meeting to identify specific solutions relating to travel and transport, however, the information within the EIAs was considered within the context of the clinical case for change and the 3 criterion of Quality; Clear Clinical Evidence Base; and Access.

Members of the Joint ICS Clinical and Care Directorate and CCG Clinical Policies Sub-Group meeting were satisfied that relevant areas of impact were identified and addressed within all QIA/EIA documents presented, recognising this will continue to be reviewed through implementation planning and in to 'go live' if the change proposals are agreed.

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