


Agenda Item 8

		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 NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 December 2022
Subject:	Lincolnshire Acute Service Review Implementation - Update

Summary

On the 25 May 2022 the NHS Lincolnshire CCG Board approved key changes to the configuration of four NHS services, following a consultation with the public. Following this decision work commenced on implementing the changes. To oversee this the Acute Services Review Implementation Oversight Group was established to provide day to day health system leadership and oversight.

Orthopaedics

Following the approval of the changes, work has been underway to embed the 'pilot' arrangements on a permanent basis. This is now complete. Since the approval of the Orthopaedic changes the service has continued to perform extremely well. It has amongst the shortest waiting times for treatment in England and received positive patient feedback. There is evidence that people are prepared to travel from the areas around Louth, Mablethorpe and Alford to the high quality Orthopaedic services at Grantham and District Hospital. Two new theatres were opened at Grantham and District Hospital in November 2022. This demonstrates a significant investment into the hospital and for it to be a centre of excellence for Orthopaedic surgery.

Urgent and Emergency Care and Acute Medicine

Due to the clinical interdependencies between the Grantham and District Hospital Urgent Treatment Centre and Integrated Community/Acute Medicine Service a single working group has been established to lead on the development of the two service specifications. The working group is clinically led and made up of partners from across the health system, a patient

representative also sits on the group. It is anticipated that the two service specifications will be fully defined by February 2023 at the latest. Following sign off of the two service specifications consideration will be given to any procurement requirements, and the decision relating to this will shape how the implementation of the specifications progresses.

Stroke Services

Following approval of the proposals for Stroke Services by the NHS Lincolnshire CCG Board regular fortnightly project meetings have been put in place to take the implementation forward, and a performance dashboard is in development to support the tracking of progress. It is anticipated the Standard Operating Procedure (SOP) for a single Lincolnshire stroke service will be complete by the end of December 2022. Meetings with Human Resources (HR) have taken place to develop the consultation process regarding staff, specifically those working at Pilgrim Hospital. It is anticipated this will be completed by March 2023. An additional nine whole time equivalent members of staff have been brought into the community stroke rehabilitation service. It is anticipated that the Full Business Case (FBC) for the capital build at Lincoln County Hospital will be approved by January 2025 and the construction completed by January 2026.

Actions Required

To note the content of the report.

1. Background and Context

In August 2017 the leaders of the Lincolnshire health system agreed the need for a review of the current configuration of acute health services in the county, known locally as the Acute Services Review (ASR). The aim of the ASR Programme was defined as a programme to develop a set of recommendations on the optimal configuration of acute hospital services across Lincolnshire to maximize clinical, operational and financial sustainability.

A Pre-Consultation Business Case (PCBC) was completed by the Acute Services Review (ASR) Programme which detailed the work completed and set out the recommendations on the proposed options for service change in four areas; Orthopaedics; Urgent & Emergency Care; Acute Medicine; and Stroke.

The PCBC was approved by the NHS Lincolnshire CCG Governing Body on 29 September 2021, and it was agreed to proceed to a period of public consultation on the proposals as set out in the document. The public consultation ran from 30 September to 23 December 2021, and an independent organization was commissioned to provide an independent analysis and report of the feedback received.

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, were brought together into a Decision Making Business Case (DMBC) which was put before the NHS Lincolnshire CCG Board for decision.

On 25 May 2022, as the Consulting Authority, the NHS Lincolnshire CCG approved the key changes to the configuration of the NHS services consulted on with the public, which were:

- Orthopaedics
 - 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
 - Grantham and District Hospital A&E department to become a 24/7 Urgent Treatment Centre (UTC).
- Acute Medicine
 - Develop integrated community/acute medical beds at Grantham and District Hospital, in place of the current acute medical beds.
- Stroke Services
 - Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service.

2. Implementation Oversight Group (IOG)

Following approval by the NHS Lincolnshire CCG of the changes to the configuration of the four NHS services consulted on with the public, an Acute Services Review (ASR) Implementation Oversight Group (IOG) was established.

The ASR IOG is a time limited group that has been established to provide day to day health system leadership and oversight of the implementation of the service changes set out in the Pre Consultation Decision Making Business Case (PCBC) and Decision Making Business Case (DMBC) relating to four Lincolnshire NHS Services (UEC, Acute Medicine, Stroke and Orthopaedics). It comprises of a core membership of a senior clinician and officers from across the health care commissioners and providers. As required by the matters under consideration, relevant service implementation group leads are invited to attend the IOG to discuss progress. For each of the four service change proposals there are dedicated implementation groups to ensure the changes are embedded and delivered, these report into the IOG.

3. Orthopaedics

Prior to the NHS Lincolnshire CCG approving the proposed changes to Orthopaedics services, they had been in place under 'pilot' arrangements initiated by Getting It Right First Time (GIRFT), a national clinical improvement programme working with NHS Trusts to improve patient outcomes and experience. Following the approval by the NHS Lincolnshire CCG Board in May 2022, work has been underway to embed the 'pilot' arrangements on a permanent basis. This is now complete.

Performance

A key consideration of the NHS Lincolnshire CCG Board when considering the proposed changes to Orthopaedic services was the performance of the 'pilot' arrangements. The positive benefits of these in terms of patient outcomes and experience were set out in the Pre Consultation Business Case and considered further through the Decision Making Business Case.

As part of making the changes permanent a set of indicators have been agreed to monitor performance, including patient satisfaction. Since the approval of the Orthopaedic changes the service has continued to perform extremely well against these indicators. For example:

- Quarter 1 of 2022/23 – length of stay (2.5 days) for primary hip replacement provided by ULHT was over a day less compared to the average at peer hospital trusts and slightly below the benchmark value (2.7 days). This in part is due to the day case hip replacement service provided from Grantham and District Hospital. Prior to the Orthopaedic pilot commencing the length of stay at ULHT was around a day higher than the benchmark value (3.5-3.9 days).
- June 2022 – ULHT became one of only a select few of hospital trusts in the country able to carry out the specialist SuperPath keyhole procedure. This surgery takes place at Grantham and District Hospital and means patients in need of hip replacements can have both hips replaced at the same time. This results in a significantly quicker recovery and shorter hospital stay.
- September 2022 – Referral time to treatment (RTT) performance for United Lincolnshire Hospitals NHS Trust (ULHT) was ranked first in terms of performance against its peer hospital trusts and ninth out of all 132 NHS Trusts.

Patient experience has also been positive and shows that almost 100 compliments have been received by the Grantham Orthopaedic and Fracture clinic since April 2021. For example:

- *'From the first time I went to my doctors at Munro medical centre, Spalding and received 3 steroid injections on my left knee to my many visits to Pilgrim hospital, Boston. To go to The Tower at Grantham hospital to have a total knee replacement, I think I was so lucky. Everyone who I dealt with was first class, in their attention to me. Thank you, everyone'*
- *'I wanted to congratulate the nursing team on the surgical ward, where I had a hip replacement operation, the care they gave was above & beyond! I want to give a shout out to Aileene, Ivona and Claire. Amazing. Cleaning staff also were a delight. The cleanliness of the ward was superb. Good job Grantham!! & thank you.'*
- *'Checked onto ward 1 Grantham hospital at 7.30 am staff very welcoming, was put at ease about my procedure for later that day. After a 5hr wait I was made ready for theatre, during and after was well looked after by the staff who kept me informed as to what was happening. I was discharged about 7pm with paperwork and pain relief. Having had private medical cover in the past this experience was just as good well done NHS.'*

In light of ULHT's strong RTT performance they have recently been providing mutual aid to a neighbouring trust to support equitable access to services for patients, and in addition a teaching hospital trust within the region has made contact for additional support. ULHT is the only trust nationally to offer elective Orthopaedic surgery seven days a week.

Access

As part of developing the change proposals for Orthopaedic services it was agreed outpatient clinics would remain across all sites they are currently provided from, and e-consultation and video-consultation would be used to support improved access. Following approval to proceed with the changes Orthopaedic outpatient clinics have remained across all sites and whilst all new patients need to be seen face to face to assess treatment options, consistently 7% of all follow-up appointments were undertaken virtually between April and October 2022, which is following the forecast trajectory.

To support a reduction in the number of face-to-face pre-operative assessments occurring on hospital sites, since the approval of the Orthopaedic changes ULHT have implemented a traffic light pre assessment process.

Between October 2021 and October 2022 Grantham and District Hospital delivered 595 elective Orthopaedic procedures to patients with a LN postcode, i.e. those who live to the northeast of Grantham. Of these patients 107 came from the areas around Louth, Mablethorpe and Alford which equates to 18%. Demonstrating patients are prepared to travel to the high quality Orthopaedic services provided at Grantham and District Hospital. Patients continue to be able to access and use transport support services in line with the pan Lincolnshire criteria. Between January and October 2022 no Orthopaedic surgery at Grantham and District Hospital was cancelled due to transport issues.

Dr Foster data shows a marginal increase in market share for hip and knee replacements between 2018 and 2022, with an increased number of patients seen during the time period. However, it should be noted that with the current backlogs as a result of the pandemic comparisons of market share before and after the pandemic need to be treated with caution.

Since the Orthopaedic pilot started in 2018 only three patients have required a post-operative transfer from Grantham and District Hospital to Lincoln Hospital. All of the transfers were clinically appropriate as they required specialist care, however the complexity post surgery requiring intervention from other specialties was not as a direct result of their Orthopaedic Surgery (e.g. cardiac input was required). Patients from the Grantham area, typically with limb fractures, continue to be booked onto the elective lists at Grantham and District Hospital so Orthopaedic trauma patient transfers are kept to a minimum.

The flexibility of outpatient slots at Grantham and District Hospital allows for availability of daily fracture appointments whilst minimizing potential inefficiencies of wasted slots in the absence of fracture patients requiring appointments. However, some Orthopaedic specialisms remain solely on one site to ensure the best clinical care for patients.

Facilities

In November 2022 two new theatres opened at Grantham and District Hospital at a cost of £5.4 million. This demonstrates a significant investment into the hospital and for it to be a centre of excellence for Orthopaedic surgery. This is in addition to around £1 million of investment in Grantham and District Hospital between 2020 – 2022 for ward and department enhancements. There is a clear plan for continued improvement works at the hospital including outpatient, inpatient and day-surgery areas as well as diagnostic services. There is also an ambition to support the Net Zero Carbon NHS priority at the site with supporting initiatives being identified.

4. Urgent & Emergency Care and Acute Medicine

Following approval of the proposals for Urgent & Emergency Care and Acute Medicine services by the NHS Lincolnshire CCG Board, implementation for these changes is taking place over three phases:

- Phase 1: Development of service specifications for the Grantham and District Hospital Urgent Treatment Centre (UTC) and Integrated Community/Acute Medicine service.
- Phase 2: Confirm procurement requirements and enact as necessary
- Phase 3: Implementation of new services

This phased approach reflects an initial consideration by the NHS Lincolnshire Integrated Care Board to the procurement approach to the four services that will change following approval by the NHS Lincolnshire CCG Board. In summary, this consideration identified that it is the service change to establish a 24/7 Urgent Treatment Centre at Grantham and District Hospital that is most likely to require a procurement process.

Phase 1

Due to the clinical interdependencies between the Grantham and District Hospital Urgent Treatment Centre and Integrated Community/Acute Medicine Service a single working group is leading on the development of the two service specifications. The purpose of the working group is to:

- Define the scope of the service specifications
- Provide information to support development of the draft service specifications
- Ensure interdependencies across the two specifications are considered and reflected as appropriate

The working group is clinically led and made up of partners from across the health system, a patient representative also sits on the group. At the time of writing the working group has met three times. It is fully understood by the working group that the service specifications must reflect and align with the service change proposals agreed by the NHS Lincolnshire Clinical Commissioning Group (CCG) Board in May 2022 following a period of public consultation and subsequent consideration and analysis and take into account any revised national guidelines.

Therefore to inform the discussions and considerations of the working group two draft specifications, one for the Grantham and District Hospital UTC and one for the Integrated Community/Acute Service, have been drafted based on the proposals consulted on with the public and agreed by the NHS Lincolnshire CCG Board.

It is anticipated that the two service specifications will be fully defined by February 2023 at the latest. The final sign-off of the draft service specifications developed through the working group will be conducted solely by the NHS Lincolnshire ICB.

Phases 2 and 3

Following sign off of the two service specifications consideration will be given to any procurement requirements, and the decision relating to this will shape how Phases 2 and 3 progress. If following consideration, it is agreed that a full procurement process is followed for, say the 24/7 UTC, this could take up to six months to complete and identify a service provider. Once a service provider is confirmed Phase 3 (Implementation) can begin. If a procurement process is not followed for a service change, then Phase 3 could begin almost immediately after the specification is agreed once the service provider is confirmed.

5. Stroke Services

Following approval of the proposals for Stroke Services by the NHS Lincolnshire CCG Board, implementation is being progressed across two elements:

- Single Lincolnshire Stroke Service
- Estates development at Lincoln County Hospital

Regular fortnightly project meetings are in place taking these two elements forward, and a performance dashboard is in development to support the tracking of progress. To date these elements have been progressed by separate groups, however, recently there has been a suggestion to merge them with the aim of developing a stronger integration. This is being actively considered.

Single Lincolnshire Stroke Service

A joint group is in place between United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust. A second workshop was held in November 2022 with key clinicians and nurses to continue the development of the single stroke service Standard Operating Model (SOP), which covers the entire stroke pathway. This identified a set of short, medium and long term requirements to progress ahead of the estates development at Lincoln County hospital to support the consolidation of hyper-acute and acute stroke services on that site (which is not anticipated to be in place until 2026).

During the clinical operating model workshop many areas in the pathway were identified that could be improved, including scanning pathways, ward reconfigurations and discharge processes and escalations. Holding a 'perfect week' was discussed as a way to further test and implement a sustainable and efficient clinical operating model.

It is anticipated the SOP for a single Lincolnshire stroke service will be complete by the end of December 2022. Meetings with Human Resources (HR) have taken place to develop the consultation process regarding staff, specifically those working at Pilgrim Hospital. It is anticipated this will be completed by March 2023. An additional nine whole time equivalent members of staff have been brought into the community stroke rehabilitation service. This is against a planned increase of 15 whole time equivalents, recruitment continues.

Estates Development at Lincoln County Hospital

All of the work described above will feed into the estates development plans which are expected to follow the following schedule:

- March 2023 - Strategic Outline Case (SOC) approval
- May 2025 - Outline Business Case (OBC) approval
- January 2025 – Full Business Case (FBC) approval
- January 2026 – Construction completes

6. Background Papers

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