


# Agenda Item 4

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>18 January 2022</b>
Subject:	<b>Chairman's Announcements</b>

## 1. Spalding GP Surgery – Final Arrangements for Dispersal of List

As previously reported, between July and September 2022, NHS Lincolnshire Integrated Care Board (ICB) consulted on its approach to seeking expressions of interest from providers to take on the patient list of the Spalding GP Surgery. On 3 January 2023, the ICB announced that patients at the surgery would be transferred to one of three other GP practices:

- Munro Medical Centre (West Elloe Avenue, Spalding) – Munro Medical Centre intends to reopen their premises on Church Walk in Pinchbeck in January 2023.
- Beechfield Medical Centre (Beechfield Gardens, Spalding) - The Beechfield Medical Centre intends to open additional premises as a branch surgery, called the Beechfield West Medical Centre, at the former Pennygate Surgery premises in February 2023.
- Gosberton Medical Centre (Low Gate, Gosberton).

Patients would be advised by letter their new GP Practice and the date when this will take effect. In the interim patients should continue to access services at Johnson Community Hospital, with the transfer being phased in during February. The ICB stated that the decision to share the patient list between three practices had followed further feedback and discussions with patients, which had concluded that this was the best outcome to meet the needs of patients, now and in the future.

Two drop-in events will be held on the following dates at the Johnson Community Hospital (Meeting Room 124), where more details and practical support will be provided to patients:

- 19 January 2pm - 4pm
- 26 January 2pm - 4pm

## **2. Ashley House in Grantham – Support for Lincolnshire Health and Social Care System**

On 30 December 2022, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced that it was supporting the Lincolnshire health and social care system, by providing Ashley House in Grantham as short-term accommodation for 13 service users currently at Lindum Park House, a residential care home in Lincoln, which supports people with severe mental illness. Lindum Park House required repairs urgently to its heating system, with the work expected to take between six and twelve weeks.

As stated at item 5 on this agenda, Ashley House is currently temporarily closed and this temporary arrangement will not affect the targeted consultation on its future use.

## **3. Declarations of Critical Incidents**

Since the last meeting, there have been occasions where critical incidents have been declared by the NHS locally. NHS England defines a critical incident as any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. A critical incident could also be due to the environment being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A critical incident is principally an internal escalation response to increased system pressures/disruption to services. Locally these incidents were declared on 20 December, 29 December and 3 January.

- 20 December 2022 – The Lincolnshire health and care system declared a critical incident owing to the high numbers of patients accessing services, both in hospitals and in communities. This included longer than usual waits for hospital beds and difficulties discharging patients home. It was stated that the health and care system was taking steps to prioritise patients with the highest needs and to manage urgent and emergency care services safely.
- 29 December 2022 – United Lincolnshire Hospitals NHS Trust (ULHT) declared a critical incident, owing to pressures in its accident and emergency departments. At that time, ULHT stated that its hospitals were continuing to see exceptionally high levels of demand, particularly in its emergency departments. ULHT also stated that there remained significant challenges in the number of available beds, and it was continuing to work with partner organisations to ensure those who were medically fit for discharge could return home or to another place of care quickly and safely.
- 3 January 2023 - ULHT declared a critical owing to the exceptionally high levels of demand for its emergency departments, coupled with high levels of very ill patients needing hospital care and ongoing staffing challenges. Many of the patients were very unwell, with respiratory illnesses including Covid-19 and influenza.

#### **4. Humber Acute Services Programme – Yorkshire and the Humber Clinical Senate Report**

As reported to the Committee on 14 December 2022, the Humber Acute Programme issued its November Update on 9 December 2022, and this was circulated to the Committee. This update also included a report on the review of the Yorkshire and the Humber Clinical Senate on *Humber Acute Services at Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust*. This report was finalised by Clinical Senate in September 2022.

##### Report of Clinical Senate – September 2022

A summary of the report is attached at Appendix A to these announcements. The full report is available here: [YH Senate Report HASR - ratified final.pdf](#).

## HUMBER CLINICAL SENATE ON HUMBER ACUTE SERVICES

### AT NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST AND HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

The following is a summary of the Clinical Senate's report

#### Current Service Provision

As a starting point, the Clinical Senate's report lists the current model of service delivery from each Diana Princess of Wales Hospital in Grimsby, and Scunthorpe General Hospital:

Diana Princess of Wales Hospital Grimsby	Scunthorpe General Hospital
<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Trauma Unit</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay</li> <li>• Emergency Surgery</li> <li>• Critical Care and Anaesthetics</li>   <li>• General Medical In-patients</li> <li>• Care of the Elderly Inpatients</li> <li>• Cardiology, Gastroenterology and Respiratory In-patients</li> <li>• Trauma In-patients</li> <li>• Acute Surgery In-patients</li>   <li>• Obstetric-led Unit</li> <li>• Neonatal Level 1 Cots</li> <li>• Neonatal Level 2 Cots</li> <li>• Paediatric Assessment Unit</li> <li>• Paediatric In-patients</li>   <li>• Day Case Surgery</li> <li>• Elective In-patient Surgery</li> <li>• Outpatient Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Trauma Unit</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay</li> <li>• Emergency Surgery</li> <li>• Critical Care and Anaesthetics</li> <li>• Hyperacute Stroke Services</li>   <li>• General Medical In-patients</li> <li>• Care of the Elderly Inpatients</li> <li>• Cardiology, Gastroenterology and Respiratory In-patients</li> <li>• Trauma In-patients</li> <li>• Acute Surgery In-patients</li>   <li>• Obstetric-led Unit</li> <li>• Neonatal Level 1 Cots</li> <li>• Neonatal Level 2 Cots</li> <li>• Paediatric Assessment Unit</li> <li>• Paediatric In-patients</li>   <li>• Day Case Surgery</li> <li>• Elective In-patient Surgery</li> <li>• Outpatient Clinics</li> </ul>

The Clinical Senate was asked to review the models of care for the two hospitals, and the configuration of services for the following designations:

- (1) acute hospital on one site and a local emergency hospital on the other site; and
- (2) acute hospital with trauma unit on one site and an elective hospital.

The Clinical Senate’s review was based on Hull Royal Infirmary providing additional diagnostic and planned services and continue to serve as a specialist centre, as well as providing a major trauma centre for adults and a level 3 neonatal intensive care unit. In each scenario Goole District Hospital would remain as a elective hub; and Castle Hill Hospital would continue as a special elective centre.

### Summary of Options

In each case of these options, the designation of acute hospital could be applied to Diana Princess of Wales Hospital in Grimsby or Scunthorpe General Hospital, with the other hospital designated as the local emergency hospital.

Option	Acute Hospital	Local Emergency Hospital
1	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department with <b>Trauma</b></li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• General Medicine and Care of the Elderly In-patients</li> <li>• <b>Cardiology/Gastroenterology/Respiratory inpatients</b></li> <li>• Acute Surgery inpatients</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• Paediatric inpatients</li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 2</li> <li>• Critical Care and Anaesthetics</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• General Medicine and Care of the Elderly inpatients</li> <li>• Emergency Surgery Day Case</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 1</li> <li>• Critical Care and Anaesthetics</li> </ul>

Option	Acute Hospital	Local Emergency Hospital
2	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department with <b>Trauma</b></li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• <b>All Medical In-patients, including General Internal Medicine and Care of the Elderly</b></li> <li>• Acute Surgery In-patients</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• Paediatric In-patients</li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 2</li> <li>• Critical Care and Anaesthetics</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• <b>No General Medicine and Care of the Elderly In-patients</b></li> <li>• Emergency Surgery Day Case</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 1</li> <li>• Critical Care and Anaesthetics</li> </ul>
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Option	Acute Hospital	Local Emergency Hospital
4	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department with <b>Trauma</b></li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• <b>All Medical In-patients, including General Internal Medicine and Care of the Elderly</b></li> <li>• Acute Surgery In-patients</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• Paediatric In-patients</li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 2</li> <li>• Critical Care and Anaesthetics</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• <b>No General Medicine and Care of the Elderly In-patients</b></li> <li>• Emergency Surgery Day Case</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• <b>Midwifery- Led Unit</b></li> <li>• Neonatal Level 1</li> <li>• Critical Care and Anaesthetics</li> </ul>
5	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department with <b>Trauma</b></li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• General Medicine and Care of the Elderly In-patients</li> <li>• <b>Cardiology/Gastroenterology/Respiratory In-patients</b></li> <li>• <b>Acute Surgery In-patients</b></li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• <b>Paediatric In-patients</b></li> <li>• <b>Obstetric-Led and Midwifery-Led Units</b></li> <li>• Neonatal Level 2</li> <li>• Critical Care and Anaesthetics</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 Emergency Department</li> <li>• Assessment Unit</li> <li>• Same Day Emergency Care</li> <li>• Short Stay up to 72 hours</li> <li>• <b>General Medicine and Care of the Elderly In-patients</b></li> <li>• Emergency Surgery Day Case</li> <li>• 24/7 Paediatric Assessment Unit</li> <li>• Critical Care and Anaesthetics</li> <li>• <b>No Obstetric-Led Unit</b></li> <li>• <b>No Midwifery- Led Unit</b></li> </ul>

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### Conclusions and Recommendations of the Clinical Senate

The Clinical Senate concludes that it is difficult for it to concretely provide clinical assurance on the models given the current uncertainty around the potential impacts on patients and staff, and the ability of the whole local health and social care system to be aligned and to adequately support the acute care plans. The Clinical Senate also concluded that there would be a need to broaden the detail of the various options and their potential impact on neighbouring trusts. The recommendations can be summarised as follows:

#### *Models of Care*

- Further work is required to reduce the number of options under consideration.
- Primary care needs to have the capacity to respond to system demands, particularly out of hours provision.
- Consideration needs to be given to the ability of the ambulance service to respond to patient transfers that may arise from the options and whether a dedicated patient transfer service would be of benefit.
- There would need to be an assessment, short stay, and in-patient bed capacity to address surges and increased demand.
- There would need to be well-developed plans on discharge arrangements.
- The impact of the options on health inequalities needs to be assessed in more detail.



### *Workforce*

- There needs to be an in-depth staff travel and transport assessment, to understand the impacts on staff retention.
- Consideration needs to be given to system-wide workforce model, incorporating new roles such as advanced care practitioners and advanced paramedics.
- Trusts should work closely with local universities and medical schools to encourage more people to train in healthcare professions.

### *Digital*

- Trusts and partner organisations should be encouraged to implement an electronic medical record system.
- The development of telemedicine is encouraged.

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