


Agenda Item 4

		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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	24 January 2024
Subject:	Chairman's Announcements

1. Information Requested at the Last Meeting – GP Provision

The information requested at the last meeting is set out in Appendix A.

2. Brant Road and Springcliffe GP Surgery, Lincoln

The Brant Road and Springcliffe GP Surgery in Lincoln, which has 9,000 registered patients, has submitted a proposal to the NHS Lincolnshire Integrated Care Board to close the Springcliffe branch surgery located at 42 St Catherine's, Lincoln.

The GP practice has stated that one of the reasons for the proposed closure is the decreasing number of patients using the branch surgery, with most patients preferring to access the main site on Brant Road, due to the wider range of services and better facilities available. The GP practice has analysed the use of the branch site and believes the closure will only impact a few patients per week. The practice hopes that by closing the branch site it will be able to focus on improving services at the main site. The closure would also see all services and staff currently operating from the branch site relocate to the main site. If the proposals to close the branch site are approved, patients would have full access to services from the main site and would not be required to register as a patient.

Patients have been encouraged to share their feedback on the proposals by completing [a survey](#) or by attending one of three planned patient engagement events. Two of these events took place on 14 December and 12 January. The remaining event is planned for Wednesday 14 February, 10 am - 12 noon (drop in anytime) at Springcliffe Surgery.

The closing date for responses is on 22 February 2024. The final decision regarding the proposal will be made by the NHS Lincolnshire Integrated Care Board later in 2024.

3. Bourne Gellatly Medical Practice, Care Quality Commission Inspection

On 8 December 2023, the Care Quality Commission (CQC) published an inspection report on the Bourne Gellatly Practice, following an inspection which took place on 30 August 2023. The CQC has rated the practice as *outstanding* overall, which has been based on an *outstanding* rating for three of the CQC's domains (caring, responsive, and well-led); and a *good* rating for the remaining two CQC domains (safe and effective). This inspection was undertaken in line with the CQC's inspection priorities, as the practice had not been inspected since December 2014, when it had received an overall rating of *good*.

The CQC's full report and evidence table is available on its website: [Bourne Gellatly - CQC \(cqc.org.uk\)](https://www.cqc.org.uk)

4. Psychiatric Intensive Care Unit – Hartsholme Centre, Lincoln

On 12 January 2024, Lincolnshire Partnership NHS Foundation Trust (LPFT) issued an update on the temporary closure of the Hartsholme Centre, Lincolnshire's male psychiatric intensive care unit (PICU), based in Lincoln. The PICU closed temporarily in October 2022, and LPFT had announced during the summer of 2023 of a plan for a re-opening on a phased basis from the autumn of 2023. However, this was delayed as legionella bacteria were found on site during November 2023. LPFT has announced that there has been substantial work to clear the bacteria, but they have not yet been fully removed from the systems. Cleansing work continues and a further set of test results are due at the end of January.

LPFT adds that out of area care for male patients requiring psychiatric intensive care has risen over the last month and it is far from ideal for patients. LPFT states that this continues to be very disappointing, as it remains operationally ready to start the re-opening. A further update will be issued by LPFT in February.

5. Industrial Action by Junior Doctors

Since the last meeting of the Committee, junior doctors have held two periods of industrial action: from 7 am on 20 December until 7 am on 23 December 2023, and from 7 am on 3 January until 7 am on 9 January 2024.

During these periods, the NHS Lincolnshire Integrated Care Board (ICB) advised the public to continue to come forward for NHS care, but asked the public to use NHS services wisely. It was stated that some hospital appointments would have to be rescheduled. However, patients were advised to attend any appointments during the period of industrial action, unless specifically asked not to do so.

The ICB reminded the public that GP practices and local pharmacies continued to be open to offer advice and help, as well as the ICB's [Stay well and choose well this winter](#) advice. The ICB urged people to be aware of diarrhoea and sickness, particularly those who are vulnerable and/or who have long-term health conditions. Whilst most people make a full recovery within one or two days from norovirus, this is not the case for everyone and for patients ill in hospital or those with long-term conditions the virus can cause complications.

On 12 January 2024, United Lincolnshire Hospitals NHS Trust (ULHT) stated that all parts of the Lincolnshire system remained under significant operational pressure, which had been exacerbated by the two periods of industrial action. ULHT also stated that the focus now remained on ensuring patients were treated in the right place, at the right time, by the right people, including minimising ambulance handover delays, ensuring as much capacity as possible was available and maximising flow through the system. All of this, stated ULHT, continued to be addressed in partnership across the health and social care system.

6. United Lincolnshire Hospitals NHS Trust – Teaching Hospital Status

On 12 January 2024, United Lincolnshire Hospitals NHS Trust announced that it had recently submitted a full application for Teaching Hospital status to the Department for Health and Social Care. A decision on this is now awaited.

7. Primary Care Network Alliance – Annual Report for 2022/23

The Lincolnshire Primary Care Network Alliance produces an annual report each year. Notification of the publication of the Annual Report for 2023/23 has been received.

The report's headlines refer to 81 GP practices organised into 14 primary care networks (PCNs). There are 2,700 staff employed in these GP practices, representing 17% of the NHS workforce in Lincolnshire. During 2022/23, there were 4.7 million appointments in Lincolnshire's GP practices, representing an increase of 9% compared to 2021/22.

A feature of the Annual Report are innovation stories from PCNs:

- The employment of six cancer co-ordinators by [Boston PCN](#), who support patients from suspected cancer through to remission or end of life.
- The introduction of a high intensity use service by the [Trent Health PCN](#), which targets the most vulnerable socio-economic groups, affected by challenges such as poverty, co-morbidities, and disabilities. This is an 18 month project aimed at informing a county-wide service.
- [Meridian PCN](#) undertook a falls prevention and wellbeing pilot project at Fotherby House Care Home, which saw a reduction in falls from an average of nine to ten per month to one per month.
- Pop up blood pressure clinics were held by [East Lindsey PCN](#) (in conjunction with One You Lincolnshire) to provide support to those in a very rural community.

- South Lincoln Healthcare PCN established a partnership board to determine how to make the best use of resources to address the health and care needs of the local population.
- Pop up falls prevention sessions were held in village halls across the area covered by Imp Healthcare PCN. In all, 325 people attended the events, with positive feedback given.
- Both practices in the Spalding Care PCN now operate a branch site, which has thus provided facilities in the north, east, south and west of Spalding.
- Lincoln Healthcare PCN has reviewed falls in care homes, with an assessment made after each fall. This had led to reduction in the number of falls, and those that occur are less severe.
- K2 Healthcare Sleaford PCN has developed a virtual multi-disciplinary team focused on the treatment of chronic heart failure, and as a result has managed more patients in primary care, without the need for referral to secondary care.
- South Lincs Rural PCN's social prescribing team has trebled its workload over the last year. The team typically supports people suffering from bereavement, loneliness and isolation, or 'low-level' mental health.
- Nurses based in K2 Healthcare Sleaford PCN have assessed whether patients with severe asthma would benefit from 'biologic' therapies.
- Apex PCN has been working with *One You Lincolnshire* to develop a targeted weight management clinic at one of its practices. Following its success, the clinic is being rolled out to other practices in the PCN.
- First Coastal PCN has gained a further four practices, which has led to the recruitment of further occupational therapists and care co-ordinators. This has facilitated the further development of social prescribing across the PCN.

The Annual Report is available in full at the following link:

<https://lpcna.nhs.uk/application/files/8017/0203/2319/LPCNA - Annual Report 2223.pdf>

LPCNA webpage: <https://lpcna.nhs.uk/>

8. Amendments to the Health Overview and Scrutiny Regulations and Revised Guidance

Power of Referral to Secretary of State

On 9 January 2024, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provisions) Regulations 2024 were laid in Parliament and will come into force on 31 January 2024.

The effect of these amendments to the regulations is that the power of referral to the Secretary of State by health overview and scrutiny committees ceases with effect from 31 January 2024. This power has applied in instances where an NHS commissioner or provider is considering a proposal for a local substantial development of the health service or for a local substantial variation in the provision of a such a service, and the local health overview and scrutiny committee disagrees with the proposal.

There is a saving provision in the regulations, but this is limited to instances where a health overview and scrutiny committee has made a referral prior to 31 January 2024.

New Duties on NHS Commissioners

A new Schedule 10A to the National Health Service Act 2006 also comes into force on 31 January 2024 and places a duty on any commissioner of NHS services to notify the Secretary of State when they propose a 'notifiable' reconfiguration of local services. A 'notifiable' reconfiguration is not defined, but in effect will be a reconfiguration comprising a proposal for a local substantial development of the health service or for a local substantial variation in the provision of a such a service.

The statutory guidance states that making a notification to the Department of Health and Social Care is the sole responsibility of the relevant NHS commissioning body. However, the NHS commissioning body should consider the local health overview and scrutiny committee's views on a proposal when deciding when to notify and should make it clear to the Secretary of State of the local health overview and scrutiny committee's view of whether the reconfiguration is notifiable.

Secretary of State Call-in Powers

Schedule 10A to the National Health Service Act 2006 also provides a new 'call-in' power to the Secretary of State, who may issue a direction to an NHS commissioning body to call in any proposal. The Secretary of State's powers include:

- deciding whether a proposal should, or should not, proceed, or should proceed in a modified form;
- whether particular results should be achieved by the NHS commissioning body in taking decisions in relation to the proposal;
- whether procedural or other steps should, or should not, be taken in relation to the proposal; and
- whether to retake any decision previously taken by the NHS commissioning body.

Health overview and scrutiny committees and other interested parties may request that the Secretary of State consider calling in a proposal. The Department of Health and Social Care expects that requests would only to be used in exceptional situations where local resolution has not been reached.

Next Steps

It is proposed that a full report be submitted to the next meeting of the Committee to consider how the new working arrangements will impact on the Committee in the future. This could include revising the existing protocol on consultation between the Committee and the NHS Lincolnshire Integrated Care Board.

Link to Documents

The new provisions have been summarised above. Full details may be found in the following documents:

- [The Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) \(Amendment and Saving Provision\) Regulations 2024 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2024/1000/contents/part-1/section-1)
- [Local authority health scrutiny - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/local-authority-health-scrutiny)
- [Reconfiguring NHS services - ministerial intervention powers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/reconfiguring-nhs-services-ministerial-intervention-powers)
- [Schedule 10A NHS Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/41/schedule-10a)
- [The National Health Service \(Notifiable Reconfigurations and Transitional Provision\) Regulations 2024 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2024/1000/contents/part-1/section-2)

9. Appointment of Group Chair for Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust

On 10 January 2023, Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Hospitals NHS Trust (ULHT) announced the appointment by NHS England of Elaine Baylis as Group Chair of LCHS and ULHT with effect from 1 April 2024. Elaine has served as Chair of ULHT since December 2017, and was previously Chair of LCHS from April 2015 until March 2023.

LCHS and ULHT have stated that Elaine's appointment means that recruitment can now begin to the substantive Group Chief Executive role, as the two organisations introduce shared decision-making arrangements and progress further on coming together as a group.

INFORMATION REQUESTED AT THE LAST MEETING ON GP PROVISION

The following information has been provided by NHS Lincolnshire Integrated Care Board

1. An Overview of How Old Care Quality Commission Inspections / Ratings Are

The Care Quality Commission (CQC) inspection report publication dates range from November 2015 to December 2023, in summary:

- Inspection report published in 2023 – 8 practices
- Inspection report published in 2022 – 8 practices
- Inspection report published in 2019, 2020 & 2021 – 11 practices
- Inspection report published in 2018 – 6 practices
- Inspection report published in 2017 – 20 practices
- Inspection report published in 2016 – 27 practices
- Inspection report published in 2015 – 1 practice

2. Enhanced Access Appointments

The Committee requested more Details Requested on how they worked in each Primary Care Network (PCN) area.

A separate detailed document will be emailed to members of the Committee. Appointments are available by the person contacting their GP practice. PCNs are required to provide 60 minutes of enhanced access appointments per 1,000 patients (adjusted) per month. For Lincolnshire in October 2023 - 86.84 minutes of appointments per 1,000 patients were provided with a utilisation rate of 76%. The amount of appointment offered in October was higher than usual due to some vaccination appointments being offered through Enhanced Access clinics. The average amount of appointment time offered per month per 1,000 patients is 62 minutes which equates to a total 14,822 appointments per month for the population.

3. Availability of PCN Improvement Plans

PCN Capacity Improvement Plans are internal working documents and not available publicly – a summary of themes within the plans is provided in the ICB's Primary Care System Level Access Improvement Plan which was shared with the Committee in November (please see the key slide below). These included improving telephone access through implementation of digital telephone systems and using patient feedback to monitor access and identify opportunities for improvement.



The ICB produced a local template to support the development of CAPs and data packs were provided to all PCNs to support with GP Patient Survey data, online consultation data, and PCN Enhanced Access data. Ongoing support for plans is being provided by the ICB and LMC for all PCNs. PCNs are focusing on a range of measures to support access improvement including:

- The use of QR codes to support participation in the Friends and Family Test to provide patient feedback
- Text messages sent after appointments to encourage patient feedback
- Reviewing data from people who didn't attend an appointment
- Improvement of GP practice websites
- Employing further PCN additional roles
- Care navigation training so staff can support patients get the care they need
- Increasing Patient Participation Group (PPG) engagement and involvement
- Increasing referrals to GP Community Pharmacy Consultation Service (CPCS) and Pharmacy First

- Reviewing telephone call data and identifying areas to improve access
- Improvement in making appointments available when there's most demand
- Moving to cloud-based telephone systems
- Increased use of the NHS App

The ICB will continue to work with PCNs to support and review the delivery of PCN plans throughout 2023/24, including the delivery of the national requirements to enable PCNs to access additional funding to improve access.

Key next steps

- Regular reviews with PCNs on delivering their Capacity Access Plans over 2023/24.
- Working with PCNs to measure and evidence the effect of their plans on patient access, experience and satisfaction.
- Supporting PCNs to benefit from national Capacity Access funding in 2023/24.



4. Average Number of GP Appointments per person

The Committee requested more details on this topic for example average numbers per age band.

GP appointment data should be viewed with some caution – work is ongoing to address technical data collection issues alongside improving data quality and consistency. Data on the average number of appointments by patient cohort (age, specific conditions etc) is not available through GP appointment data sets.

A specific report could be developed to produce appointment data using the Lincolnshire linked data set but would be require some capacity to develop and need to be fitted in to the performance team's work programme.

Based on November 2023 data:

- UK – average of 5.2 appts per patient
- Lincolnshire – average of 6.4 appts per patient

The ratio of appointments seen in person (face-to-face) in November 2023 was 71% for Lincolnshire, this in line with the Midlands region (71%).

5. Locations of Same Day Access Hubs

All three PCNs offer 35 appointments per day (Monday-Friday):
South Lincoln PCN (all sites offering appointments Mon-Fri):

- Navenby Cliff Villages Surgery
- Branston & Heighington Family Practice
- The Heath Surgery

- Washingborough Surgery
- Church Walk Surgery
- Brant Road & Springcliffe Surgery
- The Bassingham Surgery

East Lindsey PCN

- Market Rasen (Mon-Wed)
- Wragby (Thu)
- Woodhall Spa (Fri)

Lincoln Health Partnership:

- Newland Health Centre

Acute Respiratory Infection hubs are also available at the following locations seven days per week:

South Lincolnshire Rural PCN:

- Market Deeping (Mon and Tue)
- Bourne (Wed and Thu)
- Holbeach (Fri and Sat – alternating with Swineshead on Saturdays)
- Gosberton (Sun)

LADMS:

- Skegness (Mon)
- Sutton-on-Sea (Tue-Thu)
- Louth (Fri)
- Ingoldmells (Sat and Sun)

Welby Medical Group:

- Gainsborough (Mon-Sun)

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