

Lincolnshire Health Scrutiny Committee for Lincolnshire – 17 April 2024

First of all I am sure lots of councillors will remember Katrina Cope who worked in our Democratic Services department before moving to work in a similar role as a senior officer at the county council. She has decided to retire in June after 44 years in local government. She looks after the Health Scrutiny Committee at Lincoln and she's so helpful and supportive. She'll be a hard act to follow. I'm sure you will all join me in wishing her a long and happy retirement - in the Louth area!

Prescriptions - from May 1 the cost will increase to £9.90 for each Medex one dispensed - an increase of 25p. A three-month pre-payment certificate will cost £32.05 and the 12 month goes up to £114.50. Exemptions apply as before.

New Chief - Karen Dunderdale has been appointed as Group Chief Executive of Lincolnshire Community Health Services and United Lincolnshire Hospital Trusts. She will take up her new role on July 1 to allow for a smooth handover between her and Andrew Morgan, who is due to leave at the end of June.

The Sidings Practice, Boston - on March 24 the CQC published an inspection report following their visits last October and December when their verdict was "inadequate" This practice has 17,000 registered patients and was placed in special measures with a number of must do actions which needed to be sorted out by Christmas. Since September 2022 the practice had a new provider Omnes who were awarded with a 5-year contract by the Integrated Care Board. prior to this the practice was run on a caretaker basis by Lincolnshire Community Health Trust. The full report from the CQC is avail on the CQC website.

Group Arrangement- From April 1 a group arrangement involving the Lincolnshire Community Health Services Trust and United Lincolnshire came into effect. Whilst it's not a formal merger, it will mean one single board and Executive team with a goal of improving patient care in both the community and in hospitals across Lincolnshire. Each Trust will retain their separate names and legal obligations. Following extensive staff and stakeholder engagements the group will be known as Lincolnshire Community and Hospitals NHS Group. Elaine Baylis will continue as Chairman of the Group.

Strategies approved - the Joint Health and Wellbeing Strategy and the Integrated Care Partnership strategies were signed off on March 12 and their final form is available on Lincolnshire Health Intelligence Hub.

Powers - At the end of March it was agreed pharmacy technicians as well as dental therapists and hygienists should have wider roles. These Dental staff will be able to give patients pain relief and fluoride without sign off from a dentist. Pharmacy technicians will be able to administer specified medicines without patients needing to see a prescriber. They will also be able to administer vaccinations and provide certain consultations. This will free up time for dentists and pharmacists and will enable more face-to-face clinical services and better access to primary care.

NHS Priorities - these builds on progress for services to recover after COVID and increase productivity.

NATIONAL NHS OBJECTIVES FOR 2024/25

The following table sets out the NHS national objectives for 2024/25. NHS England states that they will be the basis for the way NHS England assesses the performance of the NHS alongside the local priorities agreed by Integrated Care Systems.

Area	Objective
Quality and Patient Safety	Implement the Patient Safety Incident Response Framework (PSIRF).
Urgent and Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within four hours in March 2025.
	Improve Category 2 ambulance response times to an average of thirty minutes across 2024/25.
Primary and Community Services	Improve community services waiting times, with a focus on reducing long waits.
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
Elective Care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest, except where patients choose to wait longer or in specific specialties.
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments, attracting a procedure tariff to 46% across 2024/25.
	Improve patients' experience of choice at point of referral.
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025.
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Area	Objective
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
Maternity, Neonatal and Women's Health	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.
	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities.
Mental Health	Improve patient flow and work towards eliminating inappropriate out of area placements.
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional children and young people aged 0–25, compared to 2019).
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.
People with a Learning Disability and Autistic People	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults, or 12–15 under 18s, for every 1 million population.
Prevention and Health Inequalities	Increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025.
	Increase the percentage of patients aged 25–84 years with a cardiovascular disease risk score greater than 20% on lipid lowering therapies to 65% by March 2025.
	Increase vaccination uptake for children and young people year on year towards World Health Organization recommended levels.
	Continue to address health inequalities and deliver on the <i>Core20PLUS5</i> approach, for adults and children and young people.

Area	Objective
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.
Resources	Deliver a balanced net system financial position for 2024/25.
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

Dentistry - The east Coast still problematic and has been identified as an area of need but the new Mablethorpe practice was warmly welcomed. The Smiles initiative for schoolchildren was noted as struggling in this area's schools too. Recruiting the workforce is still a problem but hopes are high the Lincoln Training Hub will help address shortages. The update follows a report to the committee last July. The government has a number of initiatives to support dentistry and these are part of the planning objectives of the Lincolnshire Integrated Care Board. This includes increasing dental activity for recovery and reform to pre-pandemic levels; to implement dental checks in special residential schools during the year; to ringfence the NHS Dentistry budget and support contractors to deliver additional capacity.

Prevention is better, and cheaper, than cure and the new strategy is aimed at preventing poor oral health, boosting access and activity as well as supporting and developing the whole dental workforce. The dental contract, which dates back to the Blair government, is to be reviewed and incentives to treat NHS patients put forward. Extended or out of hours cover on weekdays, weekends, and bank holidays are on offer in Louth and Skegness as well as Boston but only for urgent cases.

If a person does not have a dentist and needs urgent care they can contact any dental practice during surgery hours to seek an urgent appointment but this is dependent on capacity on any given day. NHS 111 will also give help and advice. Louth, Skegness and Boston also offer Community Special Care dental services i.e. people who cannot leave home or a care home - go to the Community Dental Services website for additional information. There is an Oral Surgery service provided at Boston and delivered by ULHT the current charges for urgent treatment are £26.80; for Band 1 which is examinations and diagnosis is the same price; Band 2 costs £73.50 for fillings, root canal work or having a tooth out; crowns and dentures etc are Band 3 and cost £319.00. All work is guaranteed for one year. The number of adults receiving dental care in 2023 was 38%, the National rate being 40% and the percentage of children was 49% compared with a national average of 2.7%.

ULHT update - the new Chief Operating Officer Julie Frake-Harris updated the committee on a series of issues including Louth County Hospital, activity, recruitment and retention, car parking, waiting times and Lincolnshire Provider Review.

It is good news at Louth where over £1m has been invested in providing a better endoscopy service, extra staff have been taken on and there has been an increase in patients accessing diagnostics. Services presently available in Louth are as follows:

The Overview of Trust activity is as follows:

1. Overview of Trust Activity

Please see the table below for an overview of activity at United Lincolnshire Hospitals NHS Trust (ULHT) for the calendar year 2023, split by site:

Activity	Lincoln County Hospital	Pilgrim Hospital, Boston	Grantham and District Hospital	Louth County Hospital	Other Sites <i>(See Note 1)</i>
Outpatient Appointments	334,020	204,478	79,469	17,781	25,260
Elective Procedures	3,085	1,969	1,784	28	0
Day Case Procedures	27,655	18,282	8,477	4,089	2,283
Emergency Admissions	31,226	25,611	3,823	20	0
Hospital Births	2,674	1,586	0	0	0
A&E Attendances	65,649	51,761	24,399 <i>(See Note 2)</i>	0	0

Notes

1. *Other Sites – These cover clinics and perform procedures on non-ULHT sites. This includes Johnson Community Hospital in Spalding, Skegness Hospital, John Coupland Hospital in Gainsborough, Boultham Park Medical Practice in Lincoln, and James Street Family Practice in Louth.*

4. Louth County Hospital

Services at Louth County Hospital are run by a number of different providers, with the site overall run by Lincolnshire Community Health Services NHS Trust (LCHS).

Services run from the site by ULHT are detailed below:

Diagnostics:

- Ultrasound
- X-ray
- MRI
- Endoscopy
- Abdominal Aortic Aneurysm Screening
- Diabetic Eye Screening Programme
- Breast Screening

Surgery:

- Orthopaedics
- Ophthalmology
- Urology

Therapies:

- Occupational Therapy
- Physiotherapy
- Orthotics
- Rehabilitation Medicine Consultant Clinics
- Dietetics

Speciality Clinics:

- Abdominal Aortic Aneurysm
- Breast clinic
- Colorectal
- Dermatology, including minor operations
- Diabetes
- Ear, Nose and Throat
- Gastroenterology, including the Functional Bowel Team
- General Surgery
- Gynaecology
- Oral and Maxillofacial, including minor operations
- Ophthalmology, including Orthoptists and Glaucoma Clinics
- Orthopaedics
- Paediatric – Neurodevelopmental Clinic
- Rehabilitation
- Respiratory
- Urology
- Vascular

Waiting Times - these have been reduced for planned patients and there are no patients waiting over 78 weeks and only 337 waiting over 65 weeks by the end of March. The next target is to eliminate the 52 weeks wait. Head and neck are the most challenging and make up the majority of long waits. Gynaecology and gastrointestinal services are pressured as with the rest of the East Midlands. Elective activity has been affected by the doctors' strikes.

Care Quality Commission - safety requires improve as does the responsive section.

Recruitment and Retention - the workforce is growing, including international recruitment. Registered nurses' vacancy rates have reduced and there are now more Nurse Associates. The vacancy rate has fallen from 10.55% in April 22 to 6.17% in January 24. Turnover has also improved and now stands at 11.11%. There is now a working group concentrating on this and ULHT has shown it is better than its peer group. Using Population Health data rural issues will be better understood.

Car Parking - Lincoln is often very busy and complaints are channelled through PALS. Data is however not collated about missed appointments. Alternative travel modes to cut down on car usage are sent to patients but solutions are presently being looked at.

Lincolnshire Provider Review - a review is underway to assess if there is a better way to achieve this and 10 recommendations have been consolidated into four priority areas. These are explained more fully on the April agenda, page 87.

Teaching Hospital Status - following an application last December the legal team verdict is due any day before going to the Minister.

Good news - Stroke Services are being enhanced from the Lincoln site and into the community. Pilgrim Emergency Unit's work is well on the way and the size will increase threefold. Lincoln Endoscopy moves forward with a new £18.9m unit to improve patient dignity and drop off for patients. Electronic Patient Records sees work underway, but it is a long term project. Skegness Diagnostics are being developed to increase capacity. Forces friendly recruitment processes have won a gold award and overseas recruitment campaigns have been recognised with a Pastoral Care Quality Award ... 780 international nurses have been recruited from 42 different nations.