

Lincolnshire Health Scrutiny Committee for Lincolnshire – 11 September 2024

Teaching Hospital Status: ULHT gained this status later in the week following the Health Scrutiny Meeting. This very welcome and the long-awaited news marks a new era for the Trust! I have written to Victoria Atkins MP about the closure proposal after she had reassured me about the issue before the election. When I have further news I will report back.

Review of Urgent Treatment Centres: This is an important issue for Louth and Skegness. NHS England has an ambition to standardise UTCs across England and in October 2023 there was a refresh of the principles and standards set out in the NHS vision, reducing attendance at A and E departments. Fundamentally UTCs are expected to be open 7 days a week, 12 hours minimum, increasing to 24 hours where co-located. Departments should see patients of all ages, both booked and walk-ins. A named senior clinical leader to be supported by a multidisciplinary workforce and have a basic consistent investigative and diagnostic offering on site.

Both Louth and Skegness UTCs are housed on hospital sites and open 24/7. Attendance at Skegness, which has higher numbers in summer with many from out of area, has dropped from 32,109 in 2018 to 25,335 last year, whilst at Louth in the same period they have risen from 22,425 to 26,143. (A quarter of attendees at Skegness came from out of area whereas at Louth that fell to 8.03 %). It was noted that both Louth and Skegness attendances overnight were 13 % and 15% respectively. On average it was said Louth had four patients between 10pm and 7am and five at Skegness, which has led the ICB to question the best use of highly qualified staff. Saturday night is the busiest overnight at Louth and at Skegness it is a Monday, with 99.42% at Louth arriving by their own transport, at Skegness this drops to ie.72%. Over a 12 month period there were 138 arriving by public transport between 8pm and 8am. Fascinatingly overnight attendances by public transport ant Louth are extremely low at just 7. (It fails to elaborate on how they managed it in Louth!). In 2023 62 were conveyed by ambulance and 68 at Skegness.

It was suggested that overnight teams could be sent out into the community after a call to 111 by a prospective patient rather than the UTC staying open but this was not supported by members. Such a system was described as “talk before you walk’ and the community may be consulted on this in future! Meanwhile the much-appreciated local service remains unchanged.

Targeted Lung Health Checks: these are a crucial part of the national cancer programme and are targeted at people 55 to 74 who are at increased risk of lung cancer having smoked 100 cigarettes plus in their lifetime. They are offered a lung health check and a chest CT scan to detect any potential issues at an early stage. These will be introduced in Lincolnshire by the end of the financial year.

Cancer Programme update: In September 2024 the committee requested this update which would also pick up the issues of support for families and work in support of co-morbidities. Cancer continues to be a top priority for the NHS with significant strides made in survival rates. However more improvement can be achieved through earlier diagnosis and then rapid start of treatment. By 2028 the Long-Term NHS Plan hopes to add 55,000 who will survive for five years or more after diagnosis, with 5 percent of cancer cases being diagnosed at early stages.

A more streamlined approach has been designed to overcome the complexity of existing standards. This will consolidate multiple standards into fewer, more comprehensive measures covering a broader scope of cancer diagnoses and treatment, including breast symptoms and consultant upgrades. The two week wait standard is said to have become outdated due to advancement in technology and clinical practice. These patients are now straight to test protocols and remote consultations which

offer more efficient and effective diagnosis processes. The two-week standard has impeded progress unfortunately. So, there is now a recommendation there should be a faster diagnosis standard. Since October 2023 there have been three measures - a 28-day maximum wait for communication of a cancer diagnosis, a 62-day maximum wait for first treatment from an urgent GP referral and a 31 day maximum wait from the decision to treat any cancer. These standards aim to improve patient outcomes by ensuring timely and effective care and enhanced patient experience.

62 Day Performance in Lincolnshire - there has been a slow but consistent improvement in meeting this standard. Challenges include nursing shortages and theatre capacity.

31 Day Performance in Lincolnshire - historically Lincolnshire has achieved close to the 96 percent target thanks to efficient management processes. Again, however staffing shortages are a challenge. In the past a significant number of local patients have had to leave the region for treatment, primarily for surgical procedures. A surgical robot has now been introduced and so more patients can be treated locally. ULHT now has an ambitious goal of acquiring a second robot which will further enhance capacity.

Gynaecology: Waiting times are fragile, hence a service review resulting in nurse specialists taking on roles presently handled by consultants. Since 2019 referrals have surged by 48 %, compared with an overall 13% across the Trust with conversion rates dropping from 8.9% to 6.37%.

Lung: The service is classed as unsustainable with pre-COVID referrals put by 160 to approximately 800 by January 2023, made worse by staffing shortages. Improvements have been made and two cancer nurse specialists have been recruited so it is hoped progress can be improved.

Challenges and Risks: Access to cutting edge treatments is still limited in certain areas and disparities in access to innovative therapies can affect patient outcomes in Lincolnshire with some having to go out of county for diagnosis and treatment. Rural communities are said to present unique challenges and addressing them will involve a great deal of partnership working to ensure equitable access to treatments. Workforce issues continue to be a challenge.

Shortages: There are clinical shortages mainly consultant shortages in urology, head and neck, gastrointestinal and breast. Respiratory and Gastroenterology are recognised as fragile services. The two head and neck consultants are unable to keep up with demand. Another robotic surgeon in urology is due to start in October. Breast is also classed as fragile and is looking for substantial funding to improve. Oncology is fragile and is supported by the East Midlands Acute Provider Network who are leading a large-scale programme of improvement.

Living with Cancer: the aim is to develop person centred local support for people living with cancer, their careers and significant others. Personalised follow up pathways are being implemented - "We are supporting people in the place they would like and in the way they would like and placing people at the centre of everything we do."

There is a Macmillan Outreach Project, which started last December, and in Mablethorpe there is a test partnership with Every-one, First Coastal Primary Care Network and Fighting Fit and in Skegness in partnership with Skegness Hospital. Anglian Water has funding to support patients suffering a financial burden caused by a cancer diagnosis. Since May this collaboration has enabled over 5070 Priority Service Register registrations and over 25,858 Extra Care Assessments offering access to income maximisation, debt management, payment breaks, and bill reductions for people living with cancer and other long-term conditions. Sleep has been identified as a quality-of-life project and a test is being carried out by ULHT in the breast pathway. Helping families who have children with

cancer is to be given priority and the NHS will work with the Don't Lose Hope charity.

Improvements however have been significant with advancements thanks to the healthcare professionals and organisations involved. The challenges do necessitate a collaborative approach and there is substantial work still to be done. "By maintaining this cooperative spirit and focusing on continuous improvement Lincolnshire can set a benchmark for exemplary cancer care and patient support".

Non-Emergency Patient Transport: This was considered last in January this year. The service is with East Midlands Ambulance for the next 9 years and was designed to ensure timely transport with no excessive waits, a reduction of late-night journeys, minimum aborted or cancelled journeys and signposting to the new system indicated a satisfaction of 95%, but the call centre was criticised for long waits answering calls. Members expressed severe concerns which needed to be addressed about the efficacy of the service and a further report was requested by November with members noting they felt the ICB had failed.

Mablethorpe NHS Dental Practice: On 9 September, a new provider (Winsover Dental Care) of NHS dental services opened in Mablethorpe, operating at the same premises as the Marisco Medical Centre. Appointments are now being offered to those who have expressed an interest by telephone or via the website, and will be based on clinical need and priority, with children and those who need urgent care seen first. Anyone seeking NHS dental care at the practice can express their interest via www.winsoverdentalcare.co.uk or by phone on 01507 225226 (Monday-Friday 8.00am- 6.30pm). NHS Lincolnshire Integrated Care Board has asked that that people do not attend the practice in person unless they are due to attend an appointment.

East Lincolnshire Sleep Service: at the beginning of September ULHT announced it would engage with patients on its procurement for these services, which are mostly for sleep apnoea. This condition affects 2 to 4 percent of middle-aged men and up to 2 percent of adult females. ULHT states it is vital that the diagnostic and support services for this condition meet the needs of the local population. The consultation runs to October 4 and is available on the Sleep Survey category on the Trust's website.

Boston PrimaryCare Network Enhanced Access: This network has submitted a proposal to relocate part of its enhanced access service from the Sidings Medical Practice to the Parkside Medical Centre.

Humber Acute Services Review: at the July meeting it was agreed to ask the Minister to intervene on the proposals the Trust put forward for service change. Despite the formal request there was no acknowledgment, so an email reminder was sent. Again, there has been no acknowledgment, so an answer is awaited! It is thought, however, representatives from the North Lincolnshire Council are having discussions with representatives of the area's Integrated Care Board about areas of concern.

Globe Park Surgery in Lincoln: Construction is due to start this autumn on new premises on the Glebe Park Retail Park, currently sited on Montaigne Crescent. It is a joint initiative with NHS Lincolnshire, Lincolnshire Co-op, City of Lincoln Council and the surgery. It will triple the space available with eight clinical rooms and parking. It is due to open next spring.

Lincoln Medical School Graduates: The Lincoln Medical School (LMS) is a collaboration between the University of Lincoln and the University of Nottingham. In July, the first cohort of medical students graduated from LMS. Lincolnshire Community and Hospitals NHS Group has announced that some of this first group of graduates have taken up roles across the Group, marking a significant step forward for the region's healthcare education and Lincolnshire Community and Hospitals NHS Group -

Executive Appointments at United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Services NHS Trust, who have been operating a group arrangement, under the name Lincolnshire Community and Hospitals NHS Group, since 1 April 2024. This includes the two trusts holding a single board meeting as a committee in common and establishing a single senior management structure.

In addition to Professor Karen Dunderdale, who was confirmed as the Group Chief Executive earlier in the year, other executive appointments have been confirmed:

- Claire Low, Group Chief People Officer
- Dr Colin Farquharson, Group Chief Medical Officer
- Nerea Odongo, Group Chief Nurse
- Daren Fradgley, Group Chief Integration Officer
- Kathryn Helley, Group Chief Clinical Governance Officer
- Caroline Landon, Group Chief Operating Officer
- Mike Parkhill, Group Chief Estates and Facilities Officer Jayne Warner, Group Director of Corporate Affairs