

Health Scrutiny Committee for Lincolnshire – Wednesday 12 March 2025

The Health Scrutiny meeting on March 12 was the last until June 11 when there will be a newly elected county council up and running. Purdah is about to come into force and as councillors will appreciate organisations like the NHS cannot attend “political” meetings. So unfortunately no more reports until mid-summer beckons!

East Midlands Ambulance Service Performance Update: EMAS last updated the committee in January 2024. Since then improvements have progressed and from being the worst performer in the East Midlands they are now one of the best but being a rural area will always be a challenge!

However officers admitted whilst the service was striving to improve they were not where they wished to be yet. Handover times at hospitals are improving and plans are in place for a 45 minute window for transfer of care. Improvements at Boston are expected to hit the target once the new A and E department opens this spring. Also response times to Category 2 calls - the most frequent - are delayed because of handover delays. The Trust was asked about the unprecedented critical incident on Monday January 6 .At the time 744 calls were live, a further 464 incidents outstanding of which 278 were Category 2, along with numerous ambulances waiting for handover at hospitals. Three separate regional meetings chaired by EMAS and supported nationally and regionally were held over a 48 hour period. As a result of additional actions taken, on the Wednesday morning the event was formally set down. The Trust is now confident they have learnt from this and recommendations are being implemented. Staffing attrition has been reduced, new roles explored and good collaboration with partners including a new paramedic training course at Lincoln University were welcomed. Australian recruits has already been successful with more expected this spring.

Non-Emergency Patient Transport: Ambulance Transport: The committee had concerns about the efficacy of the Non-Emergency Patient Transport when they reported to Health Scrutiny last November. Following a procurement exercise EMAS had taken over the service covering the provision of call handling and patient journeys for those who are eligible under national standards As part of the new contract there was a move away from hard KPIs to local internal operational service delivery principles. It was found in November there were concerns about service delivery. Members were told the booking process had since been reviewed and a lot of work had been based on feedback given by Healthwatch. Four of six measures had seen improvements of between 4 and 14% since November, renal collection time was close to target now, discharges within the four hour target whilst not meeting the four hour standard is showing improvement as had discharges within two hours and fast track collection times had been achieved in November, December and January. A new post was now being funded supporting volunteer schemes linking to community services locally. Members were asked to let the service know what was working well, they were reminded the service needed to be sustainable!

Quality Accounts 2024-25: Quality accounts covers service delivery not pounds, shillings and pence and this “investigation” takes place each March. Trusts submit their priorities for the year and the Health Scrutiny Committee scrutinises them. It was agreed that the committee looks at East Midlands Ambulance Trust, Lincolnshire Community Health Services Trust, United Lincolnshire, and I asked that the North Lincolnshire and Goole Trust should be included as so many of our residents go north to Grimsby and Scunthorpe. I volunteered to be on the Scrutiny Group via Teams. Full details of what each of the Trusts’ priorities are can be found on the county council’s website.,

Dental Services urgent care appointments: In late February the government announced there would be 700,000 extra urgent care appointments across England over the coming year.

This means the Lincolnshire Integrated Care Board will be required to purchase an additional 12,017 such appointments. These will be earmarked for patients in pain and require urgent treatment, with access starting in April. The new patient premium, which was part of the dental recovery plan, cost £88m and had no impact! Indeed new patients accessing dental care since the scheme started has actually seen a 3% fall. Tooth brushing for three to fives is to be introduced in deprived areas.

Government funding for GPs: GPs have agreed reforms to their contract “to fix the front door of the NHS and bring back the family doctor”. It is said the new contract will modernise general practice with patients able to request appointments online during working hours from this coming October. Doctors will be incentivised to identify patients who would benefit from seeing the same GP at every appointment, so more patients would see their regular doctor for each appointment. A further £889m will be invested in the new contract taking it to a total of £13.2billion in 25-26, that is an increase of over 7%. Also 32 of the 76 targets they are required to achieve will be removed so more time can be released for the care of patients.

Hospice Care: the government has announced a further £75m to go to Hospices in this financial year. It will go towards refurbishments. so St Barnabas will receive £236,601 and the Butterfly Hospice in Boston will get £12,215. St Barnabas stressed this money will not fund services and they still face significant funding challenges which threaten its ability to provide services for the people of Lincolnshire.

Cancer in Lincolnshire: at the February meeting I asked for an update following a news item I had heard on the radio en route. This comprehensive report was sent to the chairman as a result.

Pressures: The past financial year has presented significant challenges as our operational teams have navigated the pressures of recovering from considerable backlogs. The simultaneous treatment of routine patients, many of whom have been waiting over 65 weeks, alongside cancer patients, has strained our available resources.

Despite these challenges, we have observed notable improvements across several key areas, leading to enhanced times to diagnosis, treatment, and overall patient outcomes.

Proud: We are proud to report that we have remained outside the NHS England tiering system for cancer recovery. This achievement underscores the relentless efforts of our teams to improve both waiting times and the quality of care we provide to our patients.

Key Highlights: National Recognition Our cancer care services have successfully maintained their status outside the NHSE tiering system for over a year and are on track to continue this trend, indicating a strong commitment to addressing performance challenges.

Backlog Reduction: Changes in the metrics for measuring backlog show that our current number of patients waiting over 62 days stands at 270 including planned treatments. The trajectory for March is to achieve 216 and the teams are working hard to reach that trajectory, which is set to be met by the end of March 2025.

Diagnosis Efficiency: Our performance on the 28-Day Faster Diagnosis Standard has improved significantly, climbing from 74.4% to 80.3%. This increase means more patients are receiving timely updates on their diagnosis status.

Treatment Efficiency: The 31-Day Treatment Standard, which measures the time from a patient's decision to accept treatment to the actual treatment date, has increased from 91.3% to 92.9%.

Referral to Treatment Efficiency: The 62-Day Standard has also shown significant improvement, rising from 62% to 71.1%, an 11.1% increase, marking the second-largest improvement among Integrated Care Boards (ICBs) in England.

Overall Cancer Pathway Improvement: The total number of patients on a suspected cancer pathway in Lincolnshire remains stable at 3,279, reflecting our ongoing commitment to patient care.

Other Achievements: Rapid Access Lung Cancer Pathway Fully Implemented Following Trial We have successfully integrated a clinical triage stage between X-ray and CT scans, minimising unnecessary radiation exposure for patients. This innovation has reduced waiting times for first appointments from 21 days to fewer than seven days.

Gynaecology Service Enhancements: Our Gynaecology Service has implemented a nurse specialist to triage all referrals, along with a dedicated pathway for patients experiencing unscheduled bleeding on hormone replacement therapy. This ensures that patients who do not require cancer pathways receive timely care, alleviating anxiety.

Lynch Syndrome - Multidisciplinary Team Implementation: We have established a multidisciplinary team for patients identified with Lynch Syndrome following cancer surgery. Lynch Syndrome accounts for approximately 1,100 colorectal cancers annually, making it the most common hereditary colorectal cancer. With an estimated 175,000 individuals affected in the UK, but fewer than 5% aware of their condition, early detection is critical. The National Institute for Health and Care Excellence (NICE) recommends that all colorectal cancer patients be tested for Lynch Syndrome. By implementing national pathways, we enhance the potential for early detection and risk reduction treatments, benefiting both patients and their at-risk family members. Lynch Syndrome is an inherited genetic condition, which is also known as hereditary non-polyposis colorectal cancer. Lynch Syndrome increases a person's risk of developing colorectal cancer. People with Lynch Syndrome have a 40% to 80% of developing colorectal cancer by the age of 70.

Prostate Pathway Enhancements: Significant work has been undertaken to streamline our prostate pathway. We have reached out to all patients who have been on a suspected prostate cancer pathway over the past decade to gather feedback on their experiences. An impressive 750 responses have been received, which will inform future developments in the pathway.

Screening Initiatives: We have launched multiple workstreams to encourage our population to engage with screening invitations. Notably, this year has seen a reduction in the lower age limit for bowel cancer screening, allowing individuals aged 50 and 52 who are registered with a GP to automatically receive a home test kit every two years by post.

Staging Improvements: We are pleased to report that we have increased the percentage of patients receiving a cancer diagnosis at stages 1 and 2 from 53.9% to 55.7%. This improvement is crucial, as early diagnosis significantly enhances treatment options and outcomes for patients. Our ongoing efforts to raise awareness, improve screening processes, and facilitate timely referrals are vital components of this success, ultimately contributing to better prognosis and survival rates for those diagnosed with cancer.

Living with Cancer Programme: The Living with Cancer Programme continues to implement personalised care for people living with and affected by cancer across the county, via the Lincolnshire Living with Cancer Strategy 2023 - 2025. The programme's aims are set by public and patient engagement, and the NHS Long Term Plan, 2019 and align with the NHS Lincolnshire Joint Forward Plan 2023 - 2028, and the 'Better Lives Lincolnshire' Integrated Care Partnership Strategy 2024. To measure progress, the programme sets locally agreed key performance indicators. The progress of the programme this year was impacted by several factors. Staffing within the programme was unstable, with several long-term vacant posts because of staff moving on or being seconded into different roles. However, the remaining

team members focused their work on priority tasks and the impact on progress was moderated. The continuing cost-of-living crisis and increasing number of patients with complex needs led to an upsurge in patient support requests from practitioners across the system. In December 2024 we reviewed the functions of the programme and streamlined the team to enable us to better carry out our functions and meet our priorities.

In United Lincolnshire Teaching Hospitals NHS Trust (ULTH), the team focused their work on developing protocols and standard operating procedures for the roll out of personalised stratified follow-up pathways for breast, colorectal, prostate and some gynaecological cancers. These will give assurance on patient safety and are currently proceeding through governance in the Trust. The delivery of these follow-up pathways and remote monitoring of patients transitioned fully to ULTH in March 2025. Patients' needs are being identified at different points on pathways by carrying out a holistic needs assessment (HNA), but there is further work to do with some cancer pathways to ensure patients have access to an HNA within 31 days of their cancer diagnosis. The team are working with Heart of Lincoln Practice on Portland Street in Lincoln to test how standardised, easily understood treatment summaries are communicated to GPs and patients.

Cancer Nurse Specialists and Cancer Care Co-ordinators in ULTH have been trained in Level 2 Psychological and Emotional Support, and a 'change in practice' has been approved by Adjustment to Professional Practice Group to promote a more pro-active formal assessment of patients' psychological levels of need. Staff will ensure that patients who identify emotional concerns on their HNA are re-assessed using the Patient Health Questionnaire (PHQ9) and an Anxiety Test Questionnaire (GAD7) tools. Then, if appropriate, patients are referred to the service to best meet their needs. Sleep support for patients on the breast cancer pathway has been trialled, with a view to making this available on other cancer pathways.

The Living With Cancer Community team continued to strengthen collaboration with Primary Care, Community Health Services, Mental Health Services and wider system partners. Using HNA and patient engagement intelligence, we have focused on improving access to support services which help people with their psychological and emotional, physical activity, financial support and sleep concerns. 60 primary care, community health and hospice staff have been trained in Level 2 Psychological and Emotional Support. The Level 4 East Midlands cancer Alliance Clinical Psychology Service reported that after twelve weeks of using the service, 91.89% of patients saw their depression alleviated and 78.95% patients saw their anxiety reduce. Most patients have reported an improvement in their quality of life. A total of 352 people have now taken part in 'Fighting Fit' cancer rehabilitation sessions which take place in Lincoln, Mablethorpe, Boston, Bourne, Grantham, Gainsborough and Market Rasen.

We have further developed and improved our website and, in addition to subject matter pages and the events calendar, we are adding an interactive map which features 300 community-based support services. The number of people using the website has increased, with an average of 687 users per month.

The Team worked in collaboration with the ICB's Health Inequalities Programme to improve the uptake of Faecal Immunochemical Tests to screen for bowel cancer. We also jointly submitted a successful bid for funding from the East Midlands Cancer Alliance Advancing Cancer Equity Programme for community-based health equity projects. A large-scale survey of prostate cancer patients was carried out in January and February 2025, with over 840 responses to an online survey. This engagement will inform the prostate cancer pathway improvement taking place across the Integrated Care System (ICS). We worked with the ICS's Personalisation Programme and Rose Regeneration to develop a method of demonstrating a social return on investment of our work.

Celebrations:

- The Macmillan Lincolnshire Living with Cancer Co-production Group celebrated its fifth birthday on 22 May 2024.
 - The fourth Lincolnshire Cancer Summit took place at the University of Lincoln Medical School on 12 June 2024.
 - The Living with Cancer Dashboard was shortlisted for a 2024 HSJ Digital Award.
 - The Living with Cancer Programme won the 2024 Royal College of Physicians Eric Watts Award for Excellence in Patient Participation and Engagement.
 - Team members presented at the following national and international conferences - Development Economics Conference at the University of Lincoln on 25 June 2024, the Health and Care Analytics Conference in Telford on 23 July 2024, the International Psycho-oncology Symposium World Congress 2024 in Maastricht, the Netherlands, on 27 September 2024 and the Macmillan Professionals Conference in Cardiff on 7 and 8 November 2024.
 - The Lincolnshire Macmillan Psycho-oncology Service was shortlisted for a Macmillan Excellence Award.
 - The ULTH Cancer Personalisation Lead was highly commended in the It's All About People Award and The Bowel Screening Project won an It's All About People Award at the Lincolnshire IAAP Conference on 3 July 2024.
 - The Living with Cancer Personalisation Film for patients was launched in May 2024. <https://www.youtube.com/watch?v=RXrmjvebRZ0>
 - The LWC Programme was shortlisted for an Active Lincolnshire Impact on Health Award.
 - Team members participated in the first Cancer Can Do One Podcast recording on 13 September 2024 talking about financial support.
 - We started a collaboration with the Movember Charity aiming to improve sexual wellbeing for people living with prostate cancer.
 - A poster was presented at the European Cancer Summit in Brussels 21 and 22 November 2024, 'Delivering quality cancer care in rural and coastal settings: experiences of a large-scale transformation programme across an ICS. The abstract for this poster was judged to be one of the top 16 abstracts and will be published in the Journal of Cancer Policy.
 - A Financial Inequalities paper was submitted to Journal of Cancer Policy in February 2025 for peer review and decision on publication.
- Set up of Lincolnshire Prostate Cancer Support Group.