



AGENDA

For a SPECIAL meeting of the
HEALTHY ENVIRONMENT DEVELOPMENT AND SCRUTINY PANEL
to be held on
WEDNESDAY, 12 JULY 2006
at
2.30 PM
in
**THE CHAIRMAN'S ROOM, COUNCIL OFFICES, ST. PETER'S HILL,
GRANTHAM**

Duncan Kerr, Chief Executive

Panel Members:	Councillor David Brailsford, Councillor Elizabeth Channell, Councillor Nick Craft (Vice-Chairman), Councillor Donald Fisher, Councillor Bryan Helyar, Councillor Fereshteh Hurst, Councillor Stan Pease, Councillor Mrs Margery Radley and Councillor Jeff Thompson (Chairman)
Scrutiny Officer:	Paul Morrison 01476 406512 p.morrison@southkesteven.gov.uk
Scrutiny Support Officer:	Jo Toomey 01476 406152 j.toomey@southkesteven.gov.uk

Members of the Panel are invited to attend the above meeting to consider the items of business listed below.

1. COMMENTS FROM MEMBERS OF THE PUBLIC

To receive comments or views from members of the public at the Panel's discretion.

2. MEMBERSHIP

The Panel to be notified of any substitute members.

3. APOLOGIES

4. DECLARATIONS OF INTEREST

Members are asked to declare interests in items for consideration at the meeting.

5. ACTION NOTES

The notes of the meeting held on 6th June 2006 are attached for information.
(Enclosure)

6. UPDATES FROM PREVIOUS MEETING

7. FEEDBACK FROM THE EXECUTIVE

8. CONSULTATION ON PROPOSED CHANGES TO LINCOLNSHIRE NHS COMMUNITY SERVICES

The Panel will discuss their response to the consultation document detailing proposed changes to Lincolnshire NHS Community Services.

Copies of the consultation document have been circulated to panel members only. Any other members who would like to see this document can view it electronically via the local democracy link on the Council's website: <http://www.southkesteven.gov.uk>.

9. BEST VALUE PERFORMANCE INDICATORS

(Enclosure)

10. WORK PROGRAMME

(Enclosure)

11. ANY OTHER BUSINESS, WHICH THE CHAIRMAN, BY REASONS OF SPECIAL CIRCUMSTANCES, DECIDES IS URGENT.

WORKING STYLE OF SCRUTINY

The Role Of Scrutiny

- To provide a “critical friend” challenge to the Executive as well as external authorities and agencies
- To reflect the voice and concerns of the public and its communities
- Scrutiny Members should take the lead and own the Scrutiny Process on behalf of the public
- Scrutiny should make an impact on the delivery of public services

Remember...

- Scrutiny should be member led
- Any conclusions must be backed up by evidence
- Meetings should adopt an inquisitorial rather than adversarial style of traditional local government committees



MEETING OF THE HEALTHY ENVIRONMENT DEVELOPMENT AND SCRUTINY PANEL

TUESDAY, 6 JUNE 2006 2.30 PM

PANEL MEMBERS PRESENT

Councillor David Brailsford
Councillor Elizabeth Channell
Councillor Nick Craft (Vice-Chairman)
Councillor Donald Fisher

Councillor Fereshteh Hurst
Councillor Stanley Pease
Councillor Mrs Margery Radley
Councillor Jeffrey Thompson (Chairman)

OFFICERS

Scrutiny Officer
Scrutiny Support Officer
Head of Environmental Health and Licensing
Assets and Facilities Manager
Community Safety Manager
Energy Manager
Sports Manager

1 member of the local press

OTHER MEMBERS PRESENT

Councillor Peter Martin-Mayhew
Councillor Gerald Taylor

Mrs. Jackie Bainbridge (Hon. Secretary,
Grantham Athletics Club)
Mr. Tim Bridle (Leisure Connection)
Mr. Mike Bundy (President/Chairman,
Grantham Athletics Club)

1. APOLOGIES

An apology for absence was received from Councillor Helyar.

2. DECLARATIONS OF INTEREST

No declarations were made.

3. ACTION NOTES

Noted.

4. FEEDBACK FROM THE EXECUTIVE

The response from the Healthy Environment Portfolio Holder on recommendations relating to Strategic Health Authority reconfiguration consultation was noted.

5. MERES LEISURE CENTRE & GRANTHAM ATHLETICS CLUB

The Chairman welcomed Tim Bridle (Manager of the Meres Stadium), Jackie Bainbridge (Hon. Secretary of Grantham Athletics Club) and Mike Bundy (President and Chairman of Grantham Athletics Club) to the meeting. They had been invited to the meeting to discuss problems regarding a stadium booking and to try and prevent any such problems in the future.

The Sports Manager briefly summarised the situation based on his findings:

- **September 2005:** Telephone booking/discussion occurred between Grantham Athletic Club's previous secretary and a member of Leisure Connection staff regarding an athletics meeting on 30th April. No correspondence from either party was exchanged.
- **6th April:** Discussion with officers from Grantham Town Football Club, Leisure Connection and SKDC representatives for grounds maintenance; it was agreed that the grounds maintenance programme would commence on 24th April. At the meeting Leisure Connection confirmed that there were no bookings, which had been taken for almost 3 weeks from this date.
- **19th April:** SKDC received a letter from Mrs. Bainbridge stating that the Club were under the impression that they had booked a date of 30th April 2006 for a Young Athletes League match, which would be unavailable because of grounds maintenance work. Leisure Connection had advised them of the grounds maintenance period.
- Mrs. Bainbridge stated the inconvenience and additional cost to the club. She asked if SKDC could change the dates for grounds maintenance works.
- If the date were changed, it would mean the County Athletics Championships (13/14 May 2006) would be affected.
- Leisure Connection are aware of no application form or written correspondence relating to the booking.

Mr. Bridle stated his case, as noted below:

- **June 2005:** The centre was contacted by the former secretary, asking whether the stadium would be available on that date. At the time she was advised that it would be.
- **September 2005:** Change in Secretary at Grantham Athletics Club.
- Nothing was confirmed. He had found out about the enquiry, which had been logged, when he asked the booking team to look at the events due to be held.
- Any telephone conversation is immediately followed up with a letter and booking form, which made sure that hirers were aware that they would need to see confirmation through.

Mrs. Bainbridge reported the situation from the time she took over as Hon. Secretary for Grantham Athletics Club:

- **End September/October:** The venue was requested. Assurances were made that as she was taking over, all correspondence regarding the booking would be sent to Mrs. Bainbridge.
- The former secretary was still receiving some correspondence; this was passed on.
- **6th April 2006:** Mrs. Bainbridge asked for confirmation that the stadium was available. She was advised that the track could be used but not the field.
- Mrs. Bainbridge was advised that the original booking had not been confirmed.

Mr. Bundy, the President/Chairman of Grantham Athletics Club (GAC) defended the Club:

- In previous years, a meeting had been held between the football club, the leisure centre, SKDC grounds maintenance and the athletic club. This did not happen in 2005/2006.
- In 2005, GAC were promoted to a higher league. They did not find this out until September, so the provisional booking could not have been made in June, as

reported by Mr. Bridle.

- No booking form arrived. Booking procedures were considered inconsistent because sometimes telephone bookings had been accepted.
- **7th April 2006:** GAC were told that they would be able to use the track only. He questioned whether the grounds maintenance work could have been delayed by one week.
- GAC had to organise the transfer of the event to Boston, resulting in increased expenditure for the club.
- Previously, booking forms had attached, a carbon copy. This would be returned by the Meres as confirmation of booking.

The Panel asked questions, highlighting important issues.

- When no booking form had been received, the secretary of GAC should have followed this up for confirmation.
- There was no consistent policy for the acceptance of telephone bookings.
- There had been no liaison meetings for interested parties, which could have helped prevent the problem.
- Further consultation with the grounds maintenance team would be necessary to establish whether the work was movable, or whether it was necessary for the field to be dormant for so long following these works.
- The grounds maintenance schedule was based around the schedule for Grantham Town Football Club. Until it was known at what date the pitch would cease to be used, final approval for grounds maintenance work would not be given.

Interested parties responded positively to the suggestion that liaison meetings should be recommenced. It was suggested that the Chairman and Vice-Chairman of the Panel should be invited to facilitate. It was agreed that the meetings should be organised by the Meres on a bi-monthly basis.

6. ENERGY EFFICIENCY

The Assets and Facilities Manager and the Energy Manager attended the meeting to discuss some measures of energy efficiency. Since the Panel last discussed the issue, a Corporate Energy Efficiency Policy and a Private and Public Housing Energy Efficiency Policy had been drafted.

The Council had placed a contract with a contractor who would carry out an energy audit, which would allow the Council to plan for the future. Within the past year, there had been increased take up of advice by private homeowners.

Wind power

Meetings were due to take place to discuss the feasibility of using wind power. It had been suggested that a wind turbine would be able to power the Meres Leisure Centre. A way in which the Council could begin to use wind power would be on a partnership basis. The Council would be able to use a percentage of the power generated, the rest would be siphoned by the partner organisation.

Carbon output

The Council would participate in a one hundred day survey of carbon usage to identify areas where savings could be made. There would be a pilot for this in Grantham; if successful, it would be replicated in the remaining Council buildings within the District.

Figures would need to be compared to the same period in an earlier year, to ensure a like-for-like comparison.

Solar Panels

It was suggested that investigation into the use of solar panels to power Council buildings should take place. Some work had been done; solar powers would not generate enough energy to power the whole building.

As part of the Corporate Energy Efficiency Policy, staff would need to be educated on ways in which energy could be saved. Ten presentations per year had been suggested. A further suggestion was that an all staff and councillor e-mail could be sent to increase awareness of the issue. It was hoped that this would decrease the number of lights and computers that are left on. The introduction of the improved CCTV cameras had meant that the installation of stronger lighting. Movement censors would be fitted so that the lights would only be in use when necessary.

As part of planning guidance, it is encouraged that new-build properties should be as energy efficient as possible. The Council's housing stock had an energy efficiency figure of 65. Energy efficiency programmes relating to the housing stock would continue as normal until the result of the stock transfer ballot was known.

Some panel members felt that, while some staff did have a positive attitude towards energy efficiency, there could be benefit in recording energy usage by department and introducing a "naming and shaming" scheme.

CONCLUSION:

There should be an update on energy efficiency at the next meeting of the Panel (5th September 2006).

7. POWERS TO RESTRICT THE CONSUMPTION OF ALCOHOL IN DESIGNATED PUBLIC PLACES

The Community Safety Manager and the Head of Environmental Health and Licensing introduced the Panel to powers to restrict the consumption of alcohol in designated areas. The Community Safety Manger gave a presentation, showing the relationship between anti-social behaviour, criminal activity and alcohol.

- The three crimes that would most commonly be associated with alcohol were criminal damage, wounding and theft from a vehicle (in other areas, the latter is more prevalent for those needing money to buy drugs).
- **Criminal Damage:** Criminal damage figures for Grantham, Stamford and Bourne were over twice the District average. Hotspots were identified round the Earlesfield area and in the town centre. The town centre hotspot also correlated with an anti-social behaviour hotspot. In Stamford, the criminal damage hotspot was in the centre in the area near the licensed premises.
- **Theft from a vehicle:** Most common in car park areas, hotspots were identified in Grantham, Stamford and Billingborough. Other areas where there were high rates of theft from vehicles were along travel routes on the way into and out of towns.
- **Wounding:** In Grantham the hotspot for wounding was identified as the Market Place, Westgate and the town centre, in the vicinity of the licensed premises.

Members had several concerns, which they discussed with the officers present:

- Plans to pedestrianise the Market Place in Grantham could promote the culture of outdoor alcohol consumption. The Panel were advised that the predominant problem with the consumption of alcohol in public places were those people who had been refused service in pubs and clubs and who had instead purchased alcohol at an off-licence.
- Young people who were not old enough to be served in pubs/clubs could acquire alcohol, which they would consume in a public place. The majority of complaints about drunken and alcohol-induced nuisance behaviour, were made against people who aged over 18.
- Designating areas where the consumption of alcohol was restricted could displace any drunken anti-social or criminal behaviour, instead of stopping it.
- Legislation was not deemed clear on the provision of the act; alcohol would not be entirely banned in these places, it would be at the discretion of the police to restrict its consumption if people were creating a public nuisance. One member showed concern that the Act would make little difference; it would only permit the *status quo*. If the District Council were to pursue the proposed restriction, the police would be authorised to act.

Areas suggested for designation to restrict the consumption of Alcohol.

Grantham: The town centre, the Market Square, areas of Harrowby and the parks. Other areas suggested included Dudley Road and the area to the back of the Sainsburys store.

Stamford: Red Lion Street, Red Lion Square, Broad Street, the Meadows.

Bourne: The Well Head, Abbey Lawns.

The Deepings: Nothing had been received from the Deepings area in response to consultation.

Villages supported the scheme, however, the majority felt that they did not have a problem, which would necessitate the instatement of such a zone.

The DSP discussed whether they thought it would be more appropriate to introduce schemes that covered the entire town centre areas, or to target smaller pockets. Given the restrictions of the Act, they felt it would be more appropriate to target smaller areas and then extend as necessary.

CONCLUSION:

To recommend to the Healthy Environment Portfolio Holder, that powers to restrict the consumption of alcohol should be targeted at particular problem areas, which could then be expanded if necessary.

8. REPORTS FROM WORKING GROUPS

The Chairman of the Waste Management Working Group provided a verbal report on a meeting with the Head of Waste and Contract Services on Friday 21st April 2006. Tenders for the twin-bin project had been sent out, retuned and awarded.

Publicity

A booklet relating to each of the two bins would be sent to each household, detailing

what could be deposited in each bin and waste minimisation suggestions. Stickers would be attached to each bin lid, identifying what could be placed in them. There would be a calendar of collection times. A book to encourage children to recycle had been prepared. A plastic disc would also be circulated, with specific items listed around the edge, identifying which bin they could be placed in.

Each bin would be fitted with a microchip, so that the weight could be recorded and monitored by each property. Information gained from tagging would be for the use of SKDC only.

It was anticipated that 10% of properties would retain black bags. Work was being done on reusable bags with the same capacity as a wheeled bin. If this idea progressed, it would be trialled in a pilot area and if successful, rolled out across the whole District.

The rollout of the twin bins was still on schedule for September.

9. BEST VALUE PERFORMANCE INDICATORS

Noted.

10. WORK PROGRAMME

Noted.



**East Lincolnshire Primary Care Trust
Lincolnshire South West teaching Primary Care Trust
West Lincolnshire Primary Care Trust**

**Consultation on proposed changes to
Lincolnshire NHS Community Services**

10 May 2006 to 2 August 2006

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Executive summary

The three Lincolnshire Primary Care Trusts (PCTs) (East Lincolnshire Primary Care Trust, Lincolnshire South West teaching Primary Care Trust and West Lincolnshire Primary Care Trust), have launched a 12 week public consultation to gain people's views on proposals to change the way that we deliver some of the existing Lincolnshire NHS Community Services. The recommended proposals detailed in this consultation paper have been carefully considered to ensure that improvements in health outcomes are maximised with the least impact on services that patients receive.

Much has improved in the NHS over recent years – reduced waiting times, new and improved treatments and better hospitals, due in part to additional resources, but also to the dedication and professionalism of our staff. But there is still more to do if we are to address inequalities, reducing waiting times still further and increase patient choice.

The NHS locally and nationally has received record amounts of investment since 1997 with more investment in frontline clinical staff and services than ever before. This funding has been used to transform health services with waiting times falling for outpatient treatment, inpatient admissions and more investment in frontline clinical staff and services than ever before. Despite record levels of funding there are significant cost pressures within Lincolnshire. Arising in part from a growing population, changes in technology, availability of new and better treatments and increased staff costs.

These cost pressures have, in recent years, caused significant financial difficulties for the NHS in Lincolnshire. In the financial year ending 31 March 2005 the NHS in Lincolnshire overspent by £8.1 million (as a result of overspending at two of the six local NHS organisations: United Lincolnshire Hospitals NHS Trust and East Lincolnshire Primary Care Trust).

In the subsequent financial year (ending the 31 March 2006) the NHS in Lincolnshire developed a plan to achieve financial balance, focussed primarily upon reducing the costs related to acute hospital services. While progress was made in this area, overspending at the two organisations continued to rise. While the accounts for this financial year have yet to be finalised and audited, the latest forecast position for the NHS in Lincolnshire is an overspend of £23.6 million, again confined to United Lincolnshire Hospitals NHS Trust (£15.2 million) and East Lincolnshire Primary Care Trust (£8.4 million).

This situation is not sustainable. All NHS organisations have a statutory duty to live within the financial resources allocated by the government and without the necessary foundation of financial stability Lincolnshire's patient services will continue to be placed at risk and improvements in quality and access will be hampered.

In this context the three Lincolnshire Primary Care Trusts have a responsibility to ensure that all available action is taken to secure a stable financial position. Put simply this means repaying all of the overspending from the last two financial years (including interest charges this amounts to £19.6 million for United Lincolnshire Hospitals NHS Trust and £13.5 million for East Lincolnshire Primary Care Trust) and putting those organisations back in to financial balance on a day to day basis to avoid any further overspending.

To achieve this objective the three Primary Care Trusts intend to:

- a) Continue to develop effective community services that provide a clinically appropriate alternative to acute hospital admission. Lincolnshire has already made some progress in this area and further action will now be taken. This is fully consistent with the government's recent white paper relating to "out of hospital" services and the need to improve patient care by, wherever possible providing care within the patient's home or in a community setting, thereby ensuring that acute hospital care is there for all who need it. This consultation document makes reference to the new services current being developed in this regard;

- b) Work closely with United Lincolnshire Hospitals NHS Trust to ensure that the Trust develops in a way that is both affordable and provides high quality treatment to those who need acute hospital care. The proposals currently under development in this regard will shortly be separately published for full public consultation;
- c) Increase productivity and cost effectiveness wherever the cost of Lincolnshire's primary and community care services are higher than available good practice "benchmarks", where such a difference is not legitimately due to the specific nature of the Lincolnshire's population (i.e. the relative age and need of the population);
- d) Defer as far as possible new investment until 2007/2008 not related to a) b) and c) above. This will be achieved by holding performance against various targets (e.g. patient waiting times) at the current position until 31 March 2007, and seeking improvement after that time with the intention that all government targets will be achieved by 31 March 2008. In effect this in part enables the Primary Care Trusts to use new government funding to write off prior year overspending. Once this is done the funding is then available in future years to support improvements in patient services;
- e) Temporarily reducing expenditure in some primary and community services not directly linked to providing alternatives to acute hospital care. Again such temporary action will support the repayment of prior year overspending and is hence not required once the debt has been paid off. These proposals are set out in this document; and
- f) Permanently making better clinical use of the funds available to the NHS in Lincolnshire.

The financial impact of the proposals referred to in e) and f) above can be summarised as:

Area	£
Community nursing services	900,000
Minor surgery provided by GPs, hospitals and independent sector providers	90,000
John Coupland Hospital - Minor Injuries Unit	20,000
Podiatry services	60,000
Sexual health service - contraception clinics	270,000
Speech and language therapy services	340,000
Therapy services	400,000
Fluoridation of public water supplies	120,000
Low Priority Procedures List	900,000
Total	3,100,000

To put this in context, the proposed saving of £3.1 million amounts to some 0.4% of Lincolnshire's total NHS budget for the current financial year.

The primary purpose of primary care trusts is to improve the health of our population and reduce health inequalities. The primary care trusts also have a statutory duty to balance financially. It is therefore our duty, within a fixed budget, to maximise the overall benefit to health of our population. The action proposed in the Lincolnshire Local Delivery Plan for this year reflects proposals to get the local NHS back into financial balance, by establishing a sustainable health care system across Lincolnshire. This will be achieved primarily by streamlining administrative functions and improving financial management without compromising patient care. However there are a few areas where in order to achieve financial balance it is necessary to reduce or change service provision either on a permanent or short term basis. This document contains details of these proposed changes.

We want to hear your views on the proposed changes to Lincolnshire NHS Community Services, we want to listen to the issues you raise and we want you to be part of the final decision.

The three Lincolnshire Primary Care Trusts remain committed to establishing a sustainable healthcare system across Lincolnshire.



TIM RIDEOUT
Chief Executive
West Lincolnshire PCT and
Acting Chief Executive,
East Lincolnshire PCT



DEREK BRAY
Chief Executive
Lincolnshire South West tPCT

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1. Proposed changes to Lincolnshire NHS Community Services

This document details the proposals to change the way that we deliver some of the existing Lincolnshire NHS Community Services. Some of these proposals will involve short term changes and for these, services will be re-established during the financial year 2007/08.

Much has improved in the NHS over recent years – reduced waiting times, new and improved treatments and better hospitals, due in part to additional resources, but also to the dedication and professionalism of our staff. But there is still more to do if we are to address inequalities, reduce waiting times still further and increase patient choice.

The NHS locally and nationally has received record amounts of investment since 1997 with more investment in frontline clinical staff and services than ever before. This funding has been used to transform health services with waiting times falling for outpatient treatment, inpatient admissions and more investment in frontline clinical staff and services than ever before. Despite record levels of funding there are significant cost pressures within Lincolnshire. Arising in part from a growing population, changes in technology, availability of new and better treatments and increased staff costs.

These cost pressures have, in recent years, caused significant financial difficulties for the NHS in Lincolnshire. In the financial year ending 31 March 2005 the NHS in Lincolnshire overspent by £8.1 million (as a result of overspending at two of the six local NHS organisations: United Lincolnshire Hospitals NHS Trust and East Lincolnshire Primary Care Trust).

In the subsequent financial year (ending the 31 March 2006) the NHS in Lincolnshire developed a plan to achieve financial balance, focussed primarily upon reducing the costs related to acute hospital services. While progress was made in this area, overspending at the two organisations continued to rise. While the accounts for this financial year have yet to be finalised and audited, the forecast position for the NHS in Lincolnshire is an overspend of £24 million, again confined to United Lincolnshire Hospitals NHS Trust (£16.7 million) and East Lincolnshire Primary Care Trust (£8.4 million).

This situation is not sustainable. All NHS organisations have a statutory duty to live within the financial resources allocated by the government and without the necessary foundation of financial stability Lincolnshire's patient services will continue to be placed at risk and improvements in quality and access will be hampered.

In this context the three Lincolnshire Primary Care Trusts have a responsibility to ensure that all available action is taken to secure a stable financial position. Put simply this means repaying all of the overspending from the last two financial years (including interest charges this amounts to £19.6 million for United Lincolnshire Hospitals NHS Trust and £13.5 million for East Lincolnshire Primary Care Trust) and putting those organisations back in to financial balance on a day to day basis to avoid any further overspending.

To achieve this objective the three Primary Care Trusts intend to:

- a) Continue to develop effective community services that provide a clinically appropriate alternative to acute hospital admission. Lincolnshire has already made some progress in this area and further action will now be taken. This is fully consistent with the government's recent white paper relating to "out of hospital" services and the need to improve patient care by, wherever possible providing care within the patient's home or in a community setting, thereby ensuring that acute hospital care is there for all who need it. This consultation document makes reference to the new services current being developed in this regard;
- b) Work closely with United Lincolnshire Hospitals NHS Trust to ensure that the Trust

develops in a way that is both affordable and provides high quality treatment to those who need acute hospital care. The proposals currently under development in this regard will shortly be separately published for full public consultation;

- c) Increase productivity and cost effectiveness wherever the cost of Lincolnshire's primary and community care services are higher than available good practice "benchmarks", where such a difference is not legitimately due to the specific nature of the Lincolnshire's population (i.e. the relative age and need of the population);
- d) Defer as far as possible new investment until 2007/2008 not related to a) b) and c) above. This will be achieved by holding performance against various targets (e.g. patient waiting times) at the current position until 31 March 2007, and seeking improvement after that time with the intention that all government targets will be achieved by 31 March 2008. In effect this in part enables the Primary Care Trusts to use new government funding to write off prior year overspending. Once this is done the funding is then available in future years to support improvements in patient services;
- e) Temporarily reducing expenditure in some primary and community services not directly linked to providing alternatives to acute hospital care. Again such temporary action will support the repayment of prior year overspending and is hence not required once the debt has been paid off. These proposals are set out in this document; and
- f) Permanently making better clinical use of the funds available to the NHS in Lincolnshire. These proposals are also set out in this document.

The financial impact of the proposals referred to in e) and f) above can be summarised as:

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To put this in context, the proposed saving of £3.1 million amounts to some 0.4% of Lincolnshire's total NHS budget for the current financial year.

The NHS in Lincolnshire has faced financial challenges over a number of years, largely in the hospitals, and particularly along the East Coast. In previous years these pressures have only just been contained with a combination of one off allocations and financial support from Trent Strategic Health Authority. The effect of this historical legacy, along with the ever changing demands of the NHS, means that Lincolnshire now has to take significant action in order to safeguard future health services in the county.

The primary purpose of primary care trusts is to improve the health of our population and reduce health inequalities. The primary care trusts also have a statutory duty to balance financially. It is therefore our duty, within a fixed budget, to maximise the overall benefit to health of our population. The proposals within the Lincolnshire Local Delivery Plan for this year set out the plans and level of investment to get the local NHS back into financial balance, by establishing a sustainable health care system across Lincolnshire. This will be achieved primarily by streamlining administrative functions and improving financial management without compromising patient care. However there are a few areas where in order to achieve financial balance it is necessary to reduce or change service provision either on a permanent or short term basis. This document contains details of these proposed changes.

The role of the Primary Care Trust

Primary Care Trusts (PCTs) are organisations that plan and oversee health services locally. They receive their funding direct from the Government and are responsible for:-

- Identifying the health needs of their population;
- Improving the health of their population, and reducing health inequalities;
- Ensuring that a full range of services are provided for their communities in ways that most appropriately meet their needs;
- Developing primary care services provided by GP practices, pharmacists, optometrists and NHS dentists;
- Providing community health services, such as community nursing and therapy services;
- Commissioning (planning and purchasing) hospital, mental health and specialist health services;
- Working closely with local authority partners and other commissioners to ensure joint commissioning of health and social care.

Primary Care Trusts in Lincolnshire

There are currently three primary care trusts within Lincolnshire; these are East Lincolnshire Primary Care Trust, Lincolnshire South West teaching Primary Care Trust and West Lincolnshire Primary Care Trust.

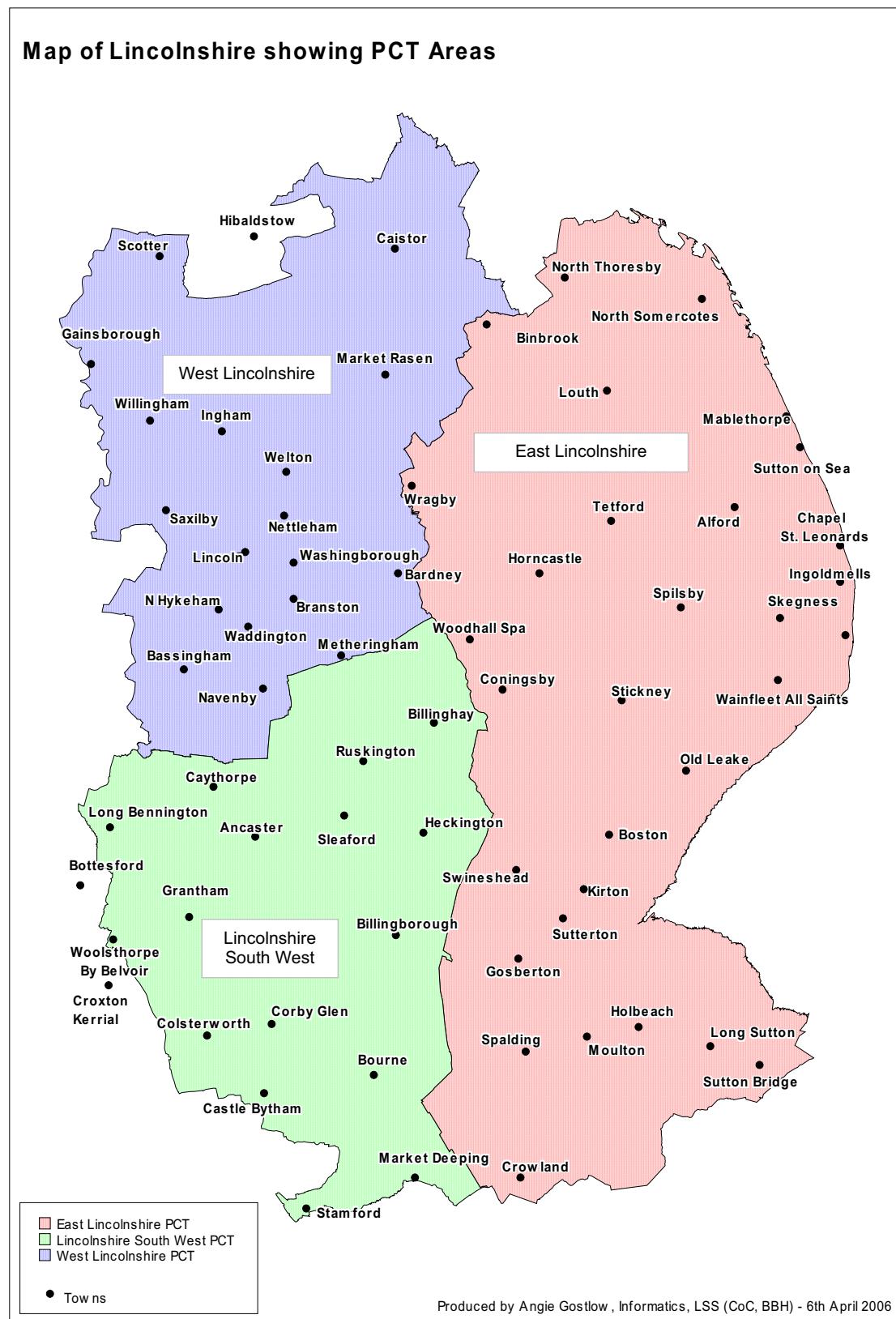
From 1 October 2006 it is anticipated that the three Primary Care Trusts will merge to form a single primary care trust for Lincolnshire.

They provide services for approximately 708,152 people across approximately 2,280 square miles within the county of Lincolnshire. The geographical area is shown on the map below.

Primary care is the first point of contact that most people have with the NHS – provided by doctors, nurses and other staff who work in surgeries, clinics, health centres and community hospitals. Within the three Primary Care Trusts there are staff employed by the PCT in a wide

range of community services such as: community hospitals, health visiting, district nursing, school nursing, therapy services, sexual health, podiatry, intermediate care, palliative care, community dentistry and support functions.

Geographical area covered by the three Lincolnshire Primary Care Trusts



Lincolnshire Local Delivery Plan 2005/08

The Lincolnshire Local Delivery Plan for 2005/08 sets out the plans and level of investment to improve the health of the population, and the achievement of healthcare standards and targets within the level of resources allocated to the health community. The plan brings together the local delivery plans for West Lincolnshire PCT; East Lincolnshire PCT and Lincolnshire South West tPCT.

The review of the 2005/08 Lincolnshire Local Delivery Plan has been undertaken in the context of the need to fundamentally address long standing financial pressures whilst protecting as far as possible quality of care, current service delivery and access to services. In 2006/07 the Lincolnshire Primary Care Trusts are committed to repaying the latest projected health community historic debt (£8.4m for East Lincolnshire PCT and £15.2m for United Lincolnshire Hospitals NHS Trust) to ensure future financial stability and service provision.

The Lincolnshire Local Delivery Plan has been developed to ensure that savings which must be achieved to deliver financial balance have the least impact to service delivery, where possible avoiding redundancies to frontline staff. Most of the proposed savings are being made in management and administration costs by streamlining the ways in which the Lincolnshire healthcare organisations work together.

The impact of proposed savings is approximately 3.1 million pounds and this represents approximately 0.4% of the total Lincolnshire Primary Care Trusts expenditure.

Key Proposals

The proposals detailed in this consultation paper have been carefully considered to ensure that improvements in health outcomes are maximised with the least impact on services that patients receive. For each proposal there is a recommended option together with other options for consideration. On the feedback back form you will be asked for your views on whether you support the recommendations or one of the other possible options. Some of these proposals are for long term changes whilst others are only to be short term and reinstated during the 2007/08 financial year, this is clearly stated at the top of each table of information.

An overview of the recommended long and short term proposals is given in the following sections.

The proposed changes identified in the Lincolnshire Local Delivery Plan will affect the way services are provided to patients and these are described in detail on pages 13 to 56.

Indicative numbers of the population affected by the proposed changes can be found on pages 65 to 72.

A table listing the financial savings for each of the proposed recommended options can be found on page 73.

Additionally, the Primary Care Trusts are consulting on the appropriateness and eligibility criteria of proposed changes to the Lincolnshire Low Priority Procedures List and these are described in detail on pages 57 to 64.

Long term proposals

- Low priority procedures across Lincolnshire.

There never will be (and never has been in the history of the NHS) sufficient funding to fund all possible treatments for all patients. Every area of the country restricts funding for designated procedures. For example, cosmetic surgery is rarely available on the NHS.

Lincolnshire has restricted funding for designated procedures since 1995 – these are set out in the Low Priority Procedures List. Procedures included in the Low Priority Procedures List are not normally funded but will be funded for individual patients if there are exceptional circumstances. Each request is considered by our Medical Advisor (a Lincolnshire GP) or a public health consultant based upon information supplied by the patient's GP and/or consultant. Patients can appeal to an independent appeal panel if the decision is not to fund.

The rationale for having a Lincolnshire Low Priority List is therefore:

- It assists primary care trusts in their statutory duty to remain within budget;
- To allow funding to be concentrated on treatments which will result in greater health gain;
- To ensure that ineffective treatments are not funded;
- To restrict demand in specialities where there are long waiting times.

For each procedure within the Low Priority Procedures List there are indicative clinical criteria which are taken into account, alongside the need to restrict spending on these procedures, by our Medical Advisor when deciding whether to fund for an individual patient. Changes to these indicative clinical criteria include:-

- Assisted conception (IVF-In Vitro Fertilisation) treatment age restriction of age 23-35 instead of 23-39; and available to non-smokers only;
- Hip and knee replacements limited to those with a body mass index (BMI) under 30 (Body Mass Index is calculated as the weight in kilogrammes divided by the square of the height in metres; the normal BMI range is from 20 to 25; obesity is defined as a body mass index greater than 30) and non-smokers only;
- Hysterectomies (except as a treatment for cancer) limited to women with a body mass index of under 30 and non-smokers only;
- Breast reduction surgery limited to women with a BMI under 26 and non-smokers;
- Herceptin as adjuvant (additional) or neoadjuvant (i.e. chemotherapy prior to surgery) treatment of early breast cancer. Restricted to women at highest risk.

Patients who are obese or who smoke can obtain free NHS treatment to assist them to meet these indicative criteria. For example, smokers who wish to quit can receive advice and support from the Phoenix Stop Smoking Service (patients can self refer by phoning 01522 550681).

- Sexual Health Services across Lincolnshire - closure of contraceptive clinics across Lincolnshire and redesign of the service;
- Redesign of speech and language therapy services across Lincolnshire which could result in changes in the way services are delivered and eligibility for services. The purpose of this re-organisation is to ensure services are centralised and targeted to people who have the greatest clinical need;
- Minor Injury Unit, John Coupland Hospital, Gainsborough - opening hours changing from 10.00pm closing to 8.00pm closing because of the low utilisation of the service during this period;

- Redesign of community nursing services which could result in changes in the way services are delivered and eligibility for services;
- Review of the current provision of urgent dental treatment through Dental Access Centres to increase capacity;
- Centralisation of the podiatry service on fewer locations and prioritisation of patients with the greatest need;

Short term proposals

- Primary care surgical scheme in East Lincolnshire - suspend on a temporary basis, with minimal detriment to health, the following primary care surgical procedure list: vasectomy, De Quervain syndrome, excising bursae, ganglion non volar, ganglion volar, release of trigger finger, trigger thumb and carpal tunnel;
- Redesign of occupational and physiotherapy services across Lincolnshire which could result in changes in the way services are delivered and eligibility for services. The purpose of this re-organisation is to ensure services are centralised and targeted to people who have the greatest clinical need;
- Fluoridation of public water supplies across West Lincolnshire and Lincolnshire South West Primary Care Trusts - cancel fluoridation for 2006/07 but reinstate in 2007/2008. Plus, subject to a separate consultation, seek to extend fluoridation to cover the entire Lincolnshire area in 2007/08;
- Reorganisation of community nursing services across all three Primary Care Trusts.

Plans for Investment

The Lincolnshire Local Delivery Plan also proposes investment in some areas which includes:-

- Additional investment in hospital services to meet the needs of the expanding population;
- Additional investment in Lincolnshire by the Department of Health of £1.8m in dentistry;
- Significant investment in community nursing services directed towards supporting patients to remain at home avoiding hospital admission e.g. continued development of crisis intervention teams and community matrons;
- Investment continues in a range of services within the community to ensure patients are treated in the most appropriate place rather than hospital settings;
- Developing skills of community staff e.g. community matrons and intermediate care teams;
- Additional investment in resources to ensure that the most effective and efficient medications are prescribed;
- Additional investment in cancer drugs.

Summary

The three Lincolnshire Primary Care Trusts remain committed to establishing a sustainable healthcare system across Lincolnshire.

- Ensuring that improvements in health outcomes are maximised with the least impact on services that patients receive;
- Minimising expenditure to sustain current patient service levels;
- Addressing the underlying financial pressures within the three Primary Care Trusts to achieve recurrent balance;
- Supporting the eliminating of the health economy's historic financial debt;
- Continuing to develop effective community services as a real alternative to hospital care;
- Deferring to 2007/08 as far as practically possible all new investment;
- Controlling staff recruitment to vacant posts;
- Developing further community based services to reduce planned and unscheduled hospital admissions;
- Delivering all of the Government's patient service improvement targets by the end of the current planning period (31 March 2008)

Your feedback

Thank you for taking the time to read this document. We hope that you will now take the opportunity of reading the information on the various proposed options to change Lincolnshire NHS Community Services that is included in the remainder of the document.

We would very much like to hear your views and this can be done in several ways which are more fully described on Page 11.

2. The consultation process

Making your views known

In this consultation paper we ask a number of specific questions; you are welcome to respond to them all, or just to those that interest you.

You are invited to make your views known in a number of ways by:

- Completing and returning the Consultation Feedback Form attached to this Consultation Paper (a FREEPOST envelope is attached for its return, no stamp is required);
- Completing the electronic Consultation Feedback Form on the website of West Lincolnshire Primary Care Trust www.westlincspct.nhs.uk;
- Attend one of the public meetings which have been arranged during the consultation period. Details of these will be available on the West Lincolnshire Primary Care Trust website www.westlincspct.nhs.uk. Posters advertising local meetings will also be displayed in a number of public places as well as being advertised in the media. In addition the Lincolnshire Patient Advice and Liaison Service (Tel: 0845 602 4384) will hold details of all events.

Responses to this consultation paper should be returned in the attached FREEPOST envelope no later than **2 August 2006**. If the envelope has become detached, the consultation paper can be returned in an envelope (no stamp is required) addressed to:

Public Involvement Team
FREEPOST LI48
West Lincolnshire Primary Care Trust
Cross O'Cliff
Bracebridge Heath
Lincoln, LN4 2HN

If you have any further questions about the proposals or would like someone to discuss them with you or your organisation please let us know by contacting the Public Involvement Team by writing to the above address. Alternatively Email: communications@westlincs-pct.nhs.uk.

All views expressed will be considered, and the Primary Care Trusts will report on the results of the consultation with the final report on the proposals being made during September 2006.

The outcome will be advertised in the local media and the Consultation Report will be made available on West Lincolnshire Primary Care Trust website www.westlincspct.nhs.uk.

Code of practice on consultation

This consultation document has been produced in accordance with the Government Cabinet Office 'Code of Practice on Consultation', which sets out six criteria against which public consultation should be conducted.

The code of practice says that organisations should:

- Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy;

- Be clear about what their proposals are, who may be affected, what questions are being asked and the timescale for responses;
- Ensure that the consultation is clear, concise and widely accessible;
- Give feedback regarding the responses received and how the consultation process included the policy;
- Monitor their effectiveness at consultation, including through the use of a designated consultation co-ordinator;
- Ensure that consultation follows better regulation best practice, including carrying out a regulatory impact assessment, if appropriate.

Confidentiality, privacy policy and data protection

A summary of responses to this consultation will be published. Paper copies will be available on request.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 and the Data Protection Act 1998).

If you want the information that you provide to be treated as confidential, please be aware that, under the Freedom of Information Act 2000, there is a statutory Code of Practice with which public organisations must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information that you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Primary Care Trusts.

The Primary Care Trusts will process your personal data in accordance with the Data Protection Act 1998, and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Further copies of this consultation paper and feedback form are available by contacting the:

Public Involvement Team Tel: 01522 513355 Ext 5524 or via Email:
communications@westlincs-pct.nhs.uk

Alternatively you can download a copy of the consultation paper and feedback form at: www.westlincspct.nhs.uk

If you would like this document in another format please let us know via the contact details above.

3. Detailed table of proposed changes to Lincolnshire NHS Community Services

East Lincolnshire Primary Care Trust

Long term

- Community nursing service- treatment of patients with lower limb (leg and foot) ulcers
- District nursing service - reorganisation of workload
- Health visiting service - reorganisation of workload

Short term to be reinstated 2007/08

- Minor surgery provided by GPs, hospitals and independent sector providers:
 - Carpal tunnel minor surgery
 - DeQuervain Syndrome minor surgery
 - Excision of bursae minor surgery
 - Ganglion - Non volar minor surgery
 - Ganglion volar minor surgery
 - Release of trigger finger and trigger thumb minor surgery
 - Vasectomy minor surgery

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Proposed long term change: Community nursing service - treatment of patients with lower limb (leg and foot) ulcers

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently patients with leg or foot ulcers receive their treatment in NHS health clinics or in their homes if they are physically unable to get to a clinic.</p> <p>The recommended option is to encourage patients to attend a LEG Club to receive advice and treatment relating to leg ulceration conditions. The LEG Clubs will be run in non-NHS community venues and patients will be able to 'drop-in' on the day the LEG Club is being held.</p> <p>District nurses will continue to provide treatment and advice to patients. Patients who need a home visit will continue to receive treatment in their homes.</p>	East Lincolnshire Primary Care Trust	<p>The LEG Club philosophy and practice is research based. Patients who attend LEG Clubs have shown improvements in following their treatment plans and in their healing rates.</p> <p>NHS staffing resources can be centralised. Local communities are actively involved in the delivery of care as the LEG Club is run as a charitable organisation.</p>	<p>Patients with, or at risk of developing, leg ulceration living in the East Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with, or at risk of developing, leg ulceration living in the East Lincolnshire area will receive advice or treatment for leg ulceration in community settings rather than in an NHS health clinic.</p> <p>Patients will continue to receive the same level of care and advice from NHS staff but in a more informal setting. Patients will be able to choose the time they want to attend on the day the LEG Club is being held.</p> <p>Patients will be able, if they wish, to participate in any of the social activities associated with the LEG Club.</p>

Other option for consideration :

Continue to provide treatment for patients with leg and foot ulcers in NHS health clinics.

Clinical evidence/rationale considered:

Healing rates and patients following their treatment plans are unaffected but access and advice will be limited.

Proposed long term change: reorganisation of district nurses nursing workload

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>A district nurse's job is to care for patients so that they can remain at home and avoid being admitted to hospital, this includes patients who need palliative and end of life care. When a patient is in hospital, the district nurse provides support to the patient in their home so that they can be discharged from hospital as soon as possible.</p> <p>The recommended option is to reorganise the workload of district nurses. This will mean that a full range of nursing services will continue to be provided but only to those patients who are truly housebound.</p>	East Lincolnshire Primary Care Trust	<p>The proposed recommended option is based on the national priority to support patients so that they can remain at home, the capacity of the current workforce and the current limited financial resources. It is considered that this option will give priority to patients with the most complex or acute needs.</p>	<p>Patients (and their families/carers) who wish to receive district nursing services.</p> <p>(see page 6 for map showing the area covered by East Lincolnshire Primary Care Trust)</p>	<p>A more rigorous assessment of the patient's ability to attend appointments at a health centre etc will be undertaken by the district nurses when they first see a patient in their home.</p> <p>Those patients who are clinically assessed by the district nurse as not requiring a home visit (i.e. the patient is not housebound) will be required to access services from their local provider e.g. their GP, a practice nurse or local health clinic.</p> <p>There will be transport issues, with associated costs, for some patients who are required to attend appointments at their local practice or health centre.</p>

Other option for consideration:

Stop adding new patients to district nurses case loads (the number of patients a district nurse looks after).

Clinical evidence/rationale considered:

The impact on patients would be detrimental to their health outcomes.

Other option for consideration

To continue to provide the service as it currently is in light of the requirement to help patients stay at home and out of hospital.

Clinical evidence/rationale considered

The impact of the workload on district nurses would have a detrimental effect on the staff to provide appropriate care.

Proposed long term change: Health visiting service - reorganisation of workload

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>The health visiting service provides support and care predominantly for families with children up until school age (4/5 years of age). This includes carrying out an assessment of the child's and family's needs and providing appropriate care and support, providing health promotion advice and information and carrying out childhood developmental screening. Health promotion and intervention areas covered include healthy eating, physical activity, safety, smoking, sexual health and mental health. In addition to this work many public health focussed activities are undertaken to support the health of the wider population and involve work undertaken with the homeless, teenagers and older persons. The work of health visiting teams is carried out predominantly within the home, clinics, GP practices and pre school settings.</p> <p>The proposed recommendation is to prioritise the workload of health visiting teams to focus upon the preschool child and their families to be able to deliver a quality service within current resources.</p>	East Lincolnshire Primary Care Trust	<p>The proposed recommended option is based on being able to provide a health visiting service within East Lincolnshire which meets the recommendations within the National Service Framework for Children, Young People and Maternity Services (DoH, 2004) with reduced resources. This focus will provide capacity to the service to ensure that an equitable service can be offered and resources can be targeted in response to need.</p>	<p>The population of East Lincolnshire currently receiving health visiting services whom are not within the preschool child category.</p> <p>Children and families with preschool children.</p> <p>(See page 6 for map showing the area covered by East Lincolnshire Primary Care Trust)</p>	<p>The services provided by the health visiting team to non-preschool child/children would cease following consultation and negotiation with other professionals in health and social care. The work to be undertaken by the health visiting teams will focus upon providing a service for the preschool child and their families and will provide a targeted service for those families that are assessed or identified as requiring increased health visiting input.</p> <p>Those patients who are clinically assessed by the health visitor as not requiring a home visit (i.e. the patient is not housebound) will be required to access services from their local provider e.g. their GP, practice nurse or local health clinic. There will be transport issues, with associated costs, for some patients who are required to attend appointments at their local practice or health centre.</p>

Other option for consideration:

Stop adding new patients to health visitor caseload (the number of patients a health visitor looks after).

Clinical evidence/rationale considered:

The impact on new babies and families transferring into the area would be detrimental to their health outcomes.

Other option for consideration

To continue to provide the service as it currently is.

Clinical evidence/rationale considered

The impact of the workload on health visitor would have a detrimental effect on the staff to provide appropriate care and would significantly reduce the quality of care provided.

Proposed short term change: Minor surgery (all providers) - cease Carpal Tunnel (nerves supplying the hand are squeezed due to the thickening of the tunnel at the wrist) minor surgery for a minimum period of six months

What is recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that Carpal Tunnel minor surgery will stop for a minimum period of six months except where delay in surgery is judged by clinicians to cause permanent damage.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients diagnosed with carpal tunnel disease will not experience significant deterioration in their condition nor is this detrimental to their health condition.</p>	<p>Patients with carpal tunnel disease who are suitable for surgery living in the East Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients who need this surgical procedure will experience a longer period of functional impairment and discomfort.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease De Quervain Syndrome (thickening and toughening of skin usually on the palm of the hand) minor surgery for a minimum period of six months

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that De Quervain Syndrome minor surgery will stop for a minimum period of six months.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	<p>East Lincolnshire Primary Care Trust</p>	<p>Patients with De Quervain Syndrome will not experience significant deterioration in their condition nor is this detrimental to their health status.</p>	<p>East Lincolnshire Patients with De Quervain Syndrome who are suitable for surgery (see page 6 for map showing area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with De Quervain Syndrome who are suitable for surgery will have a longer period of functional impairment and discomfort.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease excision of bursae (a bulge of the tissue around a joint which is filled with fluid) minor surgery for a minimum period of six months

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that minor surgery for the excision of bursae (a bulge of the tissue around a joint which is filled with fluid) carried out in general practice will stop for a minimum period of six months.</p> <p>Patients currently on a waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients with bursae who are suitable for surgery will not experience significant deterioration in their condition nor is this detrimental to their health.</p>	<p>East Lincolnshire Primary Care Trust patients with bursae who are suitable for surgery.</p> <p>(see page 6 for map showing area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with bursae who are suitable for surgery will have a longer period of discomfort and the continuation of a visible lump (the bursae) on their body.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease Ganglion non volar (collection of tissues that can cause lumps under the skin) minor surgery for a minimum period of six months

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that Ganglion non volar minor surgery will stop for a minimum period of six months.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients with ganglions will not experience significant deterioration in their condition nor is this detrimental to their health status.</p>	<p>East Lincolnshire patients with ganglions who are suitable for surgery.</p> <p>(see page 6 for map showing the area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with ganglions who are suitable for surgery will have a longer period of functional impairment and discomfort.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease Ganglion Volar (collection of tissues that can cause lumps under the skin on the palm of the hand or sole of the foot) minor surgery for a minimum period of six months

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that Ganglion Volar minor surgery for those patients who are not experiencing severe pain or functional impairment, will stop for a minimum period of six months.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients with Ganglion Volar condition will not experience significant deterioration in their condition nor is this detrimental to their health status.</p>	<p>East Lincolnshire patients with Ganglion Volar condition who are suitable for surgery but do not experience severe pain or functional impairment.</p> <p>(see page 6 for map showing area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with Ganglion Volar condition who are suitable for surgery will have a longer period of functional impairment and discomfort.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease release of trigger finger and trigger thumb (lumpy, swollen or tightened tendons) minor surgery for a minimum period of six months

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that release of trigger finger and trigger thumb minor surgery will stop for a minimum period of six months.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients with trigger finger and thumb condition will not experience significant deterioration in their condition nor is this detrimental to their health status.</p>	<p>East Lincolnshire patients with trigger finger and thumb condition who are suitable for surgery.</p> <p>(see page 6 for map showing area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients with trigger finger and trigger thumb condition who are suitable for surgery will have a longer period of functional impairment and discomfort.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

Proposed short term change: Minor surgery (all providers) - cease Vasectomy minor surgery for a minimum period of six months

What is recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently this procedure is available from a number of providers: GPs, hospitals and independent sector providers.</p> <p>The recommended option is that vasectomy minor surgery will stop for a minimum period of six months.</p> <p>Patients currently on the waiting list for this procedure will not be affected by this proposed change.</p>	East Lincolnshire Primary Care Trust	<p>Patients needing a vasectomy can manage their fertility successfully using other means. There will not be deterioration in their health.</p>	<p>East Lincolnshire PCT patients who are suitable for surgery and their partners.</p> <p>(see page 6 for map showing area covered by East Lincolnshire Primary Care Trust)</p>	<p>Patients who need a vasectomy who are suitable for surgery will have to continue their current contraceptive methods for a longer period than anticipated.</p> <p>There may be an increased risk of unplanned pregnancy.</p> <p>If the recommended option is supported this procedure would be included in East Lincolnshire Primary Care Trust Low Priority Procedures Policy. Patients who believe that their clinical condition requires attention will be able to request an individual review and make representation for their case to be considered for surgery.</p>

Clinical evidence/rationale considered:

All minor surgery procedures were evaluated and those where it was considered clinically safe to suspend for a minimum period of six months were selected.

Consideration was given to those minor surgery procedures which may be delayed without the patient experiencing clinical deterioration or a lasting health impact.

4. Detailed table of proposed changes to Lincolnshire NHS Community Services

Lincolnshire South West teaching Primary Care Trust

Long term

- District nursing service - reorganisation of workload
- Health visiting service - reprioritisation of children's routine development reviews
- Health visiting service - reprioritisation of support provided to families in risk groups
- Health visiting service – reduction in baby massage sessions

Short term

- School nursing service - health education/promotion in schools

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Proposed long term change: District nursing service - reorganisation of workload

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>A district nurse's job is to care for patients so that they can remain at home and avoid being admitted to hospital, this includes patients who need palliative and end of life care. When a patient is due to be discharged from hospital, the district nurse liaises with the hospital staff in order to provide appropriate support to the patient in their home so that they can be discharged from hospital as soon as possible.</p> <p>The recommended option is to reorganise the workload of district nurses. This will mean that a full range of nursing services will continue to be provided but only to those patients who are truly housebound.</p>	South West Lincolnshire teaching Primary Care Trust	<p>The proposed recommended option is based on the national priority to support patients so that they can remain at home, the capacity of the current workforce and the current limited financial resources.</p> <p>(see page 6 for map showing the area covered by Lincolnshire South West teaching Primary Care Trust)</p>	<p>Patients (and their families/carers) living in the Lincolnshire South West area who wish to receive district nursing services.</p>	<p>A more rigorous assessment of the patient's ability to attend appointments at a health centre etc will be undertaken by the district nurses when they first see a patient in their home.</p> <p>Those patients who are clinically assessed by the district nurse as not requiring a home visit (i.e. the patient is not housebound) will be required to access services from their local provider e.g. their GP, a practice nurse or local health clinic. This will of course be based upon clinical need and will adapt to any change in the patients clinical condition.</p> <p>There will be transport issues, with associated costs, for some patients who are required to attend appointments at their local practice or health centre.</p>

Other option for consideration:

Stop adding new patients to district nurses case loads (the number of patients a district nurse looks after).

Clinical evidence/rationale considered:

The impact on patients would be detrimental to their health outcomes.

Other option for consideration:

To continue to provide the service as it currently is in light of the requirement to help patients stay at home.

Clinical evidence/rationale considered:

The impact of the workload on district nurses would have a detrimental effect on the staff, and would not be possible in the light of the resource available.

Proposed long term change: Health visiting service - re-prioritisation of children's routine development reviews

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Health visitors currently carry out development reviews at specific stages in a child's development. The purpose of these reviews is to check that the child is developing normally.</p> <p>The recommended option is that children will continue to have a development review between the ages of 8-12 months but following that, development reviews will not be carried out routinely. Therefore, whilst such visits will not be carried out as a matter of routine, where any risk is identified, health visitors will continue to play an important role in overseeing the development of children. In such circumstance, referral is likely to occur via a child's GP or social worker.</p>	Lincolnshire South West teaching Primary Care Trust	<p>The proposed recommended option is considered to have the least impact on those children with more complex needs who would benefit from more support from health visiting staff.</p>	<p>Some children and young people (between the ages of 12 months to 5 years) and their families living in the Lincolnshire South West teaching Primary Care Trust area.</p> <p>(see page 6 for map showing the area covered by Lincolnshire South West teaching Primary Care Trust)</p>	<p>Some children and young people (between the ages of 12 months to 5 years) and their families who are currently receiving routine child development reviews will no longer receive this service from health visitors.</p> <p>There may be increased anxiety that something that would be identified at one of these routine developmental checks may be missed.</p> <p>However GP will continue to monitor each child's development as part of general practice.</p>

<p>Other option for consideration: To continue to provide routine development reviews to all children.</p> <p>Clinical evidence/rationale considered: This will impact on the ability of health visitors to provide appropriate support to children with more complex needs.</p>	<p>Other option for consideration: To stop providing any development reviews.</p> <p>Clinical evidence/rationale considered: This will increase the risk of children with more complex needs not being identified and the appropriate support not being given to the child and their family.</p>
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Proposed long term change: Health visiting service - reprioritisation of support to families in risk groups

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>At times, for a variety of reasons, some families find themselves in difficulties and need additional support to help them manage their situation. This support can be provided by health visiting staff who work with parents and the whole family to help them work through their problems. Some of these families will have particular problems, which places the family in a risk group.</p> <p>The recommended option is to target parenting support at those families who are in the risk groups only. This will allow health visitors to prioritise the time they have so that they can spend it with those families who have the greatest need.</p>	Lincolnshire South West teaching Primary Care Trust	The proposed recommended option is considered to have the least impact on those families with the most need who require additional support from health visiting staff to help them resolve their family difficulties.	Some families living in the Lincolnshire South West teaching Primary Care Trust area. (see page 6 for map showing the area covered by Lincolnshire South West teaching Primary Care Trust)	Some parents of children in the 0-5 year old age range. Health visiting staff may have supported some parents to enable them to resolve difficulties within their family unit. Unless these families are in the risk groups, they will not be able to access this support from the health visitors.

Other option for consideration:

To continue providing this support to all families.

Clinical evidence/rationale considered:

This will impact on ability of health visitors to provide support to families in risk groups.

Other option for consideration:

To stop providing this support to any family.

Clinical evidence/rationale considered:

This will increase the likelihood of families in the risk group being unable to make progress on their own to resolve their problems and may place individual family members at more risk.

Proposed long term change: Health visiting service - reduction in baby massage sessions

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently health visitors provide a baby massage service to people in their homes or in clinics.</p> <p>The recommended option is to reduce the current provision of baby massage services to identify a more effective service, which targets babies and parents with the greatest need.</p>	Lincolnshire South West teaching Primary Care Trust	<p>Currently, not all parents and babies can access the baby massage service because it is not available in every GP practice and health clinic.</p>	<p>Parents and babies who currently access Baby Massage Services in the Lincolnshire South West teaching Primary Care Trust</p> <p>(see page 6 for map showing the area covered by Lincolnshire South West teaching Primary Care Trust)</p>	<p>Reducing expenditure on providing baby massage services will allow Lincolnshire South West teaching Primary Care Trust to replace this service with a service which is more readily available to more parents and babies and is evidenced to be more clinically effective.</p> <p>An evaluation of the new proposed service will be conducted with service users which will seek to address any comments or suggestions that consultees may wish to add in responding to this consultation.</p>

<p>Other option for consideration: To continue to provide baby massage routinely.</p> <p>Clinical evidence/rationale considered: This will impact on the ability of health visitors to provide appropriate support to children with more complex needs.</p>	<p>Other option for consideration: To stop providing baby massage.</p> <p>Clinical evidence/rationale considered: This will increase the risk of children with more complex needs not being identified and the appropriate support not being given to the child and their family.</p>
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Proposed short term change: School nursing service - health education/promotion in schools

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>School nurses provide a range of services to school age children, for example, drop-in clinics and working with children and families who are on the child protection register.</p> <p>Part of their role is to work together with the teachers to provide health education/ promotion.</p> <p>The recommended option is to stop providing health education/ promotion in schools until April 2007. However, school nurses will continue to supply the schools with health promotional resources.</p>	Lincolnshire South West teaching Primary Care Trust	The proposed recommended option is considered to be the one which will have the least impact on school children's future health and educational development.	<p>School populations in junior and senior schools in the Lincolnshire South West teaching Primary Care Trust area.</p> <p>(see page 6 for map showing the area covered Lincolnshire South West teaching Primary Care Trust)</p>	<p>The school nurses, in partnership with the teachers, will not provide health education/promotion sessions. School children will not receive health education/promotion sessions at the same level from teachers, as they would have with input from health professionals.</p> <p>If schools wish to provide health education/promotion sessions to their school populations, teachers will need to undertake this on their own with the promotional resources provided by the school nurses.</p>

<p>Other option for consideration: To withdraw the health education/promotion service from schools on a permanent basis.</p> <p>Clinical evidence/rationale considered: The provision of health education/promotion is important for future healthy lifestyle choices, which also helps with educational achievements.</p>	<p>Other option for consideration: Continuing to provide the health education/promotion service would impact on the ability of the school nurses to prioritise supporting the drop-in clinics and working with children and families who are on the child protection register.</p> <p>Clinical evidence/rationale considered: Reduce support to children and families who are on the child protection register would prevent their progress in moving towards de-registration.</p>
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5. Detailed table of proposed changes to Lincolnshire NHS Community Services

West Lincolnshire Primary Care Trust

Long term

- John Coupland Hospital - Minor Injuries Unit opening times
- District nursing service - reorganisation of workload
- District nursing service - routine re-assessment frequency for patients with incontinence problems

Short term to be reinstated 2007/08

- District nursing service - access to venepuncture (taking blood samples) for patients at home
- Health visiting service - reorganisation of workload - children's developmental reviews
- School nursing service - health education/promotion in schools
- Health visiting and school nursing - reorganisation of workload - smoking cessation

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Proposed long term change: John Coupland Hospital, Gainsborough - Minor Injuries Unit opening times

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently the Minor Injuries Unit at John Coupland Hospital in Gainsborough is open until 10.00pm each night.</p> <p>The recommended option is to close the minor injuries unit at 8.00pm instead of 10.00pm each night.</p>	West Lincolnshire Primary Care Trust	<p>The recommended option is based on the low number of patients who, on average, attend the Minor Injuries Unit between the hours of 8.00pm to 10.00pm.</p> <p>Additionally, Category A ambulances (emergency patient transport ambulances) do not bring patients with acute or complex needs to the Minor Juries Unit. Therefore those patients attending the unit between 8.00pm and 10.00pm are not patients who need high-level emergency care.</p>	<p>Patients who would have attended the Minor Injuries Unit at John Coupland Hospital, Gainsborough during the period 8.00pm to 10.00pm.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>The impact on patients who would have attended the Minor Injuries Unit during the period 8.00pm to 10.00pm is that they will need to:-</p> <ul style="list-style-type: none"> -Attend the A&E departments at Scunthorpe Hospital or Lincoln County Hospital or - Access the Out of Hours Service. <p>In summary, those patients who suffer minor injuries will receive the same level of clinical care at the above alternative locations.</p>

Other option for consideration:

Continue to keep the Minor Injuries Unit open until 10.00pm each night.

Clinical evidence/rationale considered:

On average, only two patients attend the unit each night between 8.00pm and 10.00pm.

Other option for consideration:

Close the Minor Injuries Unit at 6.00pm each night.

Clinical evidence/rationale considered:

Closing the unit at 6.00pm each night would have too great an impact on the number of patients who are likely to attend during the period 6.00pm-8.00pm.

Proposed long term change: District nursing service - reorganisation of workload

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>A district nurse's job is to care for patients so that they can remain at home and avoid being admitted to hospital, this includes patients who need palliative and end of life care. When a patient is in hospital, the district nurse provides support to the patient in their home so that they can be discharged from hospital as soon as possible.</p> <p>The recommended option is to reorganise the workload of district nurses. This will mean that a full range of nursing services will continue to be provided but only to those patients who are truly housebound.</p>	West Lincolnshire Primary Care Trust	<p>The proposed recommended option is based on the national priority to support patients so that they can remain at home, the capacity of the current workforce and the current limited financial resources. It is considered that this option will give priority to patients with the most complex or acute needs.</p>	<p>Patients (and their families/carers) who wish to receive district nursing services.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>A more rigorous assessment of the patient's ability to attend appointments at a health centre etc will be undertaken by the district nurses when they first see a patient in their home.</p> <p>Those patients who are clinically assessed by the district nurse as not requiring a home visit (i.e. the patient is not housebound) will be required to access services from their local provider e.g. their GP, a practice nurse or local health clinic.</p> <p>There will be transport issues, with associated costs, for some patients who are required to attend appointments at their local practice or health centre.</p>

<p>Other option for consideration: Stop adding new patients to district nurses case loads (the number of patients a district nurse looks after).</p> <p>Clinical evidence/rationale considered: The impact on patients would be detrimental to their health outcomes.</p>	<p>Other option for consideration: To continue to provide the service as it currently is in light of the requirement to help patients stay at home and out of hospital.</p> <p>Clinical evidence/rationale considered: The impact of the workload on district nurses would have a detrimental effect on the staff to provide appropriate care.</p>
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Proposed long term change: District nursing service - routine re-assessment frequency for patients with incontinence problems

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently any patient with incontinence problems is routinely reassessed every six months by a district nurse.</p> <p>The recommended option is to change the re-assessment frequency for patients with incontinence problems who have already received a full continence assessment, to every twelve months. However, at the six-month interval, the district nurse will contact the patient by telephone to check if their needs have changed since their last assessment.</p>	West Lincolnshire Primary Care Trust	The proposed recommended option is considered to be the one that has the least health impact on patients who have incontinence problems which are not acute or complex.	<p>Patients with incontinence problems living in the West Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>Patients with incontinence problems who would have had routine re-assessments at six monthly intervals will not receive a face to face contact with a district nurse unless there is an identified problem. Therefore a reduction in this service is unlikely to impact greatly on incontinence services to those patients with complex care needs as this will continue to be monitored and dealt with as part of their ongoing clinical care needs.</p>

Other option for consideration:

To discontinue routine reassessments of patients on a permanent basis.

Clinical evidence/rationale considered

Patients may receive inappropriate pad provision/treatment.

Other option for consideration:

To continue to provide routine reassessments at six monthly intervals.

Clinical evidence/rationale considered:

This will impact on the ability of district nurses to provide appropriate care to those patients with acute or complex needs.

Proposed short term change: District nursing service - access to venepuncture (taking blood samples) for patients at home

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently patients who need a blood sample taking have this requested by their GP and the district nurse will do this at the patient's home as soon as they can. A routine blood sample would normally be taken within two working days of being requested.</p> <p>The recommended option is to reprioritise taking routine blood samples, which will mean they will be taken within seven working days of being requested.</p> <p>District nurses will continue to see patients who need an urgent blood sample taken.</p>	West Lincolnshire Primary Care Trust	The proposed recommended option is felt to be the most acceptable in terms of ensuring appropriate patient care.	<p>Patients in the West Lincolnshire area requiring a routine blood sample to be taken.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>Patients in the West Lincolnshire area requiring a routine blood sample to be taken will have to wait longer for this to be done. This could mean waiting up to seven working days. Urgent need for testing will not be effected.</p>

<p>Other option for consideration: To stop taking all routine blood samples.</p> <p>Clinical evidence/rationale considered: This may compromise patient's clinical care.</p>	<p>Other option for consideration: To continue providing the current level of service.</p> <p>Clinical evidence/rationale considered: This will effect the time available for district nurses to visit patients with more complex or urgent needs.</p>
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Proposed short term change: Health visiting service - reorganisation of workload - childrens development reviews

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Health visitors currently carry out development checks at specific stages in a child's life. The purpose of these is to check that the child is reaching development milestones.</p> <p>The recommended option is that children will continue to have a development check between the ages of 8-12 months but following that, development checks will not be carried out routinely.</p> <p>Children and families who are identified as having a greater need will continue to receive development checks at the same stages as before e.g. 18 months of age etc.</p>	West Lincolnshire Primary Care Trust	The proposed recommended option is considered to have the least impact on those children with more complex needs who would benefit from more support from health visiting staff.	<p>Children under 5 years of age and their parents/carers living in the West Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>Families, whose children are currently receiving routine child development checks, after their child is one year old, will no longer receive this service from health visitors.</p> <p>There may be increased anxiety that something that would be identified at one of these routine developmental checks may be missed.</p> <p>However GP will continue to monitor each child's development as part of general practice.</p>

<p>Other option to be considered: To continue to provide routine development checks to all children.</p> <p>Clinical evidence/rationale considered: This will impact on the ability of health visitors to provide appropriate support to children with more acute or complex needs.</p>	<p>Other option to be considered: To stop providing any development checks to any children.</p> <p>Clinical evidence/rationale considered: This will increase the risk of children with more acute or complex needs not being identified and the appropriate support not being given to the child and their family.</p>
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Proposed short term change: School nursing service - health education/promotion in schools

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>School nurses provide a range of services to school age children, for example, drop-in clinics and working with children and families who are on the child protection register.</p> <p>Part of their role is to work together with the teachers to provide health education/promotion.</p> <p>The recommended option is to stop providing health education/promotion in schools until the service is re-established in the financial year 2007/08. However, school nurses will continue to supply the schools with health promotional resources.</p>	West Lincolnshire Primary Care Trust	The proposed recommended option is considered to be the one which will have the least impact on school children's future health and educational development.	<p>School populations in junior and senior schools in the West Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>The school nurses, in partnership with the teachers, will not provide health education/promotion sessions. School children will not receive health education and promotion sessions at the same level from teachers, as they would have with input from health professionals.</p> <p>If schools wish to provide health education/promotion sessions to their school populations, teachers will need to undertake this on their own with the promotional resources provided by the school nurses.</p>

Other option for consideration:

To withdraw the health education/promotion service from schools on a permanent basis.

Clinical evidence/rationale considered:

The provision of health education/promotion is important for future healthy lifestyle choices, which also helps with educational achievements

Other option for consideration:

Continuing to provide the health education/promotion service would impact on the ability of the school nurses to prioritise supporting the drop-in clinics and working with children and families who are on the child protection register.

Clinical evidence/rationale considered:

Reduce support to children and families who are on the child protection register would prevent their progress in moving towards de-registration.

Proposed short term change: Health visiting and school nursing service - reorganisation of workload - smoking cessation

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently health visitors and school nurses provide support to people who want to give up smoking. This involves working with clients on a one to one or group basis for a number of sessions.</p> <p>The recommended option is for health visitors and school nurses to cease providing these sessions and only provide general advice on stopping smoking.</p>	West Lincolnshire Primary Care Trust	<p>It is considered that this proposed recommended option will enable health visitors and school nurses to give priority to those families and children who have the most acute or complex needs.</p>	<p>Patients who wish to stop smoking in the West Lincolnshire area.</p> <p>(see page 6 for map showing the area covered by West Lincolnshire Primary Care Trust)</p>	<p>Those people who wanted to receive this higher level of support from health visitors and school nurses will not be able to.</p> <p>NHS treatment for smokers who want to receive help to stop smoking is still available from the Phoenix Stop Smoking Service (01522 550681).</p> <p>Waiting times for treatment by the Phoenix Stop Smoking Service may increase.</p>

Other option for consideration:

Health visitors and school nurses to continue to provide higher level support to clients who want to stop smoking.

Clinical evidence/rationale considered:

This will impact on the ability of health visitors and school nurses to give priority to families and children in identified risk groups e.g. child protection.

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6. Detailed table of proposed changes to Lincolnshire NHS Community Services – countywide

East Lincolnshire Primary Care Trust Lincolnshire South West teaching Primary Care Trust and West Lincolnshire Primary Care Trust

Long term

- Dental treatment - provision of urgent dental treatment for patients who are not registered with a Dentist
- Podiatry service - centralisation of where podiatry (foot care) services are provided and reprioritisation of patients using the service
- Sexual health service - contraceptive clinics
- Speech and language therapy services - change of referral process to access service
- Therapy service - relocating community physiotherapy assessment centres
- Therapy service - training patients to self-manage their musculoskeletal condition

Short term to be reinstated 2007/08

- Therapy service - integrated therapy training for families and schools

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Proposed long term change: Dental treatment - provision of urgent dental treatment for patients who are not registered with a Dentist

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently patients who are not registered with a dentist access urgent dental treatment at Dental Access Clinics. These clinics are held in a wide range of facilities across Lincolnshire.</p> <p>The recommended option is to review the current provision of dental access services so that the number of patients who can be seen through the dental access centres can be increased.</p> <p>An independent dental business manager will be commissioned to review the current arrangements and develop proposals for future.</p>	<p>All three Lincolnshire Primary Care Trusts (East Lincolnshire Primary Care Trust is commissioning the review and proposals will be made to the commissioners. The lead commissioner for dental services is West Lincolnshire Primary Care Trust)</p>	<p>The recommended option pending the findings of the review process will be based on increasing the number of patients who can be seen and treated by the dental access service.</p> <p>The review will consider the current pattern of provision and the options for reorganising service delivery to increase the number of patients who can be seen through the access clinics.</p>	<p>People living in Lincolnshire who are not registered with a dentist and who need urgent dental treatment because they are experiencing severe pain or have suffered an injury to their mouth.</p> <p>(see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>This is not known until a baseline review of the current provision has been completed to enable the options for improving efficiency to be identified.</p> <p>Should the outcome of the review propose substantial change, a further consultation will be conducted which will seek to address any comments or suggestions that consultees may wish to add in responding to the consultation.</p>

Other option for consideration:

To continue to provide urgent dental treatments for patients who are not registered with a dentist in the existing dental access clinics located in a wide range of facilities across Lincolnshire.

Clinical evidence/rationale considered:

The number of sessions that each dental access centre is open and the availability of appointments will remain at the current levels.

Proposed long term change: Podiatry service - centralisation of where podiatry (foot care) services are provided and reprioritisation of patients using the service

What is the recommended option?	Which organisation is proposing the change?	What is the proposed change based on?	Who will be affected by the proposed change?	What will be the impact on those affected by the proposed change?
<p>Currently, patients using podiatry services receive their treatment in a number of small community clinics across the county. Podiatry staff spend time travelling to these clinics. The recommended option is to centralise podiatry services to a smaller number of larger clinics.</p> <p>Currently patients wishing to use podiatry services are assessed and given an appointment based on how urgent their problem is. Due to the number of patients wanting to use this service this can mean that some patients with other high risk conditions such as diabetes, or elderly patients, may have to wait for treatment.</p> <p>The recommended option seeks to change the eligibility criteria for people to access the service to ensure that patients with the most need are given priority. For example, as stated above, those who are at high risk will include:</p> <ul style="list-style-type: none"> - patients with diabetes - elderly patients who are at risk of becoming immobile. <p>It is likely that persons with conditions such as veruccas or corns will be considered at low risk. However, this list is not exhaustive and will be considered on a case by case basis.</p>	<p>All three Lincolnshire Primary Care Trusts</p> <p>(Lincolnshire South West teaching Primary Care Trust host podiatry services on behalf of the other two Primary Care Trusts)</p>	<p>The proposed recommended option is considered to have the least impact on those patients with the most need and ensures that patients in high-risk groups are given priority.</p> <p>The larger podiatry clinics will have more podiatrists working together who will be able to offer patients more choice in the date and time of their appointment. Staff will spend less time travelling between clinics and will be able to see more patients.</p>	<p>Patients who are currently receiving podiatry services in small community clinics.</p> <p>Patients who are currently receiving treatment from podiatry staff for low risk conditions such as veruccas and corns.</p> <p>(see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Patients who met the eligibility criteria for accessing podiatry services will be required to travel to the centralised locations in order to access the service. There will be transport issues for some patients with associated travel costs to the patient.</p> <p>Changing the eligibility criteria will mean that some people who are currently able to access the service for low risk conditions (e.g. corns, veruccas) will find that this treatment is no longer available. There will be private treatment costs for those patients who do not meet the new eligibility criteria.</p>

Other option for consideration:

Stop adding new patients to podiatrists' case loads (the number of patients a podiatrist looks after).

Clinical evidence/rationale considered: The impact on patients would be detrimental to their health outcomes.

Other option for consideration:

To continue to provide the service as it currently is to help patients stay at home.

Clinical evidence/rationale considered:

The impact of the workload on podiatrists would have a detrimental effect on the staff, and would not be possible in the light of the resource available.

Proposed long term change: Sexual health service - contraceptive clinics

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Some contraceptive clinics (family planning and young persons clinics) are funded by the Primary Care Trusts. The recommended option is to close the clinics funded by the Primary Care Trusts.</p> <p>After one year a new model of service will be implemented by providing enhanced services through primary care service provision (general practice). Further consultation will be carried out which will seek to address any comments or suggestions that consultees may wish to add in responding to this consultation.</p> <p>Patients will be able to attend the practice they are registered with for general medical services for contraceptive services and will be referred to the remaining specialist service where their needs cannot be met by their GP.</p>	<p>All three Lincolnshire Primary Care Trusts</p> <p>(East Lincolnshire Primary Care Trust host Sexual Health Services on behalf of the other two Primary Care Trusts)</p>	<p>Given the funding limitations, reducing the number and choice of outlets for contraceptive services will not adversely affect an individuals health because contraceptive services and advice is also provided by GPs and specialist sexual health clinics.</p>	<p>Current and prospective users in Lincolnshire of the contraceptive services which are funded by the Primary Care Trusts.</p> <p>(see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Current and prospective users of the contraceptive services, which are funded by the Primary Care Trust, will lose the choice to attend a service, other than their general practice, for contraceptive services.</p> <p>Closure of the clinics will reduce the opportunities for health professionals to access sexual health training in Lincolnshire.</p>

Other option for consideration:

To continue to fund contraceptive clinics.

Clinical evidence/rationale considered:

Funding contraceptive clinics gives people more choice in where they can access contraceptive services and advice.

Other option for consideration:

To discontinue funding contraceptive clinics on a permanent basis.

Clinical evidence/rationale considered:

The impact on the population will be short, medium and long term in respect of unwanted pregnancies and increased STIs (sexually transmitted infections).

Proposed long term change: Therapy services - relocating community physiotherapy assessment centres

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently physiotherapy treatments are provided in 12 assessment centres throughout the county, sometimes with a single handed clinician in attendance.</p> <p>The recommended option is to relocate the service to a smaller number of existing larger, community based NHS physiotherapy assessment centres.</p>	<p>All three Lincolnshire Primary Care Trusts (West Lincolnshire Primary Care Trust host physiotherapy Services on behalf of the other two Primary Care Trusts)</p>	<p>The larger physiotherapy assessment centres will have more physiotherapists working together who will be able to offer patients more choice in the date and time of their appointment. Physiotherapists will be able to spend more time with patients, as they will not be travelling between the smaller community clinics.</p> <p>The centralised administration of an integrated clinic will improve the management of appointments and provide telephone and front desk cover throughout the day. This will allow the service to be more responsive to contacts from patients</p> <p>Experienced senior staff will be on hand for support and supervision to less experienced staff, which will result in more patients being seen and diagnosis and treatment decisions being reached more quickly.</p>	<p>Patients with musculoskeletal disorders who are referred for a physiotherapy opinion.</p> <p>(see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Some patients will need to travel further to the larger assessment centres.</p> <p>There will be transport issues, with associated costs, for some patients who are required to attend appointments at the larger physiotherapy assessment centres.</p>

Other option for consideration:

To continue to provide the service from the current locations.

Clinical evidence/rationale considered:

The number of sessions would be reduced in each of the locations with fewer therapists having to spend more time travelling between locations, further reducing the time available to spend with patients.

Proposed long term change: Therapy service - training patients to self- manage their musculoskeletal condition

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently, all patients referred to a musculoskeletal physiotherapist are assessed on their first appointment and a package of primary care agreed. This may be a self-management programme or a range of direct treatments depending on their presenting condition.</p> <p>The recommended option is that the physiotherapists will assess the patient and provide sufficient advice and guidance to allow the patient to self-manage their musculoskeletal condition.</p>	<p>All three Lincolnshire Primary Care Trusts (West Lincolnshire Primary Care Trust host physiotherapy Services on behalf of the other two primary Care Trusts)</p>	<p>Current research evidence indicates that the targeting of physiotherapy assessments for musculoskeletal disorders is likely to produce beneficial effects in allowing patients to self-manage their condition.</p>	<p>Patients with a musculoskeletal disorder who have been referred to a community physiotherapist. (see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Patients who are referred to a physiotherapist working in the community for an assessment will be given sufficient advice and guidance to allow them to self-manage their condition.</p> <p>Patients will not be offered direct treatment or extended interventions by the physiotherapist.</p>

Other option for consideration:

To continue to provide the current model of service and lengthen waiting lists because there fewer physiotherapists available to provide an assessment and advice.

Clinical evidence/rationale considered:

Patients who need physiotherapy advice will wait longer to see a physiotherapist with the increased risk that their clinical condition will worsen and become chronic in nature.

Proposed short term change: Therapy services - integrated therapy training for families and schools

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Currently, all children who are referred to the physiotherapy service are assessed and a package of care is determined which may include a mixture of qualified and unqualified staff.</p> <p>The recommended option is for children's physiotherapists and occupational therapists, who provide services to children with physical disabilities to provide additional training and supervision to families and schools. This will enable them to carryout some therapeutic interventions which would have been carried out by the therapists.</p>	<p>All three Lincolnshire Primary Care Trusts (West Lincolnshire Primary Care Trust host physiotherapy Services on behalf of the other two primary Care Trusts)</p>	<p>Building the knowledge and skills of people who have a regular presence in the lives of children with musculoskeletal disorders will allow therapeutic principles to be routinely integrated into the child's daily activity.</p>	<p>Some children in Lincolnshire with physical disabilities who currently receive direct treatments and extended interventions from physiotherapists and occupational therapists.</p> <p>(see page 6 for the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Some children who receive services from community physiotherapists and occupational therapists will receive less direct treatments and extended interventions from these groups of staff.</p> <p>The content of treatment programmes will not be affected but the role of qualified staff in delivering the programmes will be reduced</p>

Other option for consideration:

To continue to provide the current model of service.

Clinical evidence/rationale considered:

Staff will be unable to update the therapeutic programmes developed for individual children because there will be fewer therapists available to visit schools and homes on a frequent basis.

Proposed long term change: Speech and language therapy services - change of referral process to access service

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Some patients receive direct therapy from a speech and language therapist.</p> <p>The recommended option is to increase the central screening of ALL referrals to optimise accessibility and clinical effectiveness of any intervention offered. More training will be provided in special schools for staff/carers to minimise the number of children in these venues needing DIRECT therapy from a speech and language therapist.</p> <p>This will allow those referred with the most severe clinical need, countywide, to remain priorities.</p>	<p>All three Lincolnshire Primary Care Trusts</p> <p>(Lincolnshire South West teaching Primary Care Trust host Speech and Language Therapy Services on behalf of the other two Primary Care Trusts)</p>	<p>The recommended option is based on evidence of clinical effectiveness or, where not available, professional consensus.</p> <p>Sources of professional advice have been taken into consideration, e.g. from the professional body (Royal College of Speech and Language Therapists); local professional networks; research findings and reported professional good practice/consensus.</p> <p>Information from patients (e.g. reported personal "journeys"/complaints have also been taken into account).</p>	<p>Potentially any client group that has historically had access to the Speech and Language Therapy Service in Lincolnshire, EXCEPT those families within Sure Start areas and adults with learning difficulties, for whom there will be no change as the funding for these client groups is from outside of "health".</p> <p>(see page 6 for map showing the areas covered by West Lincolnshire and Lincolnshire South West teaching Primary Care Trusts)</p>	<p>Some clients who have previously received more direct therapy from a speech and language therapist will now receive their therapy from an alternate member of staff or a carer, possibly in a different venue e.g. less direct work and more training of other staff in special schools.</p>

<p>Other option for consideration: To continue to deliver the service as it is.</p> <p>Clinical evidence/rationale considered: Increasing waits and risk, e.g. for patients with dysphagia (swallowing) disorders.</p>	<p>Other option for consideration: Close some sites/service strands.</p> <p>Clinical evidence/rationale considered: Not equitable and raises risks</p>
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7. Detailed table of proposed changes to Lincolnshire NHS Community Services

Lincolnshire South West teaching Primary Care Trust and West Lincolnshire Primary Care Trust

Short term to be reinstated 2007/08

- Fluoridation of public water supplies

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Proposed short term change: Fluoridation of the public water supply

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Currently most people living in the areas covered by West Lincolnshire Primary Care Trust and Lincolnshire South West teaching Primary Care Trust receive fluoridated drinking water supplies.</p> <p>The recommended option is to stop adding fluoride to the drinking water provided to people in those areas who currently receive fluoridated drinking water supplies, for a period of one year. Fluoridation would be re-established during the 2007/08 financial year. Subject to a separate consultation, fluoridation will be extended to the whole county in 2007/2008.</p>	West Lincolnshire and Lincolnshire South West teaching Primary Care Trusts	<p>The proposed recommended option is considered to be one that has the least impact on the dental health of children and adults.</p> <p>The effect of the loss of fluoridation for one year is small.</p>	<p>People living in West Lincolnshire and Lincolnshire South West teaching Primary Care Trust areas.</p> <p>(see page 6 for map showing the areas covered by West Lincolnshire and Lincolnshire South West teaching Primary Care Trusts)</p>	<p>The loss of fluoride in drinking water supplies for a period of one year will reduce the level of protection provided to the population from tooth decay.</p> <p>However, there is unlikely to be a substantial change in levels of tooth decay as a result of loss of fluoridation for a period of one year.</p>

<p>Other option for consideration: To continue adding fluoride to the public water supply.</p> <p>Clinical evidence/rationale considered: Fluoridation benefits children by increasing the amount of fluoride built into their teeth as they develop and adults by acting as a fluoride mouthwash</p>	<p>Other option for consideration: To discontinue adding fluoride to the public water supply on a permanent basis.</p> <p>Clinical evidence/rationale considered: In the long term this would impact on the dental health of children and adults living in those areas who have previously received fluoridated drinking water supplies.</p>
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8. Detailed table of proposed changes to Low Priority Procedures List

**East Lincolnshire Primary Care Trust
Lincolnshire South West teaching Primary Care Trust and
West Lincolnshire Primary Care Trust**

Long term - changes to the Low Priority Procedures List

- Low Priority Procedures List - assisted conception (IVF - In Vitro Fertilisation)
- Low Priority Procedures List - breast reduction surgery
- Low Priority Procedures List - cosmetic surgery
- Low Priority Procedures List - prescribing of Trastuzumab (Herceptin) as adjuvant or neoadjuvant treatment of early stage breast cancer
- Low Priority Procedures List - total hip replacements, total knee replacements and hysterectomies (except as a treatment for cancer)

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Proposed long term change: Low priority procedures list - assisted conception (IVF- In Vitro Fertilisation))

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Changes to the indicative eligibility criteria for women to receive assisted conception (IVF) treatment funded by the NHS.</p> <p>There are currently nine indicative criteria which are used to assess if couples should receive funding for one cycle of NHS funded IVF. It is proposed to change one of the existing criteria and to add a new one.</p> <p>In future, the age range criterion will be that women must be between 23-35 yrs of age.</p> <p>The additional criterion will be that women must be non-smokers. (Carbon monoxide validation will be required for all applicants for funding).</p>	<p>All three Lincolnshire Primary Care Trusts</p>	<p>Women who are over 35 yrs of age have a much lower success rate of IVF than younger women.</p> <p>Women who are smokers have a much lower chance of conceiving naturally and a lower success rate from IVF.</p>	<p>Women in Lincolnshire seeking IVF treatment who are over 35 years or who smoke.</p> <p>(see page 6 for map showing the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Women in Lincolnshire seeking IVF treatment who are over 35 years old or who smoke.</p>

Other option for consideration:

No change in funding criteria.

Clinical evidence/rationale considered:

Fertility: assessment and treatment for people with fertility problems. Clinical Guideline 11. National Institute for Health and Clinical Excellence. February 2004.

Proposed long term change: Low priority procedures list - breast reduction surgery

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the Impact on those affected by the proposed recommendation?
<p>Changes to the indicative eligibility criteria for women seeking breast reduction surgery.</p> <p>Currently the indicative criteria for women seeking breast reduction surgery are: -</p> <ul style="list-style-type: none"> -An expected need to remove at least 750 grammes of tissue per breast -A Body Mass Index (BMI) of less than 30 (Body Mass Index is calculated as the weight in kilogrammes divided by the square of the height in metres) -A significant health gain expected from the procedure <p>The proposed change to the criteria is that women having this procedure will have to have a BMI of less than 26 rather than one of less than 30 and will have to be non smokers.</p>	All three Lincolnshire Primary Care Trusts	<p>This procedure is for a non-life threatening condition and is irreversible. The operation typically takes around three hours under general anaesthetic and has a substantial anaesthetic risk.</p> <p>These risks are far greater for women who are overweight (BMI between 26 and 30) or who are obese or who are smokers.</p>	<p>Patients in Lincolnshire seeking breast reduction surgery.</p> <p>It is estimated that around half of patients who currently meet the indicative eligibility criteria will continue to do so under the proposed criteria.</p> <p>(see page 6 for map showing the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>Patients in Lincolnshire seeking breast reduction surgery with a BMI greater than 26 or are smokers will not be able to have this funded by the NHS unless there are exceptional individual circumstances.</p>

Other option for consideration:

No change in funding criteria.

Clinical evidence/rationale considered:

Additional anaesthetic risk and risk of wound breakdown, in patients who are obese or overweight or smokers.

Proposed long term change: Low priority procedures list - cosmetic surgery

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
To restrict funding for cosmetic surgery treatments which are not separately defined within the existing Low Priority Procedures List.	All three Primary Care Trusts in Lincolnshire	<p>The Low Priority Procedures List was first introduced in Lincolnshire in 1995. Since then, funding for cosmetic treatments has been restricted.</p> <p>New cosmetic treatments are constantly becoming available which are not included within the existing Low Priority Procedures List. The general principle is not to fund cosmetic treatment; therefore it is important that restrictions on funding are extended to incorporate the new treatments.</p>	<p>Patients in Lincolnshire seeking cosmetic surgery treatments.</p> <p>(see page 6 for map showing the area covered by the three Lincolnshire Primary Care Trusts)</p>	Patients in Lincolnshire seeking cosmetic surgery treatments will not be able to have these funded by the NHS unless there are exceptional individual circumstances.

Other option for consideration:
No change in funding criteria.

Clinical evidence/rationale considered:
Existing rationale for restricting funding of some defined procedures. (e.g. breast augmentation or breast reduction) is that the NHS does not normally fund cosmetic surgery. This change closes a loophole.

Other option for consideration:
Listing cosmetic procedures individually.

Clinical evidence/rationale considered:

Proposed long term change: Low priority procedures list - funding of Trastuzumab (Herceptin) as adjuvant or neoadjuvant treatment of early stage breast cancer

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>Changes to the indicative criteria for funding Herceptin (Trastuzumab) as adjuvant treatment for early breast cancer in women.</p> <p>The current criteria for patients in Lincolnshire are:</p> <ul style="list-style-type: none"> - HER2 positive - Nottingham prognostic index greater than 3.4 - Use of Herceptin approved by a multidisciplinary team - Patient must be within six months of completing initial treatment. <p>It is proposed that patients will have to have a Nottingham prognostic index greater than 5.4 (i.e. high risk patients only)</p> <p>Applications for funding of neo-adjuvant treatment (i.e. chemotherapy prior to surgery) will be considered on an individual patient basis, with funding approved if there are exceptional individual circumstances.</p>	<p>All three Lincolnshire Primary Care Trusts</p>	<p>Herceptin is not licensed for the adjuvant or neoadjuvant treatment of early breast cancer in women. The purpose of licensing is to ensure that new drugs or new indications of existing drugs are proven to be safe and effective prior to general use. Formal assessment by the National Institute for Health and Clinical Excellence (NICE) will take place later this year.</p>	<p>Women in Lincolnshire who are being treated for early stage breast cancer.</p> <p>(see page 6 for map showing the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>The Primary Care Trusts will have a mechanism in place to consider requests to fund this unlicensed indication on a named patient basis. This means every case will be looked at on an individual basis.</p>

Other option for consideration:

No change in funding criteria.

Clinical evidence/rationale considered:

Trastuzumab after adjuvant chemotherapy in HER2 positive breast cancer. New England Journal of Medicine. October 20 2005.

Trastuzumab plus adjuvant chemotherapy for operable HER2 positive breast cancer. New England Journal of Medicine. October 20 2005.

Trastuzumab in the treatment of breast cancer. New England Journal of Medicine. October 20 2005.

Herceptin and early breast cancer: a moment for caution. The Lancet. 12 November 2005.

Proposed long term change: Low priority procedures list - total hip replacements, total knee replacements and hysterectomies (except as a treatment for cancer)

What is the recommended option?	Which organisation is proposing the recommendation?	What is the proposed recommendation based on?	Who will be affected by the proposed recommendation?	What will be the impact on those affected by the proposed recommendation?
<p>To restrict funding for total hip replacements, total knee replacements and hysterectomies (where these conditions are not life threatening) for patients who are obese or who smoke.</p> <p>Obese patients are defined as those patients with a body mass index (BMI) greater than 30.</p> <p>A patient's BMI is calculated as their weight in kilogrammes divided by the square of their height in meters. The normal BMI range is from 20 to 25.</p> <p>Patients requiring a hysterectomy as a treatment for cancer will not be affected by this proposed restriction.</p>	All three Lincolnshire Primary Care Trusts	<p>Currently there are no restrictions on funding for these procedures, although individual patients are often advised by their doctors to lose weight and/or stop smoking before they have surgery.</p> <p>These procedures require a general anaesthetic. Patients who are obese or who smoke are at greater risk of complications (e.g. significant anaesthetic risk) from these operations than other patients.</p> <p>Patients with the lowest risk of treatment failure or complications should be given priority. NHS treatment for obesity and smoking cessation is available e.g. smokers can receive free help and support to quit from the Phoenix Stop Smoking Service (01522 550681).</p>	<p>Patients wishing to have a total hip replacement, total knee replacement or hysterectomy (where these conditions are not life threatening) and who have a BMI greater than 30 or who smoke.</p> <p>(see page 6 for map showing the area covered by the three Lincolnshire Primary Care Trusts)</p>	<p>These patients' individual circumstances will be considered and funding may be approved if there are exceptional individual circumstances. If the decision is taken not to fund the procedure the patient has the right of appeal to an independent appeal panel. When making the decision, previous attempts by the patient to lose weight and/or stop smoking will be taken into account.</p>

Other options for consideration:

- 1) No change in funding criteria.
- 2) Require all requests to fund one of these procedures to be considered individually, and only funded where there are exceptional individual circumstances.

Clinical evidence/rationale considered:

BMA Tobacco Control Resource Centre (2006). Smoking and surgery: a review for surgeons and anaesthetists. www.doctorsandtobacco.org/files/113.pdf

Flancbaum L et al (1998). Surgical implications of obesity. Annual Review of Medicine 49 215-234.

Forrest JB et al (1992). Multicentre study of general anaesthesia III. Predictors of severe perioperative adverse outcomes. Anaesthesiology 76 3-15.

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9. Indicative numbers of population affected by the proposed changes to Lincolnshire NHS Community services

The tables in this section:

- Shows the geographical area affected by the proposed changes; and
- Indicates the number of people or patients who are likely to be affected by the proposed changes.

These proposed changes to services are more fully detailed in pages 13 to 64 of this document.

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East Lincolnshire Primary Care Trust

Proposed changes to Lincolnshire NHS Community Services	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
Community nursing - treatment of patients with lower limb (leg and foot) ulcers	Long	Approx. 500 patients		
District nursing service – reorganisation of workload	Long	Approx. 4,000 patients		
Health Visiting service – reorganisation of workload	Long term	Approx. 10,000 pre-school children		
Carpal tunnel minor surgery	Short term	Approx. 650 patients		
De Quervain Syndrome minor surgery	Short term			
Excision of bursae minor surgery	Short term			
Ganglion - Non volar minor surgery	Short term			
Ganglion volar minor surgery	Short term			
Release of trigger finger and thumb minor surgery	Short term			
Vasectomy minor surgery	Short term			

Lincolnshire South West teaching Primary Care Trust

Proposed changes to Lincolnshire NHS Community Services	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
District nursing service - reorganisation of workload	Long term		Approx. 500 patients	
Health visiting service - reprioritisation of children's routine development	Long term		Approx. 8,600 pre-school children could be affected by some or all of the proposed changes.	
Health visiting service - reprioritisation of support provided to families - in risk groups	Long term			
Health visiting service - reduction in baby massage sessions	Long term			
School nursing service - health education/promotion in schools	Long term			

West Lincolnshire Primary Care Trust

Proposed changes to Lincolnshire NHS Community Services	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
John Coupland Hospital - Minor Injuries Unit opening times	Long term			On average, during the period 8.00pm-10.00pm, two patients per night attend the unit
District nursing service - reorganisation of workload	Long term			House bound population of Approx. 5,000 patients
District nursing service - routine re-assessment frequency for patients with incontinence problems	Long term			Approx. 1,460 patients
District nursing service - access to venepuncture (taking blood samples) for patients at home	Short term			House bound population of Approx. 1,000 patients
Health visiting service - reorganisation of workload - children's developmental checks	Short term			Population of Approx. 6,000 pre-school children
School nursing service - health education/promotion in schools	Short term			School population of Approx. 35,000 children
Health visiting and school nursing - reorganisation of workload - smoking cessation	Short term			Approx. 500 patients

**Lincolnshire South West teaching Primary Care Trust
West Lincolnshire Primary Care Trust**

Proposed changes to Lincolnshire NHS Community Services	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
Fluoridation of public water supplies	Short term		Approx. 300,000 people across Lincolnshire South West and West Lincolnshire Primary Care Trusts	

**East Lincolnshire Primary Care Trust
Lincolnshire South West teaching Primary Care Trust
West Lincolnshire Primary Care Trust
(countywide)**

Proposed changes to Lincolnshire NHS Community Services	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
Dental treatment - provision of urgent dental treatment for patients who are not registered with a Dentist	Long term		Data not available until the baseline review has been completed.	
Sexual health services – contraceptive clinics	Long term		Approx. 17,500 patients across all three Trusts	
Podiatry services - centralisation of where podiatry (foot care) services are provided and reprioritisation of patients using the service	Long term		Approx. 1,500 patients across all three Trusts	
Speech and Language Therapy – referral process	Long term		Approx. 2,500 patients across all three Trusts	
Therapy services - relocating community physiotherapy assessment centres	Short term		Approx. 14,000 patients across all three Trusts	
Therapy services - training patients to self-manage their musculoskeletal condition	Short term		Approx. 14,000 patients across all three Trusts	
Therapy services - integrated therapy training for families and schools	Short term		Approx. 42 patients across all three Trusts	

**East Lincolnshire Primary Care Trust
Lincolnshire South West teaching Primary Care Trust
West Lincolnshire Primary Care Trust
(countywide)**

Proposed changes to Low Priority Procedures List	Short/long term change	East Lincolnshire	Lincolnshire South West	West Lincolnshire
Low Priority Procedures List - assisted conception (IVF)	Long term	Approve and currently fund Approx. 165 cycles per year across all three Trusts. New eligibility criteria estimated will reduce this by 50.		
Low Priority Procedures List - breast reduction surgery	Long term	Approve and currently fund Approx. 50 per year across all three Trusts. New eligibility criteria estimated to reduce this to 25.		
Low Priority Procedures List - cosmetic surgery	Long term	No data available		
Low Priority Procedures List - prescribing of Trastuzumab (Herceptin) as adjuvant adjuvant or neoadjuvant treatment of early stage breast cancer	Long term	Approve and currently fund under the present criteria Approx. 60 patients in a full year across all three Trusts. New eligibility criteria estimated to reduce this by half.		
		East Lincolnshire	Lincolnshire South West	West Lincolnshire
Low Priority Procedures List - total hip replacements, total knee replacements	Long term	Approx. 73 patients	Approx. 40 patients	Approx. 57 patients
Low Priority Procedures List - hysterectomies	Long term	Approx. 25 patients	Approx. 10 patients	Approx. 20 patients

10. Summary table of indicative financial savings

The table below lists the indicative financial savings which would be achieved if the recommended options contained within this document are adopted.

The impact of proposed savings is approximately 3.1 million pounds and this represents approximately 0.4% of the total the three Lincolnshire Primary Care Trusts expenditure.

Area	£
Community nursing services	900,000
Minor surgery provided by GPs, hospitals and independent sector providers	90,000
John Coupland Hospital - Minor Injuries Unit	20,000
Podiatry services	60,000
Sexual health service - contraception clinics	270,000
Speech and language therapy services	340,000
Therapy services	400,000
Fluoridation of public water supplies	120,000
Low Priority Procedures List	900,000
Total	3,100,000

11. Frequently asked questions

What is primary care?

Primary care is the first point of contact that most people have with the NHS - provided by doctors, nurses and other staff who work in surgeries, clinics, health centres and community hospitals. Primary care also encompasses other health care providers to whom patients refer themselves e.g. dentists, pharmacists and optometrists. Within the three Primary Care Trusts there are staff employed by the PCT in a wide range of community services such as health visiting, district nursing, school nursing, therapy services, sexual health, podiatry, intermediate care, palliative care, community dentistry and support functions.

What are Primary Care Trusts (PCTS)

They are freestanding legally established bodies, able to act as both commissioners and providers of services. They aim to play a key role in developing fast, modern and convenient health services for patients.

Primary Care Trusts are responsible for deciding what services their local residents need from the NHS and buying these services (commissioning) with public money from the most appropriate provider's e.g. local specialist hospitals. Primary Care Trusts provide community services. In some instances commissioning specialist community services from a neighbouring trust.

What is the background to the financial position in Lincolnshire?

The NHS in Lincolnshire has faced financial challenges over a number of years, largely in the hospitals, and particularly along the East Coast. In previous years these pressures have only just been contained with a combination of one off allocations and financial support from Trent Strategic Health Authority. The effect of this historical legacy, along with the ever changing demands of the NHS, means that Lincolnshire now has to take significant action in order to safeguard future health services in the county.

What is the Lincolnshire Local Delivery Plan?

The Local Delivery Plan sets out the three Lincolnshire Primary Care Trusts proposals for delivery of all of the national targets and standards set out in 'National Standards, Local Action - Health and Social Care Standards and Planning Framework' and a number of locally agreed targets to address specifically identified health needs in Lincolnshire. It is a three year plan, the first year of which was 2005/06. It is reviewed each year to ensure it reflects latest Department of Health guidance's and emerging priorities. The 2006/07 version is year two of the three year planning cycle.

Why are we seeking your views on the changes proposed in the Lincolnshire Local Delivery Plan?

There are many reasons why it is important to involve and consult patients. First and foremost - it is the law. Section 11 of the Health and Social Care Act 2001 places a legal duty of NHS organisations to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate.

However this is not just about fulfilling a duty or ticking boxes, it is about understanding and valuing the benefits and positive outcomes, both financial and non-financial, of involving patients and the public in the planning and development of health services.

Section 11 and the wider patient and public involvement system, of which it is part, will help to make sure the principles set out in the *Learning Works* - the report of the Committee on Widening Participation chaired by Baroness Kennedy (October 2001) - are acted upon throughout the NHS, and there is a transparency and openness in procedures for involvement and consulting patients and the public.

Why is it important that we consult?

There are many valid reasons for the NHS to involve and consult:

- Seeking the views of others and having mutual regard for them is an important element of planning;
- Services are designed and adapted to respond better to people's needs;
- A consultation allows alternative proposals to be developed;
- It demands that proper time and thought is given to patient's and the publics' views on a proposal and ensures the development of an evidence base for important decisions;
- The experience of patients, the public and local communities knowledge can be used to benefit others;
- Better decisions are made because more people's views, perspectives and suggestions are heard;
- Major decisions are more transparent and the process for reaching them is understood;
- Trust is built between communities and the health service.

What are our proposals based on?

The primary purpose of primary care trusts is to improve the health of our population and reduce health inequalities. The primary care trusts also have a statutory duty to balance financially. It is therefore our duty, within a fixed budget, to maximise the overall benefit to health of our population. The action proposed in the Lincolnshire Local Delivery Plan for this year reflects proposals to get the local NHS back into financial balance by the end of the financial year (March 2007) establishing a sustainable health care system across Lincolnshire.

The proposals detailed in this consultation paper have been carefully considered to ensure that improvements in health outcomes are maximised with the least impact on services that patients receive.

Why is funding restricted for some medical procedures?

There never will be, and never has been in the history of the National Health Service, sufficient resources to fund all possible treatments for all patients. Every area of the country restricts funding for designated procedures. For example, cosmetic surgery is rarely available on the NHS.

Lincolnshire has restricted funding for designated procedures since 1995. Procedures included in the Low Priority Procedures List are not normally funded but will be funded for individual patients if there are exceptional circumstances. Each request is considered by our Medical Advisor (a Lincolnshire GP) or a public health consultant based upon information supplied by the patient's GP and/or consultant. Patients can appeal to an independent appeal panel if the decision is not to fund.

For each procedure within the Low Priority Procedures List there are indicative clinical criteria which are taken into account, alongside the need to restrict spending on these procedures, by our Medical Advisor when deciding whether to fund for an individual patient.

The rationale for operating the Low Priority Procedures List is thus:

- it assists the primary care trusts to meet their statutory duty to remain within budget;
- it allows funding to be diverted to treatments of greater benefit;
- it restricts demand in specialities where there are long waiting lists;
- it restricts treatments which are ineffective.

Legal advice from our solicitors is that it is lawful to restrict funding for any procedure as long as we consider individual circumstances when deciding whether to fund, and that there is an independent appeals mechanism.

What does GP stand for?

A GP is a general practitioner, a doctor who, often with colleagues in partnership, works from a local surgery providing medical advice and treatment to patients who have registered on his list. Practice nurses, almost always support the doctor with other specialist nurses, and sometimes other health professionals, based at his surgery and working among his patients.

What is health promotion?

Health staff involved with encouraging people of all ages on how to live a healthy life, with special guidance on such topics as stopping smoking, losing weight, exercise and encouraging a healthy lifestyle.

What is acute care?

It is care that is provided by hospitals.

What are National Service Frameworks (NSFs)?

They are national documents which sets out the pattern and level of service (standards), which should be provided for major care area or disease group such as mental health or heart disease. NSFs help establish clear national standards for services to improve quality and reduce unacceptable variations in standards of care.

What is NICE – National Institute for Clinical Excellence?

A national body created in 1999 as part of the health service reforms “to ensure every NHS patient gets fair access to quality treatment”. It aims to set clear national standards of what patients can expect to receive from the NHS. It will promote clinical and cost effectiveness (i.e. does it work? is it good value in terms of patient benefit?) through guidance and audit to support front-line staff.

12. List of organisations supplied with consultation papers

<p>Anglian Water Authority Community Council for Lincolnshire GPs via Practice managers John Coupland Hospital: Charities Committee Patients Panel Lincolnshire Connexions Lincolnshire Dental Committee Lincolnshire Dentists Lincolnshire County Council - Social care Lincolnshire Expert Patient Programme Tutors Lincolnshire Fire Brigade Lincolnshire GP patient panels Lincolnshire Health Scrutiny Committee Lincolnshire Medical Committee Lincolnshire MPs Lincolnshire Opticians Lincolnshire Pharmacists Lincolnshire Police Lincolnshire Safeguarding Children Board Lincolnshire Schools - Headteachers - Nurseries - Primary - Secondary - Special Local Strategic Partnerships - Boston - East Lindsey - Lincoln - North Kesteven - South Holland - South Kesteven - West Lindsey</p>	<p>Public Engagement Groups - East Lincolnshire PCT - West Lincolnshire PCT Retirement homes Self help groups Staff side representatives - East Lincolnshire PCT - Lincolnshire South West tPCT - West Lincolnshire PCT Statutory bodies: - Boston Borough Council - East Lindsey District Council - Lincoln City Council - Lincolnshire County Council - North Kesteven District Council - South Holland District Council - South Kesteven District Council - West Lindsey District Council - Town Councils - Parish councils Trent Strategic Health Authority United Lincolnshire Hospitals NHS Trust, Boston, Louth, Grantham, Lincoln - Consultant Surgeons - Consultant Orthopaedic Surgeons - Consultant Gynaecologists - Consultant Oncologists - Consultant Cardiologists University of Lincolnshire and Lincolnshire Colleges Voluntary organisations</p>
<p>Members of the public on the Primary Care Trusts public involvement database NHS organisations in Lincolnshire: - Lincolnshire Ambulance Transport NHS Trust - Lincolnshire Partnership NHS Trust - United Lincolnshire Hospital NHS Trust Nursing homes Older Peoples Forums Patient Advice and Liaison Service Patient Forums: - East Lincolnshire PCT - Lincolnshire Ambulance & Transport NHS Trust - Lincolnshire Partnership NHS Trust - Lincolnshire South West tPCT - United Lincolnshire Hospital NHS Trust - West Lincolnshire PCT</p>	<p>Reference copies made available at: Lincolnshire Libraries West Lincolnshire Primary Care Trust website www.westlincspct.nhs.uk</p> <p>If you think an organisation has been omitted from the list above please contact a member of the Public Involvement Team who will arrange for a copy of the consultation paper to be sent:</p> <p>Tel: 01522 513355 Ext 5524 or Email: communications@westlincs-pct.nhs.uk</p>

13. List of locations where posters publicising the public meetings have been distributed

Poster displays:	Press releases to local media with details of consultation events:
<p>Colleges/University Community Centres Community Council for Lincolnshire Dental surgeries Dental Access Centres GP practices Health centres and clinics John Coupland Hospital Leisure Centres Libraries NHS Organisations in Lincolnshire:</p> <ul style="list-style-type: none"> - Lincolnshire Ambulance Transport NHS Trust - Lincolnshire Partnership NHS Trust - United Lincolnshire Hospital NHS Trust <p>Nursing homes Outpatient clinics</p> <ul style="list-style-type: none"> - United Lincolnshire Hospitals NHS Trust, Boston, Louth, Grantham, Lincoln - John Coupland Hospital <p>Pharmacists Retirement homes Self help and voluntary groups Statutory bodies:</p> <ul style="list-style-type: none"> - Boston Borough Council - East Lindsey District Council - Lincoln City Council - Lincolnshire County Council - North Kesteven District Council - South Holland District Council - South Kesteven District Council - West Lindsey District Council - Town Councils - Parish councils <p>Sexual health clinics Supermarkets Sure Start venues Town Halls Village Halls</p>	<p>Newspapers Boston Standard Boston Target/Skegness Target Gainsborough Journal/Citizen Gainsborough Standard Gainsborough Target Grantham Journal/Citizen Grimsby Telegraph Lincoln Chronicle Lincoln Target Lincolnshire Echo Lincs Free Press/Spalding Guardian Louth Leader Louth Target Market Rasen Mail Newark Advertiser (also covers Sleaford area) Nottingham Evening Post Peterborough Evening Telegraph Skegness Standard Sleaford Standard Sleaford Target Stamford & Rutland Mercury The Local (Bourne)</p> <p>Radio BBC Radio Lincolnshire Hereward Radio Lincs FM Lincolnshire Hospitals Radio Saga FM</p> <p>TV BBC TV East Midlands BBC Look North Carlton/Central Independent TV Primetime for YTV Yorkshire TV</p>
<p>Further copies of the posters are available on West Lincolnshire Primary Care Trust website www.westlincspct.nhs.uk or contact a member of the Public Involvement Team Tel: 01522 513355 Ext 5524 or Email: communications@westlincs-pct.nhs.uk</p>	<p>Notification of public meetings to NHS staff</p> <p>Staff Newsletters and briefings:</p> <ul style="list-style-type: none"> - East Lincolnshire PCT - Lincolnshire Ambulance & Transport NHS Trust - Lincolnshire Partnership NHS Trust - Lincolnshire South West tPCT - United Lincolnshire Hospital NHS Trust - West Lincolnshire PCT <p>PCT staff via Email:</p> <ul style="list-style-type: none"> - East Lincolnshire PCT - Lincolnshire South West tPCT - West Lincolnshire PCT

Further copies of this consultation paper are available from
West Lincolnshire Primary Care Trust website www.westlincspct.nhs.uk

or by contacting:

Public Involvement Team, West Lincolnshire Primary Care Trust
Cross O'Cliff, Bracebridge Heath, Lincoln, LN4 2HN
Tel: 01522 513355 Ext 5524
Email: communications@westlincs-pct.nhs.uk

If you would like this document in another format please let us know.

Healthy Environment DSP - Performance Monitoring 2005/06

Those indicators with a number in the PI column are from the Government's Best Value Performance Indicators suite used by many Councils. The remaining indicators are local to SKDC and may be relatively simple measures/indicators only. The reader is asked therefore to exercise an element of caution when interpreting any data attached to them.

IND Type = C - Cumulative/% - Percentage/ CA - Cumulative Average/N - Number/A - Average

Reporting = blank - Monthly/Q - Quarterly/Y - Yearly/H - Half yearly (Sept)

PI	SKDC Priority Area and PI Description	Lead Officer	IND Type	Reporting	2005/06 SKDC Outturn	2004/05 Upper Quartile	2006/2007 SKDC Target	April	May	2007/2008 SKDC Targets	2008/2009 SKDC Targets
RECYCLING Priority A											
BVPI 82a/b	Recycling - % of household waste recycled and composted	Garry Knighton	C		26.1%	26.1%	33%	28.6%*	29.2%*	39%	50%
STREET SCENE Priority A											
BVPI 199	Cleanliness of relevant land and highways	Garry Knighton	%	Q	12%	11%	9%			8%	7%
SK10	Street Cleaning pass rate for town centres	Garry Knighton	%		95%	N/A	96%	95%	100%	97%	98%
SK11	No.of fixed penalty fines issued	Garry Knighton	C		352	N/A	300	24	51	300	300
SK12	Average time taken to remove flytips	Garry Knighton	C		1 day	N/A	1 day	1 day	1 day	1 day	1 day
SK13	Satisfaction with street scene by Shoppers Survey	Garry Knighton	%	Q	66.00%	N/A	70%			75%	80%

DEVELOPMENT AND SCRUTINY PANELS (DSPs) **WORK PROGRAMME 2006/7**

INTRODUCTION

This Work Programme is partly derived from the Cabinet's Forward Plan, but also contains items that have been brought forward by the DSPs themselves. Such items are in italics.

Where the item has appeared on the Forward Plan, the anticipated date of the key decision is listed in the second column. The third column shows the last available date that the full DSP can consider this item before the key decision is due to be taken (unless a special meeting is called). This does NOT necessarily mean that the item will appear on the DSP agenda, this will only happen if this is requested by the Chairman or members of the DSP. There will also be instances where there is no DSP meeting before a decision is due to be taken; in these cases the next meeting date after the decision date is shown.

As Cabinet meets monthly and the DSPs meet bi-monthly it is not possible within the current timetable of meetings for the DSPs to consider every single Cabinet or Cabinet Member decision. Scrutiny members are therefore encouraged to read this Work Programme and bring forward items for consideration where they think that an item should be considered by the DSP.

DEVELOPMENT AND SCRUTINY PANELS (DSPs)
WORK PROGRAMME 2006/7

HEALTHY ENVIRONMENT DSP			
<u>ISSUES FOR CONSIDERATION</u>	<u>Date item appeared on Forward Plan</u>	<u>DATE OF KEY DECISION (IF APPROPRIATE)</u>	<u>DSP MEETING /ACTION</u>
Grantham Hospital – possible closures		N/a	Issue to be revisited on 05.09.06
Hospital Provision in Stamford			
Design competition for promotion of wheelie bin scheme		N/a	Waste Management Working Group reconvened
Deepings Leisure Centre - future		N/a	Working Group meeting
Review of Council priorities		June 2006	Full Council 22.06.06
Powers to restrict the consumption of alcohol in designated public places (outcome of consultation)		Not before August 2006	Considered on 06.06.06
Consultation on proposed changes to NHS and Community Services	N/a	12.06.06	Special meeting on
Corporate Plan	16.06.06	Not before September 2006	05.09.06