

# ACTION NOTES

## SCRUTINY COMMITTEE

WEDNESDAY, 11 JULY 2012



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### COMMITTEE MEMBERS PRESENT

Councillor Paul Cosham  
Councillor Reginald Howard (Chairman)  
Councillor Mrs Rosemary Kaberry-Brown  
Councillor Michael King  
Councillor David Nalson  
Councillor Helen Powell

Councillor Bob Russell  
Councillor Bob Sampson  
Councillor Ian Selby  
Councillor Mrs Judy Smith (Vice-Chairman)  
Councillor Frank Turner

### OFFICERS

Head of Legal and Democratic Services  
(Lucy Youles)  
Principal Democracy Officer (Jo Toomey)

### OTHER MEMBERS

Councillor Charmaine Morgan  
Councillor Raymond Wootten

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## 12. COMMENTS FROM MEMBERS OF THE PUBLIC

Councillor Morgan spoke as a member of the public in her capacity as chairman of SOS Grantham Hospital. She read from a letter that had been sent to United Lincolnshire Hospitals NHS Trust by the group. The letter invited comments on provision of a number of acute services it considered critical for local residents:

- Fully operational Accident and Emergency unit with fully qualified A&E consultants and nursing staff
- Consultant-led midwifery unit
- Consultant-led paediatric unit

## 13. MEMBERSHIP

The Committee was notified that Council Selby would be substituting for Councillor Davidson for this meeting only.

## 14. DISCLOSURE OF INTERESTS

No interests were disclosed.

## **15. SERVICE PROVISION AT GRANTHAM HOSPITAL**

The Chairman welcomed the following representatives to the meeting:

- Clair Raybould – Head of Business Improvement and Delivery from South West Lincolnshire Clinical Commissioning Group (CCG)
- Allan Kitt – Chief Operating Officer from South West Lincolnshire CCG
- Dr Dave Baker – GP Vine House Surgery and Urgent Care Lead GP for the CCG
- Jane Lewington – Director of Strategy and Performance, United Lincolnshire Hospitals NHS Trust (ULHT)
- Helen Sirs – Deputy Director Grantham hospital

The representatives explained that the South West Lincolnshire CCG would lead healthcare provision in the area from 1 April 2013. It covered a population of 128,000 centred round Grantham and Sleaford. There were 19 medical practices covering urban and rural areas. Patients were directed to hospitals in Grantham, Lincoln, Nottingham and Peterborough.

The CCG had agreed a vision:

- If it is possible and the right thing to treat patients locally, they should be treated locally
- Treatment must be safe and cost-effective
- If patients need to see a specialist they should expect the best quality of healthcare
- Services should be joined up
- Care should start at home; as much as possible, patients should be treated at home

The population of the area was aging. As resources were limited, they needed to reflect priority need and the demographics of residents. The efficiency agenda for Lincolnshire was approximately £275m over a three-year period.

The Shaping Health for Mid-Kesteven programme started in 2010 when a stakeholder board which included representatives from district and county councils and patient groups had been developed. Councillors were told that in previous programmes local GPs felt that a lot of proposed changes to Grantham hospital had been determined from a county level.

Models of care were produced which would deliver the CCG's vision. These would be subject to public consultation, which was due to commence in September 2012. Implementation was scheduled to begin from January 2013. The representatives reported that the future of Grantham hospital was bright and it would play a key role for the county in the delivery of some services. The panel was confident that safe and efficient services would be provided in the longer term. They also indicated there would be a significant role providing accident and emergency services and acute medicine on the site.

Proposed changes to the accident and emergency department would see the development of an integrated service incorporating out of hours provision, support from mental health services and social care. Specialist GPs would also work alongside A & E consultants. This enhanced current out of hours service provision. While there was not a GP in the hospital after 11pm, one remained on call until 8am.

There were also plans for Grantham hospital to play an increased role in the delivery of planned care, for example hip and shoulder surgery, for which many patients were currently referred to Nottingham.

Grantham hospital has played a key role in the delivery of countywide services including cardiology, providing specialist imaging support. It was anticipated that the public consultation would include other areas in which Grantham would take a county lead over the next 12 to 18 months.

Before any proposals were put forward for public consultation, a gateway review was required to ensure the correct process was followed, that there had been engagement, and that options were evaluated in a professional, fair and transparent manner. Feedback from the review was positive. The document is now subject to review by the National Clinical Advisory Team; subject to their satisfactory agreement, the document would then be put forward for public consultation.

Trust staff acknowledged that the Shaping Health for Mid Kesteven Programme and changes to a Foundation Trust had caused anxiety for some hospital staff. Councillors were advised that there were mechanisms through which staff could air any concerns.

Councillors were invited to ask questions of the panel.

One question probed why the local public had concerns about A&E services being closed or run down at Grantham hospital. They explained that the hospital had a long history in the town and whilst there had been 5 service reviews in 10 to 15 years, none had provided a clear direction on the future of the department. The panel felt that anxieties were exacerbated by the closure of A&E departments across the country. Panel members emphasised that the future for Grantham was bright and that the Shaping Health for Mid Kesteven Programme included definite statements about the future of the A&E department.

Dr Baker, a GP from Grantham commented on his experience of previous reviews which had been done on a countywide basis. The latest review had been undertaken locally and involved patients, the public and local clinicians.

A Councillor asked whether there were plans to change the service model at Grantham hospital to reflect Louth, where service was provided through GPs.

The panel stated that there were no plans to introduce the Louth model in Grantham; there were fewer patients and medical staff at Louth which determined the service model. Dr Baker stated that as a local GP he would not want to see Grantham hospital adopt this model.

In response to a question on ambulance provision, the panel explained that the CCG was working with the ambulance service at a local level. A pilot had recently begun in South Kesteven, which included a team of clinicians who responded when ambulances were called where the patient did not need hospital treatment but could be cared for at home. The team would also arrange treatment for ongoing needs.

Ambulances meeting response times was considered important by ULHT, who expected East Midlands Ambulance Service (EMAS) to meet national standards. ULHT could use their contract with EMAS to apply penalties when these standards were not met.

In responding to a further question on ambulance provision regarding the use of private ambulances and taxis in the evenings and at weekends, the panel explained that an increased service had been negotiated as part of a new contract. This would provide an evening service that would run until 10pm on weekdays and would also operate on Saturdays and Sundays.

If detailed discussion on the ambulance service was required, the panel offered to organise for the attendance of an EMAS representative at a future meeting of the Committee.

One Councillor asked a question about proposals to reduce the number of beds at Grantham hospital by 30. Representatives stated they were not aware of any proposals to reduce the number of beds. They were unable to comment whether proposals within the Shaping Health Mid Kesteven Document would include changing the use of any beds.

A question was asked about the provision of paediatrics and whether there was an intention to reduce the current service. The board confirmed that proposals would be put forward in respect of changing emergency care for children. Day care would be provided on the Kingfisher Ward. They stated that treatment of children required specially trained doctors. National paediatric services had been centralised to provide a critical mass. Treatment of children where there was not a specialism because of insufficient critical mass would put lives at risk.

The Shaping Health consultation would include a section on maternity provision. The panel stated that there was not a critical mass in Grantham and so the service would not be safe to deliver.

Panel members discussed the employment of new consultants and middle-grade doctors at Grantham hospital. They explained that new staff had been attracted by the vision of the Shaping Health programme. For the first time in

several years the majority of staff were in substantive posts and the use of agency staff and locums had significantly decreased.

One Councillor highlighted rumours around the closure of the High Dependency Unit and the Critical Care Unit. Representatives stated that there was no truth in these rumours.

The United Lincolnshire Hospitals NHS Trust was keen to review governance arrangements that would incorporate a strong voice for local people. This included a key role for clinicians. The Trust was also keen to engage local councils on changes to government arrangements.

Patients were being encouraged to share their experiences. The hospital had a suggestion box and was using Netpromoter to improve the delivery of services. Patients were asked to rate the service they received and whether they would recommend the hospital to friends and family.

Mr Kitt gave a brief presentation on the provision of mental health services. Outline proposals would be taken to the Lincolnshire County Council health scrutiny committee on 25 July 2012. He explained that Partnership Foundation Trusts had to have a clinical strategy that remained viable. Any significant changes that were proposed would be subject to gateway review, consultation with the National Clinical Advisory Team then public consultation (as a countywide service, consultation would incorporate all of Lincolnshire).

Emerging themes from review work by clinicians, GPs, service users and carers were:

- Services were not joined-up
- Too many small teams dispersed around the county
- Services were sometimes hard to get into
- Not enough home treatment and too many beds
- Not enough out of hours support
- Unsuitable and some unsafe buildings
- Lack of specialism and untherapeutic mix of patients in some wards

Mr Kitt explained that the Sycamore Unit in Grantham was closed at the request of the Care Quality Commission as it was not deemed a safe environment for acutely ill people. The Trust had a legal duty to take action when concerns for safety were expressed. The unit could not be closed permanently without public consultation.

Patients with challenging needs were being sent to facilities outside the county. Work was underway to find opportunities to treat high risk patients within the county. The Trust was generating options that addressed all issues: improving safety and quality and also protecting the dignity of patients with dementia.

In response to a question on the causes of mental health problems, the panel

said that environmental, social and economic factors contributed. Partnership working between health services and district councils would provide opportunities to create conditions for a healthy population.

Further discussion on governance ensued. The Trust stated that they wanted future governance arrangements that reflected the local area and gave sufficient weight to the local perspective. The panel suggested that it could come back to the Council to discuss governance at a local level.

Councillors questioned why the Trust had not discussed proposals with district councils as stakeholders in the local area. The panel advised the Committee that the Council's Leader and Chief Executive both sat on the Shaping Health for mid-Kesteven board. The panel acknowledged the comment and said that as part of future consultations they could schedule meetings with councillors to ensure they were fully informed. It was suggested that district councillors could form part of the conversations in respect of mental health service provision in the county.

A final question was asked on care for stroke patients. Work was led by the East Midlands cardiovascular network which looked at national standards for the care of acute stroke patients. Lincoln and Boston Pilgrim hospitals received investment to provide an acute stroke service. Grantham hospital received investment as a rehabilitation centre for stroke patients following the first acute phase of treatment in Lincoln, Boston or Nottingham. This was implemented on 1 May 2012. The three units would be subject to peer review and inspected annually to ensure they continued to meet the expected standards.

The five representatives from the CCG and United Lincolnshire Hospitals NHS Trust were thanked for their attendance, the presentations they delivered and their responses to Councillors' questions. Members of the Committee showed their appreciation with a round of applause.

## **16. CLOSE OF MEETING**

The meeting was closed at 11:21am.