

A large blue graphic element that looks like a speech bubble or a document tab. It contains the title 'Public Consultation Document' in white text. The word 'Public' is enclosed in a dotted white box. The word 'Document' is set against a darker blue rectangular background. The graphic has a white dotted line trailing off to the right.

Public Consultation Document

Relating to four of Lincolnshire's NHS Services

Orthopaedic surgery

Urgent and emergency care at Grantham and District Hospital

Acute medical beds at Grantham and District Hospital

Stroke services

From 30th September until 23rd December 2021

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Some photos were taken before the COVID-19 pandemic

What is this consultation about?

The NHS belongs to us all. It is undoubtedly one of the most important and treasured institutions in our country.

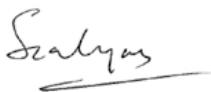
In Lincolnshire, the NHS serves a population of almost 800,000 people, 15,000 of whom use it every day. Over 14,000 people work in our NHS in the county.

We are rightly proud of many things about our local NHS. The efforts and dedication of staff throughout the coronavirus pandemic have been widely praised, and our standards of care and delivery in many areas are often outstanding. However, in some services we have problems to resolve in order to ensure that we can provide the highest quality of patient care possible to the people of Lincolnshire. This will require changes to some of the health services we provide.

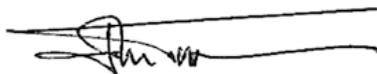
This consultation document explains the review process undertaken so far of four NHS services provided by United Lincolnshire Hospitals NHS Trust (ULHT). It also describes the challenges these services face and how they might change in the future to deliver some of that much needed improvement. Most importantly, it asks for your views on the proposed changes. The four NHS services are:

- Orthopaedic surgery across Lincolnshire
- Urgent and emergency care at Grantham and District Hospital
- Acute medical beds at Grantham and District Hospital
- Stroke services across Lincolnshire

We welcome your views on these services as they will help us in our decision making process. Please complete the questionnaire and tell us what you think about the proposed changes.



Sean Lyons
NHS Lincolnshire
CCG, Chair



John Turner
NHS Lincolnshire CCG,
Chief Executive

What is public consultation?

Public consultation in the NHS is a formal process through which the NHS listens to the views of the public relating to service change proposals.

In this particular process, the authority consulting is the NHS Lincolnshire Clinical Commissioning Group (CCG). The review work leading to consultation has been undertaken in partnership with senior clinicians from the NHS in Lincolnshire.

Why are we consulting?

Our vision is to deliver the very best in health and care for people across Lincolnshire, and we seek to continuously improve services wherever we can.

This consultation is focused on these four NHS services because we believe that significant and permanent improvement is required to them. Such change would ensure that the highest possible standards of patient care are provided in line with clinical evidence and best practice, giving the best possible outcomes for patients. We are consulting to understand the potential impact of these changes on you before we make a decision.

We believe that the benefits of changing will include:

- Improved quality of care
- Reduced waiting times
- Better outcomes for patients
- Increased availability of staff to care for patients
- Better use of NHS funds, reducing spend on temporary staff

If we don't improve these services, there is a continued risk that the quality of care the services provide to patients would deteriorate. In addition there is a risk that the staffing levels and expertise needed to provide the service would not be sufficient to provide high standards of care. If these issues are not addressed, these services will remain unsustainable.

Who are we consulting?

We are consulting with the people of Lincolnshire. This includes patients who have used, are currently using or could use in the future, services in Lincoln, Boston and Grantham hospitals. It also includes their families and carers; NHS staff; people who live or work in Lincolnshire; people in neighbouring areas; partner organisations; the community and voluntary sector and elected representatives.

We are also working closely with the Lincolnshire County Council Health Scrutiny Committee with regard to their oversight responsibilities in relation to public consultation exercises.

As well as consulting widely across our county, we are particularly interested in hearing from groups (often defined by protected characteristics) who might be most affected by the proposals. The Equality Impact Assessments we have done to date tell us these are:

- People who are economically disadvantaged
- People with a disability
- People who may be affected due to their age (i.e. they are in the older or younger age brackets)
- Carers (specifically of those in the above groups)

All the responses that we receive will be valued and will inform any formal decisions which will be made by NHS Lincolnshire CCG.

The public consultation of these four Lincolnshire NHS services will run for 12 weeks, from 30 September until 23 December.

Detailed information on all of the sections within this consultation document, and further reading can be found at www.lincolnshire.nhs.uk

Does Lincolnshire NHS have a preferred way of improving?

Yes. Later in this document (in each of the service sections) we describe each of the four NHS services and how they are structured now, as well as how we believe they should be structured in future. Our senior clinicians have been heavily involved in designing our preferred service models.

What this consultation includes and what it does not

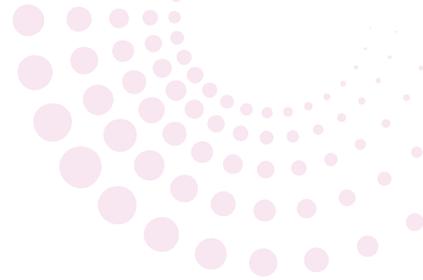
The consultation does not cover any other NHS services, such as mental health, hospital or primary care services (those based in and around GP surgeries, pharmacies, opticians and dentists). Lots of work continues to happen to ensure these services keep improving, which will support any changes we make to our hospital services. Whilst we are only consulting on the four NHS services, we continuously welcome feedback on all NHS services in the county.

To give us your feedback on any other services, go to www.lincolnshire.nhs.uk

This consultation includes:

- Orthopaedic surgery
- Urgent and emergency care at Grantham and District Hospital
- Acute medical beds at Grantham and District Hospital
- Stroke services

Why we need to change



There is a widely publicised, national case for change regarding why the NHS across the country must improve and transform. Key national challenges are well known: recruiting and retaining staff; increased demand for services and patients living longer and with more complex conditions.

Within Lincolnshire, United Lincolnshire Hospitals NHS Trust (ULHT) provides a wide range of acute hospital services to our population.

This consultation relates to four NHS services currently provided by ULHT. Some people in Lincolnshire receive their hospital care from NHS Trusts in a neighbouring area (eg. North West Anglia NHS Foundation Trust, Peterborough and Northern Lincolnshire and Goole NHS Foundation Trust).

The quality and long-term sustainability of services within ULHT is critical to Lincolnshire's community. To support ULHT to address the national challenges and improve services we need to change the way they are currently delivered. This public consultation is focused on improving this quality of care, and retention and recruitment of staff, rather than on financial savings. If we improve these four NHS services, we believe there will be:

- Shorter waiting times for planned orthopaedic procedures in Lincolnshire
- Fewer cancellations of planned orthopaedic procedures in Lincolnshire
- Better urgent and emergency care for patients across Lincolnshire
- Clinically optimum hospital stays for recovering stroke patients
- Better hospital care for recovering stroke patients
- More integrated community and hospital medical services
- Quicker access to specialist staff across these four NHS services
- Reduced risk that Lincolnshire would lose these services if they become unsustainable
- Increased ability for the NHS in Lincolnshire to attract new staff to work in the county
- Better retention of staff already in the county, as they would be working for more sustainable and progressive services
- Reduced spend on temporary and locum staff to fill gaps in the rota, caused by too few permanent staff to fill them



How to get involved

We want people across Lincolnshire to get involved and to have their say. If you live in or use these services in Lincolnshire, we would really welcome your views on their future because the final decision about these four NHS services may affect you.

A detailed public consultation strategy and plan, as well as full event listings and contact information, can be found on our website: www.lincolnshire.nhs.uk

How can I get involved in this consultation?

We will be offering a mix of 'virtual' methods of consultation, such as on-line discussion forums, as well as face-to-face events, where appropriate and safe. We will continue to adapt our consultation activities in line with any changes to national or local guidance regarding the COVID-19 pandemic during the consultation period.

We are publicising this consultation widely to encourage as many people as possible to provide their views. This includes those people we know are usually less likely to engage with such a process. We have developed a dedicated online resource at www.lincolnshire.nhs.uk where all information about this consultation, including the online questionnaire, can be found. We are also sending an information leaflet to households across the county.

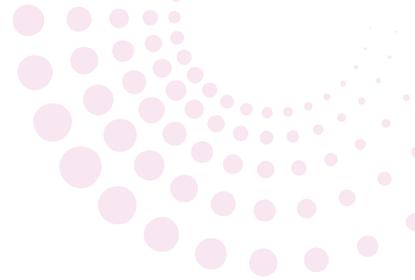
This consultation will run for 12 weeks from 30 September until 23 December. There are lots of ways you can find out more about it:

- Visit our website for further detail about all sections of this document, films, FAQs and much more at www.lincolnshire.nhs.uk
- The website also has the full Pre Consultation Business Case document that contains the full detail behind the proposals and their selection
- Look through the consultation materials distributed to local outlets e.g. consultation booklet, Easy Read booklet, awareness flyer to local households
- Attend one of our events, either online or face-to-face. If you can't make one of the events listed on our schedule, you can watch our event film to learn what is discussed at www.lincolnshire.nhs.uk
- Talk to us when you see us out and about in market places, supermarkets and community venues
- NHS staff can attend one of our staff engagement events to learn what this might mean for them. Your line manager will have more information

You can respond to the consultation by:

- Completing the questionnaire included in this document and sending it back to us at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL (no stamp required) OR
- Completing the same questionnaire online on our website www.lincolnshire.nhs.uk

This document is available in other languages and formats. To request alternative formats or if you require the services of an interpreter, please contact us on 01522 421860 Monday – Friday 9am – 5pm.



What will happen with feedback?

We will carefully record and review all of the feedback we receive. Individual responses to the questionnaire will remain anonymous and confidential and all responses will be analysed by an independent organisation. All the analysis will then be made publicly available. Hearing the views of people throughout the consultation process is an important part of the decision making and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with one or more of the preferred service changes will be informed by the feedback from the consultation and any subsequent decisions taken by the NHS Lincolnshire CCG Board.

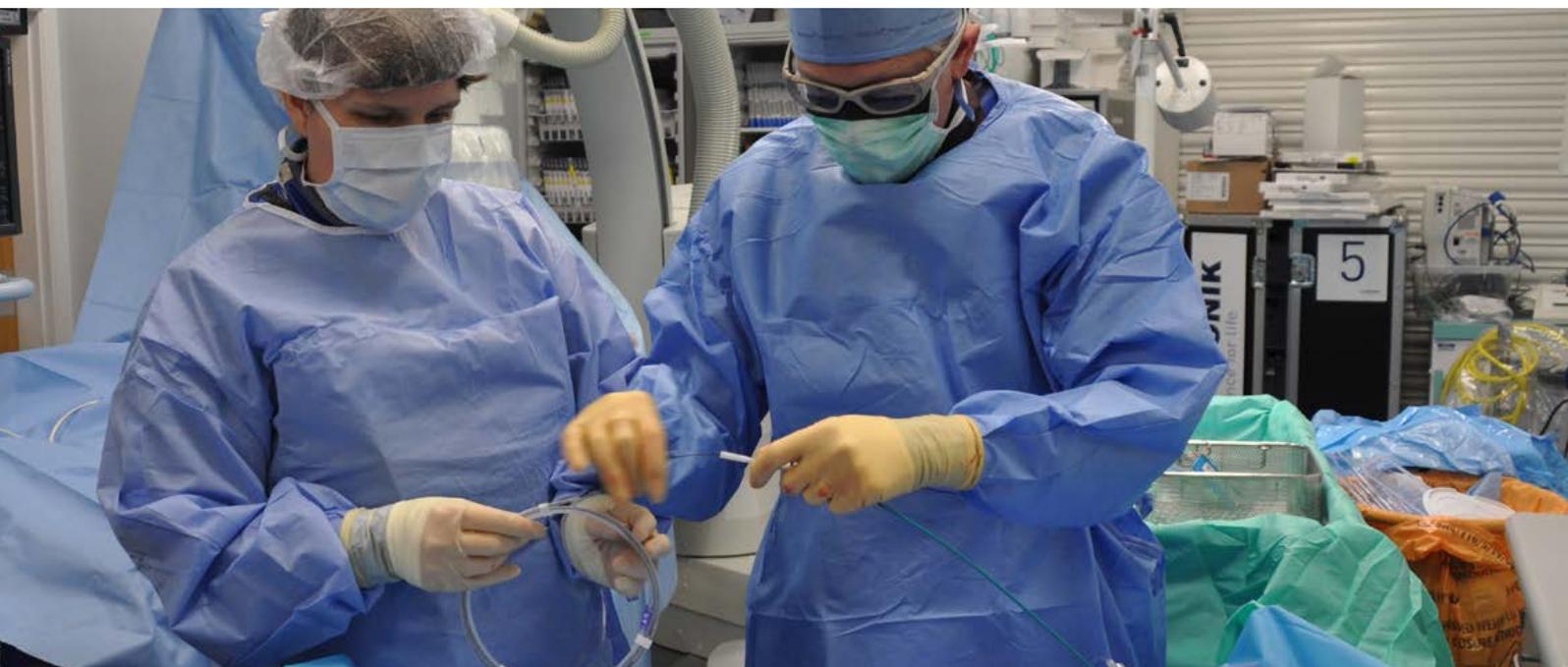
The feedback from the public consultation is really important but does not represent a vote on, or a veto over, any form of change. The independent report of the results will be published on our website and the decision-making process will be assured by NHS England.

The CCG has appointed ORS, an independent social research company, to manage the consultation questionnaire and responses and will faithfully report the outcomes. All information you provide will be processed by ORS in accordance with the latest Data Protection regulations. Information will only be used to inform this consultation and any personal information that could identify you will be kept for no more than one year after any decisions have been made.

The views of individual members of the public in a personal capacity will be anonymous. However, where feedback is from representatives of organisations or someone acting in an official capacity, it may be attributed to them.

All the questions are optional, and all information you provide will be processed by ORS in accordance with the Data Protection Act and GDPR. Please visit www.ors.org.uk/privacy and/or our CCG website www.lincolnshireccg.nhs.uk/contact/freedom-of-information/privacy-notice-your-information-and-how-we-use-it/ for more information.

For further details on how to get involved please visit www.lincolnshire.nhs.uk



How have we involved the public so far?

Our review work over the past few years has been led by Lincolnshire's senior clinicians, who have experienced working in the services which are being considered.

As well as benefiting from the expertise of these clinical leaders, we have undertaken significant engagement with the public across Lincolnshire. This has involved explaining the challenges, discussing the possible solutions and ensuring their views have also influenced the developing ideas for improvement. A full overview of this process and associated timeline prior to developing into the 'Acute Services Review' in 2017, can be found on our website, and is summarised here:

- **Phase 1** – 2013: the first public engagement on this review occurred, via Lincolnshire Sustainable Services Review (LSSR) programme
- **Phase 2** – 2014-2017: Our Lincolnshire Health and Care Programme (LHaC) programme included stakeholder engagement events, task and finish groups, and Clinical Senate reviews to develop and design models of care
- **Phase 3** – 2017-2021: LHaC transitioned into the Acute Services Review (ASR), which continued to engage with clinicians, stakeholders and the Clinical Senate to develop these initiatives

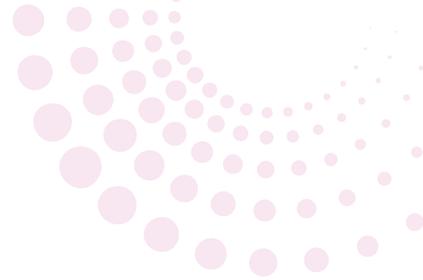
The latest engagement programme that has fed into this review was Healthy Conversation 2019. During this six-month exercise we asked the public and many other stakeholders to tell us their views on a range of NHS services, and contributory factors such as access and workforce issues. Feedback from this helped us develop the review process into possible solutions that NHS Lincolnshire CCG could take to public consultation. Similarly, the public feedback helped develop our understanding of public concerns, such as the importance of 24/7 walk in access to urgent care services in Grantham.

Focus on four NHS services

Those who took part in Healthy Conversation 2019 will note that there are only four of the services which were discussed at that point included in this consultation. This is because we are not currently able to progress improvements to all of the eight original services discussed at that time, due to not having sufficient capital funding. This means that there is not enough 'one-off' funding available to, for example, adapt the buildings to accommodate all of the potential service changes we are proposing.

The reason we are focusing on the current four NHS services is either because we can take the proposed changes forward without significant capital funding, or because the service is extremely fragile in its current state, and must therefore be prioritised for improvement in order to continue caring for Lincolnshire's population.





What impact has the public involvement had so far?

The public and stakeholder feedback which has been received through the review process included:

- Most members of the public understand why changes need to be made
- Some members of the public have concerns about consolidating some services (especially emergency care) but many agree that a specialised service might improve quality and safety standards and reduce the number of cancelled operations
- Some members of the public were happy to travel further for better care but some felt that other people (for example in our most rural areas or on a lower income) might be disadvantaged by having specialised services in fewer locations
- Some members of the public were concerned about a potential increased burden on the East Midlands Ambulance Service

Our most recent pre-consultation engagement, Healthy Conversation 2019, which ran for six months from March of that year, provided us with greater detail about the public's views on the four services in this consultation. Specifically:

We heard that people in the Grantham area:

- Want 24/7 'walk in' access to urgent care services at Grantham and District Hospital
- Support a centre of excellence for elective care at Grantham and District Hospital

We heard that people in the Boston area:

- Are concerned about travel time for people with symptoms of a suspected stroke if the service is consolidated at Lincoln County Hospital

We heard that people across Lincolnshire as a whole:

- Are concerned that Lincoln County Hospital may not be big enough to have more services moved there
- Are concerned that some patients, families and those from deprived backgrounds may have difficulty travelling to Lincoln County Hospital, exacerbated by general issues with road networks and public transport in the county
- Are worried about current difficulties in getting a GP appointment, and believe GPs and other services could be better linked
- Are concerned about the staff recruitment challenges faced by the NHS locally and nationally

As Healthy Conversation 2019 closed, we produced a full and final report. This can be found on our website and details all that we heard throughout this extended engagement exercise through completed questionnaires, face to face sessions and focus groups, visits to market days, freshers' fayres and community groups and much more.

Since receiving this feedback, Lincolnshire's NHS has continued to progress activity and improvements where possible, including:

- We have increased our collaborative working with local government to align NHS services with other locality plans, as demonstrated for example, through NHS support to the successful Town Fund
- We have invested in the digital delivery of health services, particularly GP access, to improve the availability of appointments and advice
- We have established a county-wide programme focused on the recruitment, retention and wellbeing of health and care staff in the county

- We have invested in the resourcing and development of 'primary care networks' to further improve general practice services in the county. It was this structure that played such a key role in enabling Lincolnshire to so successfully deploy our COVID vaccination programme
- Online recruitment events this year facilitated almost 250 health care support worker roles in Lincolnshire's hospitals being offered to new staff and since lockdown guidelines eased, we have welcomed over 50 international nurses into the county, with more cohorts coming in the months ahead.

Equally important is the feedback from engagement work we undertook with communities who are seldom heard in traditional engagement activity. Also on our website is a report of the feedback received by The People's Partnership, a specialist in this area of engagement, who engaged with a number of communities on behalf of Lincolnshire NHS. Key concerns reported were:

- Potential cost increase of travel if services move further away
- Limited public transport options for patients and family members who do not have access to a car
- The significant impact of greater travel time and distance to those who are disabled or frail

It is clear that the proposed changes may have more of an impact on certain age groups, people with a disability or those who are economically disadvantaged

Details of the potential impact of proposed improvements identified by these Equality Impact Assessments are included in each service section, later in the document.

This consultation document provides a summary of the engagement responses received so far. It does not attempt to describe every point made. A full report of the Healthy Conversation 2019 exercise and feedback, as well as the full Stage 1 and Stage 2 EIAs is available on our website www.lincolnshire.nhs.uk

We really welcome members of the public and other stakeholders continuing to share their views via this consultation, so that this feedback can continue to feed into the ongoing review and decision-making process.

How we developed our change proposals

Identifying NHS services for improvement

Following a review led by senior clinicians and managers from across the Lincolnshire health system, eight NHS services provided by United Lincolnshire Hospital NHS Trust (ULHT) were identified as priority areas for improvement.

This assessment was conducted using a framework of quality of care, workforce, performance and finance. The priority services identified through this review were:

- Acute medical beds
- Breast
- General surgery
- Haematology & oncology
- Orthopaedic surgery
- Stroke services
- Urgent and emergency care at Grantham and District Hospital
- Women's and children's services

A common thread across all of the services identified as a priority was a lack of enough suitably qualified staff in key areas. In many cases this was consistent with a national shortage.

The issues identified in each of these services were presented and discussed at a meeting of clinical leaders and key stakeholders from across the Lincolnshire health system. It was agreed that change was needed in each of them to improve quality of patient care in line with best clinical practice and advice.

How potential solutions for improving NHS services were developed and considered

To develop and consider potential solutions for improving the prioritised hospital services, we followed a process whereby we developed an initial full range of possible solutions. We carried out a thorough analysis on each of them and identified a preferred proposal for change to be taken to public consultation.

Throughout this process we ensured we had independent clinical best practice input by:

- Involving national clinical leaders in the development of the change proposals; and
- Asking the independent East Midlands Clinical Senate to review our change proposals

The steps we followed in this process are set out below.

Step one: Developed a 'long list' of options

Following widespread agreement by senior clinicians of the need for change in the prioritised services, potential solutions for improving care provision were considered.

This exercise identified a list of options for change at a service level which were put together in different combinations to develop a 'long list' of nine overarching scenario-based options.

This long list of options presented a view of significant change possibilities, thereby providing a sense of what could be achieved.

Step two: Developed a 'shortlist' of options

Each of the long list of options was evaluated at a clinically led workshop where clinical leaders and key stakeholders discussed the options alignment and impact against four criteria.

This evaluation was clinically led and focused on quality, safety and sustainability to collectively review and assess the impact of the scenarios on the whole Lincolnshire health system. This identified clinical opinions on which of the options were the best fit to meet the needs of the Lincolnshire population. A shortlist of six scenario-based options was identified.

Step three: Appraised the 'shortlist' of options

Each of the shortlisted options underwent a more detailed appraisal, using the evaluation criteria. This included running one options appraisal workshop with local clinical leads and key stakeholders and four option appraisal workshops with randomly selected members of the public from across Lincolnshire.

Attendees at the events were asked to consider the specific service change proposals at a specialty level (e.g. acute medicine, stroke etc.) that when combined made up the scenario based options in the shortlist.

Following a review of the outcomes of the clinical leads and key stakeholder options appraisal workshop, the public option appraisal workshops and the recommendations of the East Midlands Clinical Senate, a preferred change proposal was identified from the shortlist.

Option evaluation criteria

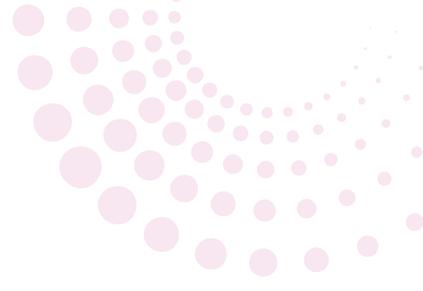
The evaluation criteria used to appraise the options for improving the prioritised hospital services was based on a framework developed as part of a previous programme of work, known as the Lincolnshire Health and Care Programme (LHaC).

During its development as part of the LHaC programme, the evaluation criteria were subject to a significant amount of stakeholder consultation and involvement.

As part of this programme of work the evaluation criteria underwent further testing with the public and were developed further.

The evaluation criteria used to appraise the shortlist of options are set out below.

Quality	<ul style="list-style-type: none"> • Does the option maintain or improve clinical quality and outcomes? • Does the option maintain or improve patient experience?
Access	<ul style="list-style-type: none"> • Does the option maintain or improve equality of access to care? • Does the option minimise activity seen or treated at a different site or provider?
Affordability	<ul style="list-style-type: none"> • Does the option minimise the requirement for capital? • Is the implementation of the option achievable?
Deliverability	<ul style="list-style-type: none"> • Does the option have an achievable workforce requirement?



Progressing the preferred option

Due to the limited capital funding available to the NHS, both nationally and locally, it is not currently possible to progress all the proposed service level changes that make up the preferred overall option at once.

In light of this, so as not to delay the benefits to patients of service change proposals, four NHS services were identified where the proposed changes could be taken forward without significant capital funding and / or the service is extremely fragile in its current state.

These areas are:

- Orthopaedic surgery
- Urgent and emergency care
- Acute medical beds
- Stroke services

The change proposals relating to these four hospital services are the focus of this public consultation.

Impact assessments

An impact assessment is a formal process to understand and consider the implications of any proposed changes on people or their environment.

For each of the four service change proposals we have conducted a Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA).

Our findings from these are set out in each of the service change sections later in this document.

A key focus during the public consultation will be to seek out the views of those groups of people identified through the EIAs who may be more likely to be impacted by the change proposals. This is described further in the next section.

We will continue to review and develop these EIAs, with independent support, throughout our public consultation in light of the feedback we receive. They will play a key part in informing the decision making process.

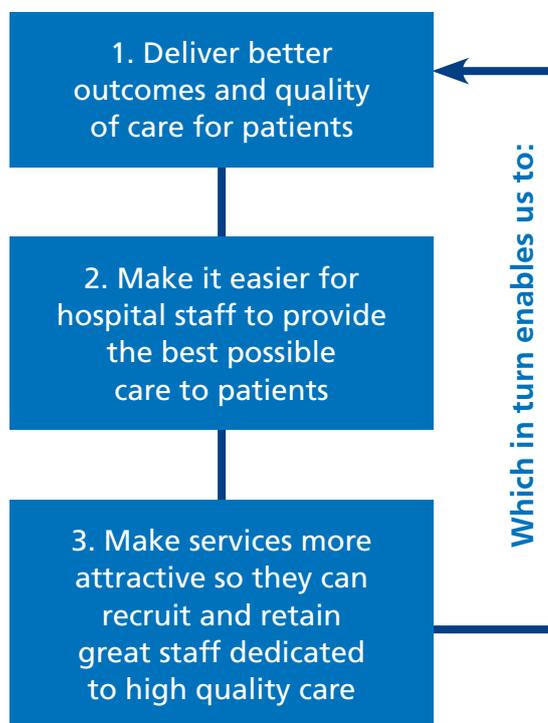


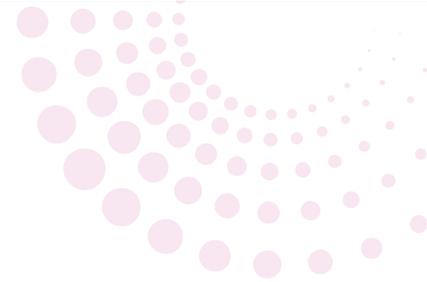
Overview of our change proposals

All of our change proposals are based on:



In order to:





Summary of our change proposals

For each of the four NHS services within the scope of this consultation, the tables below set out the options considered at the shortlist stage, the preferred change proposal identified following the appraisal of the shortlist and a summary of the preferred change proposal.

Orthopaedic surgery

Options appraised at shortlist stage	Change proposal identified following appraisal
<p>1. Consolidate planned orthopaedic surgery at Grantham and District Hospital</p> <p><i>Other options were considered initially, however these did not progress to the shortlist stage following the clinically led evaluation of the long list of options</i></p>	<p>Consolidate planned orthopaedic surgery at Grantham and District Hospital</p> <p>A dedicated day case centre at County Hospital Louth (developed through the pilot which is described on p22)</p>
Overview of preferred change proposal	
<ul style="list-style-type: none">• A 'centre of excellence' in Lincolnshire for planned (only) orthopaedic surgery would be established at Grantham and District Hospital• A dedicated day case centre at County Hospital Louth for planned orthopaedic surgery• All unplanned orthopaedic surgery delivered by dedicated, specialist staff at ULHT will take place at Lincoln County Hospital and Pilgrim Hospital, Boston• A pilot of these services has demonstrated:<ul style="list-style-type: none">◦ Reductions in the number of patients who have their planned orthopaedic surgery cancelled due to a lack of beds◦ Care provided in line with national best practice and care standards◦ A reduction in the amount of time patients wait for their planned orthopaedic surgery◦ A reduction in the amount of time patients spend in hospital after their planned surgery◦ An improvement in patient satisfaction and experience◦ A reduction in the number of patients receiving their care in the private sector, funded by the NHS	

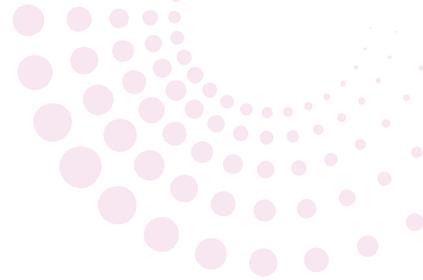
Urgent and emergency care at Grantham and District Hospital



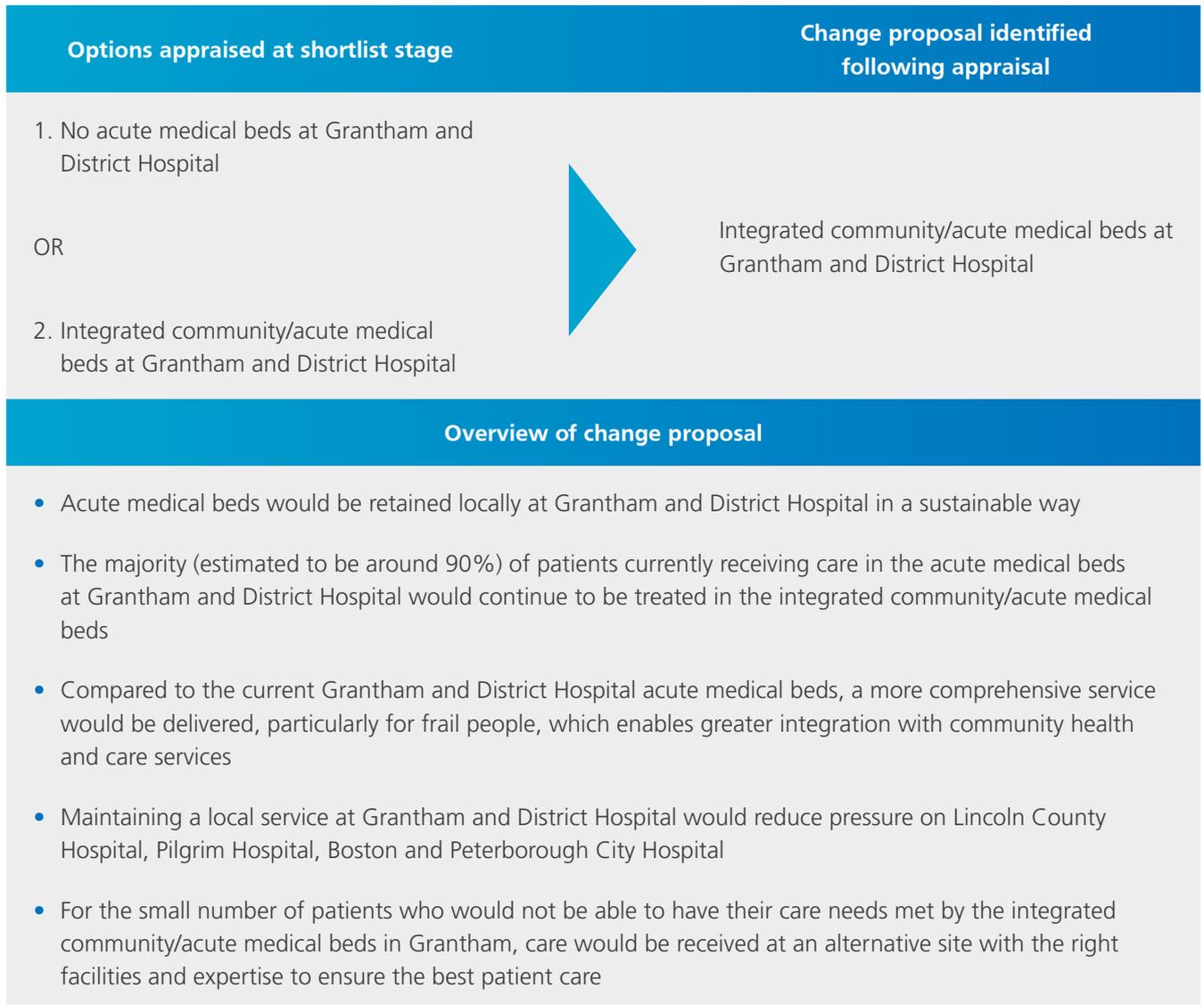
Overview of change proposal

Feedback from the public received during Healthy Conversation 2019 engagement further developed this proposal into a 24/7 walk-in UTC

- 24/7 walk-in urgent care services at Grantham and District Hospital would be provided by a sustainable and permanent Urgent Treatment Centre (UTC)
- The vast majority (estimated to be around 97%) of patients currently seen by the A&E department at Grantham and District Hospital would continue to be treated by the proposed 24/7 Urgent Treatment Centre (UTC)
- Compared to the current Grantham and District Hospital A&E Department, access overall would increase as the UTC would be open 24/7. Greater access would also be provided for children
- The 24/7 UTC would be provided by a community health service provider, which will support better integration with primary care and community services and the provision of care closer to home
- For the small number of patients who wouldn't be able to have their care needs met by the 24/7 UTC in Grantham, care would be received at an alternative site with the right facilities and expertise to ensure the best patient care
- The Mental Health Liaison Service currently provided at Grantham and District Hospital would not be impacted by the proposed service changes and would continue to provide services as it does now



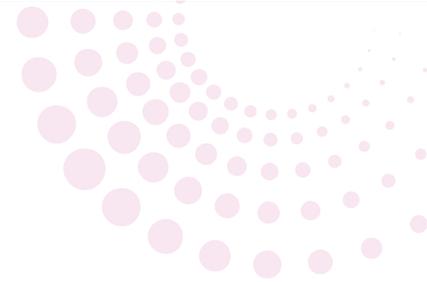
Acute medical beds at Grantham and District Hospital



Stroke services

Options appraised at shortlist stage	Change proposal identified following appraisal
<p>1. Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service</p> <p>OR</p> <p>2. Provide hyper-acute and acute stroke services from Lincoln County Hospital and Pilgrim Hospital, Boston, supported by a combined medical on-call rota</p>	<p>Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service</p>
Overview of change proposal	
<ul style="list-style-type: none"> • A 'centre of excellence' in Lincolnshire for hyper-acute and acute stroke services would be established at Lincoln County Hospital – Pilgrim Hospital, Boston would no longer provide hyper-acute and acute stroke services • Hospital stroke service provision would be based on national clinical evidence, which has demonstrated stroke patients are more likely to survive, recover more quickly and spend less time in hospital • Hospital stroke services in Lincolnshire would be in a stronger position to attract and retain talented staff through building a strong, high quality and successful service – making it sustainable for the long term • More patients would benefit from hospital stroke services being located on the same hospital site as the highly successful Lincolnshire Heart Centre, with benefits including increased access to important time critical interventions and acute imaging services, further reducing time to treatment • Stroke patients would spend the minimum time necessary in a hospital bed, by ensuring enhanced community services have the right skills and capacity to provide high quality rehabilitation to stroke patients as they return home, or as close to home as possible 	

The sections that follow in this document provide more detail on the individual services that form part of this consultation.



How these four NHS services are currently organised and how they could look in the future

Each of the tables below outline how the services which are part of this public consultation are currently organised (pre COVID-19 temporary changes). They also outline how services have temporarily been changed in response to COVID-19, changes which were necessary for multiple reasons during the pandemic, such as staff isolating, and the need to separate patients with COVID-19 from other patients. And finally, they outline how services would be organised in the future if our change proposals are agreed and implemented.

It can be seen in some areas there are similarities between the temporary COVID-19 changes and the preferred proposals for change. These temporary changes have therefore provided the Lincolnshire health system with additional insights into the proposed change.

Orthopaedic surgery

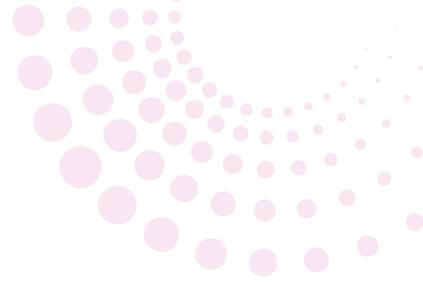
	Services pre COVID-19 (after the pilot changes in August 2018)	Temporary changes in response to COVID-19 (in place between March 2020 and May/June 2021)	Preferred option for change proposal
Lincoln County Hospital	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case <i>high risk patients</i> Inpatient <i>high risk patients</i> Unplanned surgery 	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case based on priority level Inpatient based on priority level Unplanned surgery 	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case <i>high risk patients</i> Inpatient <i>high risk patients</i> Unplanned surgery
Pilgrim Hospital, Boston	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case* <i>high risk patients</i> Inpatient <i>high risk patients</i> Unplanned surgery <i>*some non-high risk patients also seen to manage day to day operational demands</i> 	<ul style="list-style-type: none"> Unplanned surgery 	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case <i>high risk patients</i> Inpatient <i>high risk patients</i> Unplanned surgery
Grantham and District Hospital	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case <i>non-high risk patients</i> Inpatient <i>non-high risk patients</i> 	<ul style="list-style-type: none"> No service provision 	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Day case <i>non-high risk patients</i> Inpatient <i>non-high risk patients</i>
County Hospital Louth	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Focused on day cases <i>non-high risk patients</i> 	<ul style="list-style-type: none"> No service provision 	<ul style="list-style-type: none"> Planned surgery <ul style="list-style-type: none"> Focused on day cases <i>non-high risk patients</i>

Urgent and emergency care at Grantham and District Hospital

	Services pre COVID-19	Temporary changes in response to COVID-19 (in place between June 2020 and July 2021)	Preferred option for change proposal
Lincoln County Hospital	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC) 	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC) 	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC)
Pilgrim Hospital, Boston	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC) 	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC) 	<ul style="list-style-type: none"> • 24/7 full A&E department • Co-located Urgent Treatment Centre (UTC)
Grantham and District Hospital A&E operating reduced hours since 2016	<ul style="list-style-type: none"> • A&E department (08.00-18.30 since 2016) • Limited range of presenting conditions dealt with by A&E department since 2007/8 	<ul style="list-style-type: none"> • 24/7 Urgent Treatment Centre (UTC) 	<ul style="list-style-type: none"> • 24/7 'walk in' Urgent Treatment Centre (UTC) (full range of services)

Acute medical beds at Grantham and District Hospital

	Services pre COVID-19	Temporary changes in response to COVID-19 (in place between June 2020 and July 2021)	Preferred option for change proposal
Lincoln County Hospital	<ul style="list-style-type: none"> • Acute medical beds 	<ul style="list-style-type: none"> • Acute medical beds 	<ul style="list-style-type: none"> • Acute medical beds
Pilgrim Hospital, Boston	<ul style="list-style-type: none"> • Acute medical beds 	<ul style="list-style-type: none"> • Acute medical beds 	<ul style="list-style-type: none"> • Acute medical beds
Grantham and District Hospital	<ul style="list-style-type: none"> • Acute medical beds – level of provision reflective of the specified range of presenting emergency conditions 	<ul style="list-style-type: none"> • No acute medical beds 	<ul style="list-style-type: none"> • Integrated community/ acute medical beds – level of provision reflective of specified range of presenting conditions



Stroke services

	Services pre COVID-19	Temporary changes in response to COVID-19 (commenced April 2020, still in place)	Preferred option for change proposal
Lincoln County Hospital	<ul style="list-style-type: none"> • Hyper-acute stroke service including thrombolysis • Acute stroke service • Transient Ischaemic Attack (TIA) clinics 	<ul style="list-style-type: none"> • Hyper-acute stroke service including thrombolysis • Acute stroke service • TIA clinics 	<ul style="list-style-type: none"> • Hyper-acute stroke service including thrombolysis • Acute stroke service • TIA clinics
Pilgrim Hospital, Boston	<ul style="list-style-type: none"> • Hyper-acute stroke service including thrombolysis • Acute stroke service • TIA clinics 	<ul style="list-style-type: none"> • Acute stroke service • TIA clinics 	<ul style="list-style-type: none"> • TIA clinics



Orthopaedic surgery

What are we asking you to consider?

We want you to tell us what you think about our preferred change proposal to develop:

- A 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital, along with
- A dedicated day case centre at County Hospital Louth for planned orthopaedic surgery

What are the services and how are they organised (pre COVID-19 temporary changes)?

Orthopaedic surgery relates to planned surgery (e.g. hip and knee replacements) and unplanned surgery (e.g. if a patient has been involved in an accident).

Planned surgery can be provided:

- As a 'day case', where the patient is admitted to and discharged from hospital following their surgery on the same day; or

- As an 'inpatient', where the patient stays in hospital overnight after their surgery

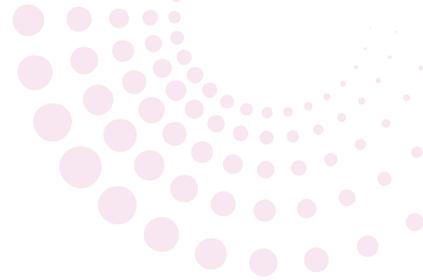
In August 2018 the orthopaedic surgery service provided by United Hospitals Lincolnshire NHS Trust (ULHT) became part of a national orthopaedic pilot to look at how service quality and patient outcomes could be improved.

Prior to the pilot beginning, planned and unplanned orthopaedic surgery was carried out at three hospital sites; Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital. In addition, planned orthopaedic surgery was provided from County Hospital Louth.

Under the pilot all unplanned orthopaedic surgery is now carried out at Lincoln County Hospital and Pilgrim Hospital, Boston, and as much planned orthopaedic surgery as possible is carried out at Grantham and District Hospital.

	Before the pilot in August 2018	After the pilot changes in August 2018
Lincoln County Hospital	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case ◦ Inpatient • Unplanned surgery 	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case <i>high risk patients</i> ◦ Inpatient <i>high risk patients</i> • Unplanned surgery
Pilgrim Hospital, Boston	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case ◦ Inpatient • Unplanned surgery 	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case <i>high risk patients*</i> ◦ Inpatient <i>high risk patients</i> • Unplanned surgery <p><i>*some non-high risk patients also seen to manage day to day operational demands</i></p>
Grantham and District Hospital	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case ◦ Inpatient • Unplanned surgery 	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case <i>non-high risk patients</i> ◦ Inpatient <i>non-high risk patients</i>
County Hospital Louth	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Day case ◦ Inpatient 	<ul style="list-style-type: none"> • Planned surgery <ul style="list-style-type: none"> ◦ Focused on day cases <i>non-high risk patients</i>

Please see earlier section for description of temporary changes in response to COVID-19



Lincoln County Hospital and Pilgrim Hospital, Boston continue to provide some planned orthopaedic surgery for high risk patients with multiple health problems, which is comparatively small in volume.

In addition, throughout the pilot Louth hospital has focused on day case planned orthopaedic surgery.

A summary of orthopaedic surgery provision prior to the pilot changes and after the pilot changes in August 2018 (pre COVID-19) is set out above.

A report of the pilot and outcomes can be found on our website.

What are the challenges and opportunities for orthopaedic surgery?

This section sets out the challenges and opportunities for orthopaedic surgery and what we hope to achieve by making changes.

Challenges (pre pilot)

- A lack of 'protected' planned orthopaedic surgery beds across United Lincolnshire Hospitals NHS Trust (ULHT) meant that the high volumes of medical emergencies experienced all year round resulted in fewer beds being available for planned orthopaedic surgery
- On average, around 10 patients each month had their planned orthopaedic surgery cancelled on the day of surgery due to a lack of beds. This is a very poor experience for patients and their families
- Failure to consistently meet nationally set referral to treatment time targets – limited separation of planned and unplanned orthopaedic surgery made attainment and sustainment of the target a challenge
- The orthopaedic service had high doctor and nurse vacancies

- Over 3,000 patients from Lincolnshire each year received a planned orthopaedic procedure in the private sector (funded by the NHS), much of which took place outside of Lincolnshire. This is because sufficient capacity is not available in the NHS locally. The money that is spent with these private providers could go towards the delivery of local NHS services

Opportunities

By making changes, we can look to ensure:

- Improvements in the quality of patient care and outcomes evident during the pilot become permanent
- Reductions in the number of patients who have their planned orthopaedic surgery cancelled on the day due to lack of beds
- Reductions in the time patients wait for their planned orthopaedic surgery is reduced, so they are treated quicker
- Best practice for the length of stay for patients in hospital after surgery
- Overall patient experience and satisfaction is improved, including reducing the amount of time spent in hospital after surgery
- More Lincolnshire patients choose to have their orthopaedic surgery in Lincolnshire
- The number of patients going to the private sector for planned orthopaedic surgery, paid for by the local NHS, is reduced
- The need for temporary staff to cover vacancies is reduced
- The orthopaedic service is able to attract and retain talented and substantive staff to build an effective, high quality, successful team

- Orthopaedic services are provided to Lincolnshire's patients in line with national best practice and care standards

The feedback from engagement about orthopaedic surgery and how we have used it

There has been ongoing engagement with the public throughout the Lincolnshire Acute Services Review programme, particularly through the 'Healthy Conversation 2019' engagement exercise.

Some consistent themes in relation to orthopaedic surgery have been shared by the public and stakeholders throughout our engagement to date:

- Acknowledgement of the problems with the current situation e.g. the number of cancelled operations and the number of patients travelling out of county for treatment
- The principle of separating planned and unplanned care is considered sensible if it will enable a reduction in the number of cancelled operations and allow staff to become more specialist
- A desire for information about where any planned and unplanned sites would be located, and to better understand how different sites would be utilised in future if services changed
- Concerns about the distances needed to be travelled, with the transport infrastructure and rurality identified as major challenges. The ability for family members to visit the patient was also seen as important
- The process of being discharged from secondary care, specifically the link between 'bed blocking' and the cancellation of planned operations, and the need to improve 'step down' care and integrate more closely with social care

- Working with existing resources by making use of our smaller hospitals as diagnostic treatment centres

We have consistently taken into account all of the public and stakeholder feedback throughout our work.

In addition to the feedback received through our engagement exercises, the orthopaedic surgery pilot has sought feedback from its patients.

The overarching theme from the patient experience and feedback is how impressed and happy people are with the level of care and treatment received from all staff involved. Just prior to the onset of COVID-19, 95% positive feedback was achieved in the NHS Friends and Family Test (a post treatment survey).

What is our proposal for change?

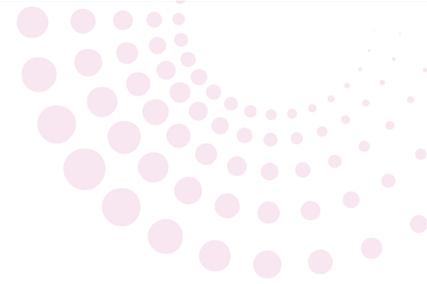
Our proposal for change (which reflects the pilot arrangements) is to establish a 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital, and a dedicated day case centre at County Hospital Louth. Outpatient clinics would be unaffected.

This would mean Grantham and District Hospital would not provide unplanned orthopaedic surgery.

Lincoln County Hospital and Pilgrim Hospital, Boston would continue to provide unplanned orthopaedic surgery, and some planned orthopaedic surgery for high risk patients with multiple health problems, which is comparatively small in volume.

It is anticipated the change would affect on average:

- Between 3 and 4 patients a day for planned orthopaedic surgery, these patients would receive treatment at either Grantham and District Hospital or Louth hospital; and
- Around 1 patient a day for unplanned orthopaedic surgery, these patients would have previously received care at Grantham and District and would now be treated at a different site



If more planned orthopaedic surgery capacity became available at Grantham and District Hospital and County Hospital, Louth, more patients could be seen at these sites and benefit. This includes seeing more of the patients who receive their planned care in the private sector (much of which takes place outside of Lincolnshire) paid for by the NHS.

A key part of our evaluation of options to tackle the service challenges, was to hold a clinically led health system stakeholder workshop and four workshops with randomly selected members of the public.

For orthopaedic surgery, where only one solution remained following the shortlisting of options, attendees at these workshops were asked whether they agreed or disagreed that the changes proposed would help to improve the current situation and meet the challenges identified.

The table below summarises the level of stakeholder and public support for the change proposal.

Support for change proposal to consolidate planned orthopaedic services at Grantham and District Hospital		
Support for change proposal	Stakeholder	Public Workshops
Agree (strongly/tend to)	98%	84%
Disagree (strongly/tend to)	0%	14%
Neither agree nor disagree	2%	2%

Impact Analysis

As we have developed our proposals we have considered the quality and equality impact of the preferred option for orthopaedic surgery.

We have also benefited from the evidence collated through the pilot (pilot evaluation is based on data for the period August 2018 to February 2020).

Through our equality impact assessment we identified three groups of people, two of which are defined by protected characteristics that may be more likely to be impacted, positively or adversely, by this proposal. These three groups are age, disability and those who are economically disadvantaged.

Our observations from the pilot evaluation and these assessments are set out below. We will continue to review and develop these, including the impact on different groups of people within our population, with independent support, through our public consultation in light of the feedback we receive.

Potential positive impacts

Evaluation of the pilot pre COVID-19 identified:

1. A reduction in waiting times for planned orthopaedic surgery, which means patients were getting treated quicker
2. Cancellations on the day of planned orthopaedic surgery due to a lack of beds reduced:
 - From 10 a month to 3 a month across United Hospital Lincolnshire NHS Trust (ULHT)
 - To 0 at Grantham and District Hospital
3. Length of stay reduced:
 - From 2.9 days to 2.3 days across ULHT
 - From 2.7 days to 1.7 days at Grantham and District Hospital

4. ULHT performed better than many other hospitals in terms of the length of time patients stayed in hospital after their planned surgery
5. An improvement in overall patient experience and satisfaction. In February 2020 a score of 95% was achieved in the 'Friends and Family Test'
6. The number of patients going to the private sector for planned orthopaedic procedures, funded by the local NHS, reduced
7. The pilot workforce model successfully removed the need for temporary staff to cover vacancies, and the service is more attractive to junior doctors which supports long term service sustainability

Potential adverse impacts

1. Receiving planned orthopaedic surgery at Grantham and District Hospital or County Hospital Louth, would mean treatment is received at an alternative hospital site for some patients (3 to 4 a day on average).

As the pilot has demonstrated, these patients would receive high quality care and outcomes; however it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.

- Of those receiving planned orthopaedic surgery at an alternative hospital site it is estimated around 1 a day, on average, will travel more than 75 minutes by car for their surgery, the threshold agreed by the local health system for this type of activity
- The friends and family of those patients receiving treatment at an alternative hospital, may have to travel further to see them

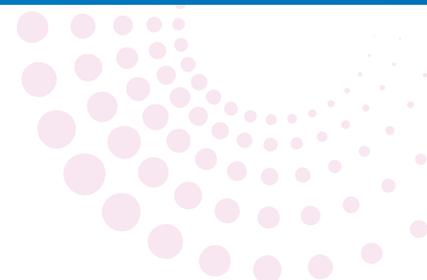
2. For those patients who were previously admitted to Grantham and District Hospital for unplanned orthopaedic surgery (around 1 a day on average), care would be received at an alternative hospital site

These patients would receive the specialist input they need at the right time, in the right setting; however it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.

- Of those receiving unplanned orthopaedic surgery at an alternative hospital site it is estimated none will travel more than 60 minutes by car for their surgery, the threshold agreed by the local health system for this type of activity
- The friends and family of those patients receiving treatment at an alternative hospital, may have to travel further to see them



Urgent and emergency care at Grantham and District Hospital



What are we asking you to consider?

We want you to tell us what you think about our preferred change proposal to develop:

- A 24/7 Urgent Treatment Centre (UTC) at Grantham and District Hospital

What are the services and how are they currently organised?

The primary role of an Accident and Emergency (A&E) department is to assess and treat people with major trauma, serious injuries and those in need of emergency treatment.

United Lincolnshire Hospitals NHS Trust (ULHT) currently provides A&E departments at Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital.

The A&E departments at Lincoln County Hospital and Pilgrim Hospital, Boston are consultant-led 24 hour services that provide the full range of accident and emergency care, with support from 24/7 diagnostics and access to critical care.

However, the Grantham and District Hospital A&E department has for some time (since 2007/8) only dealt with a limited range of presenting emergency conditions. This is because of its small size, limited availability of specialist staff and limited range of 24/7 support services to support very ill patients after they leave the A&E department.

This means the majority of patients treated at Grantham and District Hospital A&E department arrive with injuries or illnesses that can be safely treated at an Urgent Treatment Centre (UTC). As the service is supported by a skilled range of doctors, GPs, practitioners and nursing staff, it is able to provide an extensive range of assessment and treatment that meets the needs of the local population.

The service available at Grantham and District Hospital is well understood by the local healthcare system,

including the ambulance service. If they assess a patient local to Grantham as having a care need greater than can be dealt with at Grantham and District Hospital, they will take them to the next closest hospital with the right facilities and skills to care for them.

If patients do present at Grantham and District Hospital A&E department with conditions that the hospital is not able to deal with, the skills and experience are there to manage the patient whilst transfer is quickly arranged to a more specialist unit for the appropriate treatment.

Prior to 2016 the A&E department at Grantham and District Hospital was operating 24/7 (dealing with a limited range of presenting emergency conditions).

Since 2016 it has been operating on reduced hours (currently closed between 6.30pm and 8.00am) due to difficulties faced by ULHT in safely staffing its A&E departments. This change did not impact on the limited range of emergency conditions the service could deal with.

A summary of the current provision at ULHT's A&E departments is set out below.

Lincoln County Hospital	<ul style="list-style-type: none">• Operates 24/7• Services: Full A&E• Consultants: 24/7• Doctors: 24/7• Nurses: 24/7
Pilgrim Hospital, Boston	<ul style="list-style-type: none">• Operates 24/7• Services: Full A&E• Consultants: 24/7• Doctors: 24/7• Nurses 24/7
Grantham and District Hospital	<ul style="list-style-type: none">• Operates 08:00-18:30• Services: Not full A&E• Consultants: 14/7• Doctors: 14/7• Nurses: 14/7

Please see earlier section for description of temporary changes in response to COVID-19

In addition to the three A&E departments currently provided by ULHT, six Urgent Treatment Centres (UTC) are provided by Lincolnshire Community Health Services NHS Trust (LCHS). These are located at:

- Lincoln
located with A&E
- Boston
located with A&E
- Louth
- Skegness
- Gainsborough
- Spalding

These urgent care services can treat a wide range of conditions which are not critical or life threatening such as sprains and strains, suspected broken limbs and feverish illness in adults and children. They play a significant role in protecting A&E departments for those patients who really need them.

The Minor Injuries Unit service at Stamford Hospital (which is currently provided by North West Anglia NHS Foundation Trust) is available to people in and around the Stamford area in the south of the county.

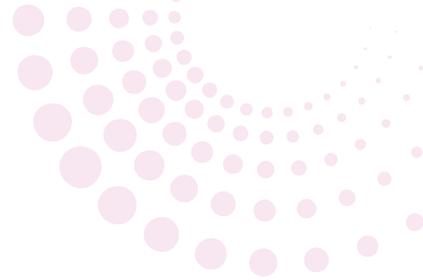
What are the challenges and opportunities for urgent and emergency Care at Grantham and District Hospital?

This section sets out the challenges and opportunities for urgent and emergency care and what we hope to achieve by making changes.

Challenges

- Nationally there is a shortage of emergency medicine (A&E) doctors, which means greater competition between hospitals for doctors and an over reliance on doctors employed on a temporary basis
- Emergency medicine doctors are very difficult to secure, which in turn can lead to medical staffing vacancies and risk to the quality of patient care. Ultimately this can lead to service and patient safety concerns – as experienced by Grantham and District Hospital A&E department when the opening hours were reduced
- There have been genuine efforts to recruit and retain staff to work in Lincolnshire’s A&E departments but with limited success – the uncertainty over the future of the Grantham and District Hospital A&E has added to the reluctance to join the county’s team
- Independent clinically-led reviews have concluded that in the interests of safety the A&E department at Grantham and District Hospital should not re-open 24/7 unless sufficient staff can be recruited and retained on a long term and sustainable basis
- The A&E service at Grantham and District Hospital has, since 2007/8, only dealt with a limited range of presenting emergency conditions, and services are similar to that of an Urgent Treatment Centre (UTC) yet the description of the service as an A&E is still in place
- Using a description of A&E for this service creates unrealistic expectations and misunderstandings about the level of service that is and can be provided at Grantham and District Hospital





Opportunities

By making changes, we can look to ensure:

- High quality urgent care services are delivered at Grantham and District Hospital on a 24/7 basis in a sustainable way for the long term, by:
 - Making relatively small changes in the scope of safe and high-quality services, ensuring Grantham and District Hospital receives patients in line with its medical capabilities
 - Those few patients with the highest levels of need that cannot be met at Grantham hospital receive care in the most appropriate and safest place for them
 - Improve our ability to attract and retain talented and substantive staff to an effective, high quality, successful and sustainable service
- All patients see the right clinician for their needs, first time, 24/7, and therefore receive the best possible care, including not having to wait unnecessarily
- Patient health and the overall patient experience are improved

The feedback from engagement about urgent and emergency care and how we have used it

There has been ongoing engagement with the public throughout the Lincolnshire Acute Services Review programme, particularly through the 'Healthy Conversation 2019' engagement exercise.

Some consistent themes in relation to urgent and emergency care have been shared by the public and stakeholders throughout our engagement to date:

- The need to improve urgent and emergency care services across the entire county to deliver the best possible care for everyone
- Concern that the variety of urgent and emergency care service options across the county, with different names and specifications, was confusing and contributing to inappropriate use of services
- A clear desire that people should only use specialist A&E services when they are appropriate, to protect them for those requiring them
- Specific to Grantham and District Hospital:
 - A wish for 24/7 walk in access
 - Some concerns about increased travel time for local people if an A&E was no longer provided at the hospital
 - Some concern that other services at the hospital would be affected by not having an A&E department

We have consistently taken into account all public and stakeholder feedback throughout our work.

In light of the feedback received in relation to urgent and emergency care we have considered how we can deliver a sustainable 24/7 walk in service at Grantham and District Hospital.

What is our proposal for change?

Our proposal for change is to establish a 24/7 walk in Urgent Treatment Centre (UTC) at Grantham and District Hospital, in place of the current Accident and Emergency (A&E) department.

The UTC would be provided by a community health care provider, with existing doctors retained as part of the team and consultant (senior doctor) oversight provided to the unit. The multi-disciplinary workforce would have the ability to manage all presentations, including those requiring stabilisation and transfer to an alternative hospital with the right skills and expertise.

It is anticipated this change would affect around 3% of those patients currently attending the Grantham and District Hospital A&E. This is equivalent to 2 patients a day, on average. These are patients who require onward transfer for immediate specialist care.

A key part of our process to evaluate options to tackle the challenges we face was to hold a clinically-led health system stakeholder workshop and four workshops with randomly selected members of the public.

For urgent and emergency care, where only one solution remained following the shortlisting of options, attendees at these workshops were asked whether they agreed or disagreed that the changes proposed would help to improve the current situation and meet the challenges identified.

The table opposite summarises the level of stakeholder and public support for the change proposal.

Support for change proposal to establish a UTC at Grantham and District Hospital in place of the A&E department

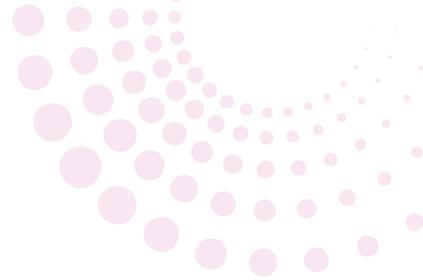
Support for change proposal	Stakeholder Workshop	Public Workshops
Agree (strongly/ tend to)	98%	84%
Disagree (strongly/ tend to)	2%	11%
Neither agree nor disagree	0%	5%

Impact Analysis

As we have developed our proposals we have considered the quality and equality impact of the preferred option for urgent and emergency care at Grantham and District Hospital.

Through our equality impact assessment we identified three groups of people, two of which can be defined by protected characteristics, which may be more likely to be impacted, positively or adversely, by this proposal. These three groups are age, disability and those who are economically disadvantaged.

Our observations from these assessments are set out below. We will continue to review and develop these, including the impact on different groups of people within our population, with independent support, through our public consultation in light of the feedback we receive.



Potential positive impacts

1. 24/7 walk in urgent care would return to Grantham and District Hospital through a high quality service delivered in a sustainable way for the long term
2. The vast majority of patients (estimated to be around 97%) seen at the Grantham and District Hospital A&E department would continue to be seen and treated at the 24/7 Urgent Treatment Centre (UTC)
3. The UTC would provide greater accessibility due to increased opening hours compared to the current A&E arrangements (currently closed between 6.30pm and 8.00am). Access to treatment would further improve for children because the UTC team would broaden to include community and primary care staff (eg. GPs) who are more experienced and familiar with treating children than a traditional, non-paediatric A&E team.
4. Patients would spend less time in the UTC compared to an A&E department due to the different model of assessment and management it uses. Specialist follow-up input would be arranged as required
5. The UTC would be provided by a community health service provider, which would support better integration with primary care and community services and the provision of care closer to home
6. For a small number of patients (estimated to be around 3%, which is equivalent to 2 patients a day on average) currently attending the Grantham and District Hospital A&E who wouldn't be able to have their care needs met by the UTC, care would be received at an alternative site with the right facilities and expertise to ensure better clinical care outcomes

Potential adverse impacts

1. For the small number of patients (estimated to be around 2 a day) with greater needs who wouldn't be able to have their care needs met by the UTC, treatment would be received at an alternative site with a full A&E service

These patients would get the specialist input they require at the right time and receive the best possible care. However, it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people

- o Of those 3% of patients seen at an alternative site with the required specialist (A&E) services, it is estimated that if travelling by car around 60% of them would travel over 45 minutes (the threshold agreed by the local health system for this type of activity). This equates to less than 9 patients a week. It is estimated there will be no increase in the number of patients travelling more than 60 minutes by car

However, given the serious nature of the conditions these patients are expected to have, most are likely to travel by ambulance. This is what happens now for those patients requiring a level of emergency care that cannot be met by Grantham and District Hospital A&E

- o Of those attending an alternative site it is estimated around a third would attend Lincoln County Hospital and the remainder would attend hospitals out of the county, with the majority going to Peterborough City Hospital
- o The friends and family of those patients receiving treatment at an alternative hospital which better meets the patients care needs, may have to travel further to see them if they require specialist in-patient care

Acute medical beds at Grantham and District Hospital

What are we asking you to consider?

We want you to tell us what you think about our preferred change proposal to develop:

- Integrated community/acute medical beds at Grantham and District Hospital

What are the services and how are they currently organised?

Acute medical beds work alongside, but are separate from, Accident and Emergency (A&E) departments.

The primary role of these services is to provide assessment, investigation and treatment for patients with particular medical (i.e. not surgical) conditions such as severe headache, chest pain, pneumonia, asthma or chronic obstructive pulmonary disease (COPD), who are referred by their GP or come via the A&E department.

In these services the care is provided by a multi-disciplinary team of doctors, nurses, therapists and support staff.

The acute medical beds team is responsible for coordinating initial medical care for all the patients they see, whether they need a hospital stay or are able to return home after assessment and treatment in one of the walk in (ambulatory) units.

If patients do need a hospital stay they will either be admitted to an acute medical assessment bed or transferred to another specialist ward or department. This can sometimes involve patients being transferred between hospital sites to ensure they get to the team that provide the right care and treatment.

United Lincolnshire Hospitals NHS Trust (ULHT) currently provides acute medical beds at Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital.

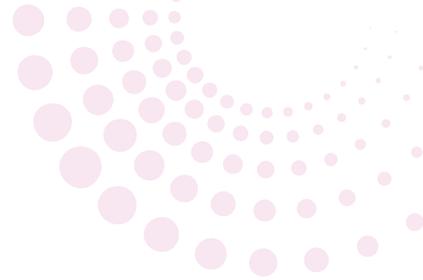
In line with the limited range of presenting emergency conditions (as highlighted in the urgent and emergency care section) that Grantham and District Hospital A&E department can deal with, the level of care and complexity of patients seen by the acute medical beds service at this hospital is lower than that at Lincoln County Hospital and Pilgrim Hospital, Boston.

The reduced service available at the Grantham and District Hospital is well understood by the local healthcare system, including the ambulance service. If they assess a patient local to Grantham as having a care need greater than can be dealt with at Grantham and District Hospital, they will take them to the next closest hospital with the right facilities and skills to care for them.

A summary of the current acute medical beds provision at ULHT's hospital sites is set out below.

Lincoln County Hospital	<p>A&E</p> <ul style="list-style-type: none"> • Operates 24/7 • Services: full A&E <p>Acute medical beds</p> <ul style="list-style-type: none"> • Same day emergency care • Medical emergency assessment unit • Medical emergency short stay • Acute medical short stay ward
Pilgrim Hospital, Boston	<p>A&E</p> <ul style="list-style-type: none"> • Operates 24/7 • Services: full A&E <p>Acute medical beds</p> <ul style="list-style-type: none"> • Integrated assessment centre • Acute medical short stay ward
Grantham and District Hospital	<p>A&E</p> <ul style="list-style-type: none"> • Operates 08:00-18:30 • Services: not full A&E <p>Acute medical beds</p> <ul style="list-style-type: none"> • Emergency assessment unit • Acute medical short stay ward

Please see earlier section for description of temporary changes in response to COVID-19



What are the challenges and opportunities for acute medical beds at Grantham and District Hospital?

This section sets out the challenges and opportunities for acute medical beds and what we hope to achieve by making changes.

Challenges

- There is a rising demand for acute medical beds services and more patients have complex needs
- Our local acute medical beds services struggle to recruit enough doctors and nurses, which means:
 - We cannot consistently provide the level of service quality we aspire to
 - We need to fill vacancies with temporary staff, which itself is not always possible
 - There are increased service and patient safety concerns
 - In addition, Grantham and District Hospital faces further staffing challenges in this area as:
 - Its Accident and Emergency (A&E) department sees a limited range of presenting emergency conditions because of its small size and limited availability of specialist staff; which in turn means
 - Its acute medical beds service treats fewer patients with a lower level of care needs compared to Lincoln County Hospital and Pilgrim Hospital, Boston

Opportunities

By making changes, we can look to ensure:

- High quality acute medical services are delivered locally in a sustainable way for the long term
 - The volume and complexity of presenting emergency conditions at hospitals in Lincolnshire is matched to the level of acute medical beds service provided at each site
 - Improving the ability of services to attract and retain talented and substantive staff through building a strong, high quality and successful service
- Patients who require specialist care are identified early and attend the right service, first time and receive the best possible care
- Patient health and the overall patient experience are improved
- Better integration and collaboration with patients' GP surgeries and community teams

The feedback from engagement about acute medical beds at Grantham and District Hospital and how we have used it

There has been ongoing engagement with the public throughout the Lincolnshire Acute Services Review programme, particularly through the 'Healthy Conversation 2019' engagement exercise.

Some consistent themes in relation to acute medical beds, a number of which specifically relate to Grantham and District Hospital, have been shared by the public and stakeholders throughout our engagement to date:

- A need to keep medical treatment as local and easy to access as possible
- Concerns around distance and accessibility, poor public transport and access for patients or family who cannot afford the travel costs
- The ability of the ambulance service to transfer patients safely when required
- Specific to Grantham and District Hospital:
 - Acute medical beds at Grantham and District Hospital might take pressure off Lincoln County Hospital and Pilgrim Hospital, Boston
 - Concerns around how any proposed changes might affect other wards and services at Grantham and District Hospital

We have consistently taken into account all public and stakeholder feedback throughout our work.

What is our proposal for change?

Our preferred proposal for change is to establish integrated community/acute medical beds at Grantham and District Hospital, in place of the current acute medical beds.

The integrated community/acute medical beds would be delivered through a partnership model between a community health care provider and United Lincolnshire Hospitals NHS Trust. The care of patients would still be led by consultants (senior doctors) and their team of doctors, practitioners, therapists and nursing staff.

It is anticipated this change would affect around 10% of those patients currently receiving care in the acute medical beds at Grantham and District Hospital. This is equivalent to 1 patient a day, on average. These patients would receive care at an alternative hospital with the right skills and facilities to ensure the best possible outcome. We envisage the number of medical beds required at Grantham in this new model will not be reduced.

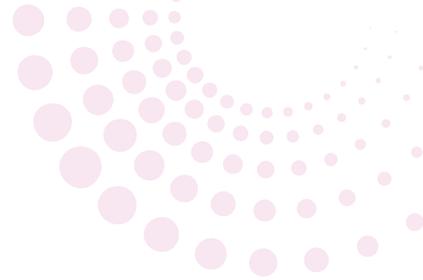
A key part of our process to evaluate options to tackle the challenges we face was to hold a clinically led health system stakeholder workshop and four workshops with randomly selected members of the public.

For acute medical beds two solutions remained following the shortlisting of options:

- No provision of acute medical beds at Grantham and District Hospital
- Provision of integrated community/acute medical beds at Grantham and District Hospital

Attendees at the workshop were asked to think about the advantages and disadvantages of the two options against agreed criteria.

The following table summarises the level of stakeholder and public support for each change proposal.



Support for change proposals for acute medical bed services at Grantham and District Hospital		
Support for change proposal	Stakeholder Workshop	Public Workshops
Integrated community/ acute beds at Grantham hospital	85%	81%
No acute medical beds at Grantham hospital	9%	11%
No preference	6%	8%

Impact Analysis

As we have developed our proposals we have considered the quality and equality impact of the preferred change proposal for acute medical beds.

Through our equality impact assessment we identified two groups of people, one of which is defined by a protected characteristic, which may be more likely to be impacted positively or adversely by this proposal. These groups are age and those who are economically disadvantaged.

Our observations from these assessments are set out below. We will continue to review and develop these, including the impact on different groups of people within our population, with independent support, through our public consultation in light of the feedback we receive.

Potential positive impacts

1. Acute medical beds provision would continue to be delivered at Grantham and District Hospital through a high quality service delivered in a sustainable way for the long term – including a more sustainable medical and nursing workforce

2. The majority of patients (estimated to be around 90%) cared for in the acute medical beds at Grantham and District Hospital would continue to be cared for in the integrated community/acute medical beds
3. The preferred proposal for change would deliver a more comprehensive local service provision at Grantham hospital, specifically in relation to the ‘frail’ population, thereby reducing pressure on acute hospital sites at Lincoln and Boston
4. The preferred proposal for change would enable Grantham and District Hospital to build a centre of excellence for integrated multi-disciplinary care (particularly for frail patients), which supports both improved community-based management of long term conditions and reduced lengths of stay in hospital beds
5. An estimated 10% of patients (equivalent to 1 a day on average) currently cared for in the acute medical beds at Grantham and District Hospital would not be able to have their care needs met in the integrated community/ acute medical beds. Instead, they would receive their care at an alternative site with the right facilities and expertise to ensure the best outcomes

Potential adverse impacts

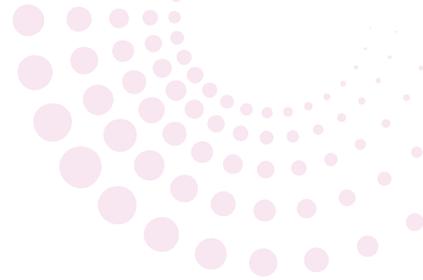
1. For the small number of patients (estimated to be around 1 a day) with higher acuity needs who wouldn’t be able to have their care needs met by the integrated community/ acute medical beds, treatment will be received at an alternative site with the facilities and skills to look after the most seriously ill patients

These patients would get the specialist input they require at the right time and receive the best possible care. However, it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.

- Of those patients seen at an alternative site, it is estimated that there would be no increase in the number of patients travelling more than 60 minutes by car, the threshold set by the local health system for this type of activity. However, given the serious nature of the conditions these patients are expected to have, most are likely to travel by ambulance
- Of those attending an alternative site, it is estimated around 40% would attend Lincoln County Hospital. The remainder would attend hospitals closer to them, but outside of the county, with the majority going to Peterborough City Hospital.
- The friends and family of those patients receiving treatment at an alternative hospital, which better meets the patients care needs, may have to travel further to see them



Stroke services



What are we asking you to consider?

We want you to tell us what you think about our preferred change proposal to develop:

- A 'centre of excellence' in Lincolnshire for hyper-acute and acute stroke services at Lincoln County Hospital
- Which would be supported by enhancement of the community stroke rehabilitation service across the county, so it can support stroke patients with more complex needs

What are the services and how are they organised (pre COVID-19 temporary changes)?

Hyper-acute and acute stroke services are provided from hospitals that treat the sickest of patients:

- Hyper-acute stroke services care for people in hospital in the first 72 hours (it may be less) after their admission for a stroke, when more specialist 'critical' care is needed
- Acute stroke services care for people in hospital after the first 72 hours of having a stroke (including in-hospital rehabilitation) and until they are ready to be discharged to another service and/or go home

These hospital stroke services are provided by highly trained and skilled doctors, nurses and therapists who specialise in looking after people who have had a stroke. They work as a multi-disciplinary team to provide the most appropriate care tailored to the needs of individual people.

Two key hospital services for the treatment of strokes are:

- Thrombolysis: a 'clot busting drug'. Only strokes caused by blood clots (about 85% of all strokes) could be considered for thrombolysis, which is appropriate to under 20% of these strokes only. It is time critical, as can only be given within 4.5 hours of stroke onset

and

- Mechanical thrombectomy: 'clot retrieval' through a procedure where a 'guide wire' is used to remove the clot causing the stroke, usually used in conjunction with thrombolysis. This is a relatively new procedure only available in a small number of hospitals, the nearest of which is Queen's Medical Centre in Nottingham. It is not currently available in Lincolnshire

In addition, these hospital stroke service teams also run transient ischaemic attack (TIA) or 'mini stroke' clinics (in outpatient services), where patients whose symptoms have resolved but are still thought to be 'high risk' will be seen the next day by a stroke consultant and have appropriate investigation and results for the patient all in the same day.

Prior to the temporary changes made in response to COVID-19, United Lincolnshire Hospitals NHS Trust (ULHT) provided hyper-acute and acute stroke services, as well as TIA clinics from Lincoln County Hospital and Pilgrim Hospital, Boston. Grantham and District Hospital does not provide these services. If patients with a suspected stroke present at Grantham and District Hospital they are rapidly transferred to the most appropriate site.

A summary of stroke service provision at ULHT's hospital sites 'pre COVID-19' is set out below.

Lincoln County Hospital	<ul style="list-style-type: none">• Hyper-acute stroke service including Thrombolysis• Acute stroke service• TIA clinics
Pilgrim Hospital, Boston	<ul style="list-style-type: none">• Hyper-acute stroke service including Thrombolysis• Acute stroke service• TIA clinics

Please see earlier section for description of temporary changes in response to COVID-19

Working alongside the Lincolnshire hospital-based stroke services is the Lincolnshire community stroke rehabilitation service. This service aims to reduce the length of stay of patients within hospital stroke units, to improve the patient and carer experience following a stroke, and to offer a seamless transfer of care for patients from hospital to home.

What are the challenges and opportunities for stroke services?

This section sets out the challenges and opportunities for stroke services and what we hope to achieve by making changes.

Challenges

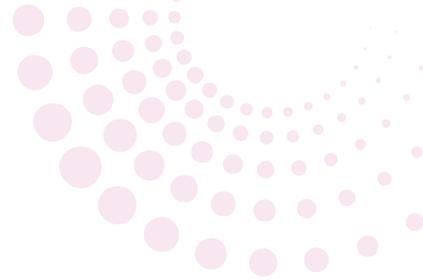
- The national best practice is that hyper-acute stroke units should admit a minimum of 600 patients a year – below this level doctors and nurses in hospital stroke services risk becoming deskilled. This in turn means patients may not get the best or safest care in the future:
 - Lincoln County Hospital admits around 670 stroke patients a year and Pilgrim Hospital, Boston around 500 stroke patients a year
 - Even when considering growth in the size and the ageing of the local population over the next five years, Pilgrim Hospital, Boston is highly unlikely to admit 600 stroke patients a year, every year
- We need more doctors, nurses and therapists to deliver the existing hospital stroke services, but there aren't enough locally and nationally:
 - This means there are significant problems staffing our hospital stroke services – and we have already seen temporary closures of some of our services because there aren't enough doctors or nurses available

- Both the Lincoln County Hospital and Pilgrim Hospital, Boston stroke services have struggled to consistently perform well in the national audit of service quality and performance, despite the skills and dedication of our staff. This is reflective of the challenges set out above

Opportunities

By making changes, we can look to ensure:

- High quality hyper-acute and acute stroke services are delivered in Lincolnshire in a sustainable way for the long term, by:
 - Ensuring hospital stroke services are based on national clinical evidence
 - We achieve a balance between access and ensuring the long term sustainability of services
 - Our hospital stroke services receive over 600 stroke patients a year so that our doctors and nurses here in Lincolnshire maintain and develop their specialist skills and expertise
 - Improving the ability of hospital stroke services to attract and retain talented and substantive staff by building a strong, high quality and successful service, reducing our reliance on temporary, expensive staffing solutions
 - Stroke patients spend the minimum time necessary in a hospital bed, by ensuring community services have the right skills and capacity to support stroke patients at home, or as close to home as possible
- Patients are more likely to receive timely assessment, treatment and diagnosis when they arrive at hospital
- Patients are more likely to see the right specialist, first time, 24/7 and receive the best possible care
- Health outcomes and the overall patient experience are improved



- Reduced burden of stroke on patients, families, carers and the wider health economy through better outcomes for patients
- More working age patients will be able to return to work, and lead more fulfilling lives

We know that this approach already works well in other services in the county. Through the establishment of the Lincolnshire Heart Centre at Lincoln County Hospital, Lincolnshire residents already have first-hand experience of the benefits to patient care that can be achieved by bringing together and consolidating highly specialist clinical expertise into a centre of excellence.

The feedback from engagement about stroke services and how we have used it

There has been ongoing engagement with the public throughout the Lincolnshire Acute Services Review programme, particularly through the 'Healthy Conversation 2019' engagement exercise.

Some consistent themes in relation to hospital stroke services, including some specifically related to those living in the Boston area, have been shared by the public and stakeholders throughout our engagement to date:

- Consolidation of hospital stroke services in order to provide specialist, expert standards of care is reasonable, however this needs to be balanced against the possible negative impacts of increased travel times, which needs to be mitigated
- It is important that patients should be able to undergo rehabilitation and ongoing care nearer their homes
- Specific to the Boston area:
 - Concerns about ambulance service response times to Lincoln County Hospital and treatment not being started within 60 minutes
 - Concerns about a loss of services at Pilgrim Hospital, Boston and overburdening the Lincoln County Hospital site

We have consistently looked to take into account all public and stakeholder feedback throughout our work.

What is our preferred proposal for change?

Our preferred proposal for change is to establish a 'centre of excellence' for hyper-acute and acute stroke services at Lincoln County Hospital, which would be supported by increasing the capacity and capability of the community stroke rehabilitation service. TIA clinics would be unaffected at Pilgrim Hospital, Boston.

This would mean hyper-acute and acute stroke services would be consolidated at Lincoln County Hospital and no longer be provided from Pilgrim Hospital, Boston.

It is anticipated the change would affect, on average, 1 to 2 patients a day. These patients would receive hyper-acute and acute stroke services at an alternative hospital.

A key part of our process to evaluate options to tackle the challenges we face was to hold a clinically-led health system stakeholder workshop and four workshops with randomly selected members of the public.

For Stroke Services two solutions remained following the shortlisting of options:

- Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service
- Provide hyper-acute and acute stroke services from Lincoln County Hospital and Pilgrim Hospital, Boston, supported by a combined medical on-call rota

Attendees at the workshop were asked to think about the advantages and disadvantages of the two proposals against agreed criteria.

The table below summarises the level of stakeholder and public support for each change proposal.

Support for options for hyper-acute and acute stroke services		
Support for change proposal	Stakeholder Workshop	Public Workshops
Consolidated on Lincoln site	61%	64%
Provided from two sites – Lincoln and Boston	27%	26%
No preference	12%	10%

Impact Analysis

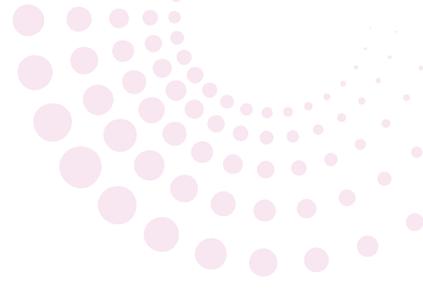
As we have developed our proposals we have considered the quality and equality impact of the proposal for change for stroke services.

Through our equality impact assessment, we identified two groups of people, one of which is defined by a protected characteristic, which may be more likely to be impacted positively or adversely by this proposal. These groups are age and those who are economically disadvantaged.

Our observations from these assessments are set out opposite. We will continue to review and develop these, including the impact on different groups of people within our population, with independent support, through our public consultation in light of the feedback we receive.

Potential positive impacts

- Evidence that consolidating hyper-acute and acute stroke services on a smaller number of sites where specialised staff and equipment can be concentrated means patients are:
 - More likely to survive and recover more quickly.
 - More likely to have a reduced length of stay in hospital
 - More likely to continue to lead more fulfilling lives in the future, such as being able to return to work
- Consolidating hospital stroke services helps address the significant workforce shortages and challenges experienced in these services by:
 - Concentrating specialist skills and expertise together to ensure clinical staff maintain and develop these to provide the safest and best possible care
 - Making hospital stroke services more attractive to doctors, nurses and therapists to work in
 - Reducing reliance on temporary, expensive staffing solutions
- Consolidation of hospital stroke services on the Lincoln County Hospital site allows more patients to benefit from these services being located on the same hospital site as the highly successful Lincolnshire Heart Centre, which include:
 - Increased access to important time critical interventions
 - Increased access to acute imaging services, further reducing time to treatment
- Consolidation of stroke services on the Lincoln County Hospital site ensures patients are closer to Nottingham’s Queen’s Medical Centre in the instance they require mechanical thrombectomy.



Potential adverse impacts

1. For those patients who would previously have been admitted to Pilgrim Hospital, Boston with a stroke (1 to 2 a day on average), treatment would be received at an alternative site with the facilities and skills to look after the most seriously ill patients.
 - o Lincoln County Hospital is expected to be the alternative site for the majority of patients, with a minority going to Peterborough City Hospital, and Queen Elizabeth Hospital at Kings Lynn on occasion
- These patients would get the specialist input they require at the right time and receive the best possible care. However, it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.
- o Of those patients seen at an alternative site, it is estimated that there would be no increase in the number of patients travelling more than 60 minutes by ambulance, the threshold set by the local health system for this type of activity.
 - o The friends and family of those patients receiving treatment at an alternative hospital, which better meets the patients care needs, may have to travel further to see them.



Have your say

Our vision is to deliver the very best in health and care for people across Lincolnshire, and we seek to continuously improve services wherever we can.

We believe that these four NHS services need significant improvement to ensure that the best quality of care and outcomes for patients are in place here in Lincolnshire for the future. We believe that the benefits of changing will include:

- Improved quality of care
- Reduced waiting times
- Better outcomes for patients
- Increased availability of staff to care for patients
- Better use of NHS funds, reducing spend on temporary staff

We want people across Lincolnshire to get involved and to have their say. If you live in, or use these services in Lincolnshire, it is important that you share your views on their future because the proposed options for change outlined in this document may affect you.

You can respond to the consultation by:

- Completing the consultation questionnaire and sending it back to us at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL (no stamp required)

OR

- Completing the same questionnaire online on our website www.lincolnshire.nhs.uk
- This consultation will run for 12 weeks from 30 September until 23 December

We will also be hosting virtual events and many face to face events around the county throughout the consultation. To find an event near you, visit our website at www.lincolnshire.nhs.uk

Thank you for taking the time to read this information.

For further details on how to get involved please visit www.lincolnshire.nhs.uk

