

Reconfiguration of Clinical Services –

Which way forward for Lincolnshire?

View of consultants from Pilgrim

- Reconfiguring clinical services in secondary care in Lincolnshire primarily within ULHT has been going on for many years.
- In the last 2- 3 years, driven by clinical and financial sustainability this process has accelerated initially via the Lincolnshire Sustainable Services Review (LSSR) and latterly the Lincolnshire Health and Care (LHaC) process.
 - In addition a Clinical Strategy Implementation Group (CSIG) was also set up internally within ULHT.
 - We have noted with increasing dismay that these various processes have been primarily unidirectional taking services away from Pilgrim Hospital to Lincoln County.
 - The decision to centralise the vascular service at Pilgrim after a very thorough and transparent process has been reversed and plans are now afoot to move it to Lincoln irrespective of the expenditure required for no benefit gained to the patients or the organisation.
 - The current proposals are that the A&E service at Lincoln County is to be designated a Specialist Emergency Centre (SEC) and that a single W&C centre to be sited at Lincoln County is going to be put to public consultation later in the year.

Various data have been produced in the course of many discussions.

- One undeniable fact is that there is no consistent and robust set of data to support the current direction of travel which will disadvantage a large section of the population and also has the potential risk to lives and health.
- A few quotes may provide some context
 - *Professor Bruce Keogh – National Medical Director, when visiting the **new purpose built Specialist Emergency Centre in Northumbria at a cost of £75 million. March 2015***
 - *“This hospital is a glimpse of the future and sets the standard for other NHS organisations across the country. This purpose built facility will have the right people, at the right place, with the right equipment. We should be proud of this hospital offering excellent emergency care for the local population.”*
- *Options Appraisal: Reconfiguration of Obstetrics and Maternity Services in Cumbria (Nov 14* “10.6 Option 5 Centralisation of all services to one unit.
- *10.6.1 The assessors felt prior to their visit that a unitary provider was likely to be the preferred option, due to the benefits that a 5000 delivery unit would confer on women and their babies. However, the geographically complex configuration in this county renders such an option undeliverable. It is the*

opinion of the assessors that this option cannot be realistically developed further”.

- *Kings Fund publication of November 2014 revealed “A Dutch study found that a transfer time of more than 20 minutes by car was associated with an increased risk of Perinatal mortality” Also “In a study of French births perinatal mortality increased with distances greater than 45km of travel to an Obstetrics Unit.*
- *Maternity Review commissioned by NHS England in April 2015 –Terms of Reference*
 - *No 8 “In developing proposals, the Review will pay particular attention to the challenges of achieving the above objectives (safe maternity care) in more geographically isolated areas, as highlighted in the Morecambe Bay Investigation report.”*

It is instructive to note that the quotes above reflect the current thinking in the way the NHS is developing while it appears that some of the actions being taken or proposed in Lincolnshire i.e. simple rationalisation of hospitals appear to be outdated and does not reflect this thinking.

- The cumulative effects of the changes proposed will be to substantially downgrade the Pilgrim site, make it even less viable and sustainable and therefore disadvantage the population it caters for, resulting in long journeys to access appropriate medical care.
 - In addition significant resources will require to be committed to relocate Vascular services, build a new Women and Children’s’ unit and upgrade the Accident and Emergency unit to a Specialist Emergency Centre.
 - In a very few years the significant investment will no longer be fit for purpose.

The record of ULHT in its 18 week Referral to Treatment (RTT) and cancer targets is by far the worst in the region and the Trust accounts for more than half of all patients cancelled in the entire region.

- As clinicians we find this extremely depressing on behalf of our patients. The implications of this statistic on our professional pride should also not be underestimated.
- The main reason is because of cancellations due to lack of beds as the hospitals are being run at a much higher rate than the recommended 85% capacity.

In our view we would like to commend the Northumbria model to the Lincolnshire Health Community and consider a new Specialist hospital in Sleaford or another suitable site to allow the current sites improve their ability to provide timely care for patients.

- Other options include redesignating its hospitals as acute and cold sites.
- One hospital becomes the main acute site and the others become mostly elective sites.
- We should also await the outcome of the current national maternity review.

SUMMARY:

In concluding we have decided to write this open letter to alert the entire health community to the realities unfolding as in spite of our efforts over the years as we have not being able to get our voices heard.

- Finally we would reproduce another quote from the Cumbria report
 - *“The challenges facing Cumbria (Substitute Lincolnshire) require a bold, long-term strategic plan, designed, communicated and followed through by a strategic organisation large enough and with sufficient resource and longevity to complete the task over several years.*
- We believe that the current proposals will not improve patient care, and in fact will substantially worsen care for the population in the East and South of the County.
- They will not save money and instead result in tens of millions being spent for very little (if any) benefit.
- They will not solve the big problem of very poor performance on the RTT and cancer targets.
- They will substantially increase the risk to maternal and infant health and result in significant rise of pay-outs for brain damaged babies, pushing up our CNST premium to a level where obstetric service in the entire county is jeopardised.

Louth and Grantham Hospital Scenario:

We have seen what has happened to Louth and Grantham Hospital.

- These hospitals have been downgraded over last five to ten years. It looks like it is Pilgrim Hospital's turn now.
- Population of Boston has massively increased over last ten years.
- Over last three to four years they have reduced facilities from Pilgrim Hospital.
- There is no out of hour (OOH) cover for **ENT** at Pilgrim Hospital Boston (PHB). Patients have to travel to Lincoln.
- Patients have to go to Lincoln for emergency OOH treatment for their **UROLOGY** problems at least half of the time.
- Patients have to go to Lincoln for emergency OOH treatment for their **OPHTHALMOLOGY** problems at least half of the time.
- Now there is a big move to take away **Vascular Surgery Facilities** from PHB to Lincoln.
- Proposal is to down grade **Accident and Emergency Department at PHB**.
- Proposal is to down grade / move **Children's health and Women's health** from PHB to Lincoln.

Knock-on Effect:

- There are so many things attached with one department. By moving one department they can make the other services unsafe to continue from PHB.
- We believe that it will be the last nail in the coffin for PHB and Boston.
- The Public are the biggest stakeholders in this situation and unfortunately they are kept ignorant of this situation till the very last moment.

Consultation – Strategic Group:

- Although health authorities have made a strategic group to look into this proposal, majority of the members are from Lincoln area.
- Most of the consultants at PHB are very concerned about it. All the research and forecast done so far is in favour of continuing services at PHB. However the consultants from PHB feel frustrated that it is made to look like as they are involved in pushing this idea of moving the facilities to Lincoln despite their resistance.

Recruitment:

- This is a big problem for Boston in regards to Doctors, Nurses and professional from other walks of life. Without essential lifesaving services many professional will feel this place to be unsafe for their family.
- With the current situation in NHS there are plenty of job opportunities for professional in other areas of the country. This situation may force them to move out of the area making situation worse. It will not be a matter to recruitment anymore it will be about retaining people who are already working here.
- It will be the biggest setback to the population of Boston and surrounding areas.