



**Lincolnshire**

# **Lincolnshire NHS public consultation on proposed changes to four services**

## **Public consultation feedback report**

**Opinion Research Services  
May 2022**



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## Public consultation feedback report

### Opinion Research Services

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# Contents

The ORS project team .....	6
Key Findings .....	7
<b>1. Executive summary .....</b>	<b>8</b>
Introduction.....	8
Executive summary and consultation feedback report .....	10
Summary of feedback: the need for change .....	11
Summary of feedback: orthopaedic surgery services in Lincolnshire.....	12
Summary of feedback: urgent and emergency care at Grantham and District Hospital .....	15
Summary of feedback: community/acute medical beds at Grantham and District Hospital .....	20
Summary of feedback: stroke services in Lincolnshire .....	23
Summary of feedback: equalities and health inequalities impacts .....	28
<b>2. Consultation overview .....</b>	<b>29</b>
Introduction.....	29
The consultation programme.....	30
The nature of public consultation .....	31
The consultation report.....	31
<b>3. Residents telephone survey.....</b>	<b>35</b>
Introduction.....	35
Respondent profile.....	35
Interpretation of the Data.....	37
Residents' views on the need for change.....	38
Residents' views on the proposal for orthopaedic surgery in Lincolnshire .....	40
Residents' views on the proposal for urgent and emergency care at Grantham and District Hospital ...	42
Residents' views on the proposal concerning acute medical beds at Grantham and District Hospital....	44
Residents' views on the proposal for stroke services .....	46
Feedback comments in the residents survey.....	48
<b>4. Consultation questionnaire .....</b>	<b>49</b>
Introduction.....	49
Summary of main findings.....	49
Questionnaire responses: respondent types and demographics .....	50
Questionnaire feedback .....	55
Respondents' views on the need for change .....	55
Respondents' views on the proposal for orthopaedic surgery .....	60
Respondents' views on the proposal for urgent and emergency care at Grantham and District Hospital .....	69

Respondents' views on the proposal concerning acute medical beds at Grantham and District Hospital .....	78
Respondents' views on the proposal for stroke services in Lincolnshire.....	86
Views on potential equalities impacts and mitigations (across the proposals generally) .....	96
<b>5. Focus groups and interviews with residents .....</b>	<b>99</b>
Introduction.....	99
Summary of key findings .....	99
Views on the need for change.....	100
Views on the proposals for orthopaedic services .....	101
Views on the proposals for urgent and emergency care at Grantham and District Hospital .....	103
Views on community/acute medical beds at Grantham and District Hospital .....	105
Views on the proposals for stroke services in Lincolnshire .....	107
Additional comments and issues raised.....	109
<b>6. Public meetings and other engagement activities .....</b>	<b>110</b>
Introduction.....	110
Feedback from public meetings and other engagement activities.....	112
Comments on the need for change.....	112
Proposals for orthopaedic surgery in Lincolnshire.....	114
Proposal for urgent and emergency care in Grantham .....	117
Proposal for acute medical beds at Grantham and District Hospital.....	120
Views on the proposal for stroke services in Lincolnshire .....	122
Equalities and health inequalities impacts.....	126
Other comments and feedback.....	126
<b>7. Written submissions .....</b>	<b>128</b>
Introduction.....	128
Summary of main findings.....	128
Summary tables of themes from residents' written submissions.....	130
Summaries of submissions from stakeholder organisations.....	132
<b>8. Petitions and standardised submissions .....</b>	<b>137</b>
<b>Appendix I: Table of figures .....</b>	<b>140</b>
<b>Appendix II: Detailed tables of questionnaire text comments .....</b>	<b>143</b>
Comments in relation to the proposals for orthopaedic surgery .....	143
Comments in relation to the proposal for urgent and emergency care .....	147
Comments in relation to the proposal for community/acute medical beds .....	151
Comments in relation to the proposal for stroke services.....	154
Comments in relation to equalities impacts of the proposals .....	158
<b>Appendix III - Additional comments and questions from meetings.....</b>	<b>161</b>
Changes to orthopaedic surgery in Lincolnshire .....	161

Changes to urgent and emergency care at Grantham and District Hospital .....	162
Changes to acute medical beds at Grantham and District Hospital.....	163
Changes to stroke services in Lincolnshire.....	164
Comments related to particular protected characteristics groups and other groups, and other questions .....	166

#### **Appendix IV: Written submissions and petition statement.....168**

Fulbeck Over 60s Club .....	169
Health Scrutiny Committee for Lincolnshire .....	170
Healthwatch Lincolnshire .....	181
Minutes from South Kesteven District Council meeting .....	182
Stroke Therapy Services, Pilgrim Hospital, Boston.....	184
SOS Grantham on behalf of 'United GDH Campaigners' .....	186

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# Key Findings

## Summary of main findings

**The key findings below are expanded upon in the executive summary and covered in comprehensive detail in the main body of the report.**

- » There was broad support across all elements of the consultation for the need for change, and overall agreement with each of the four proposals.
- » There were however, two proposals where slightly more concerns were raised, and there was evidence of differing views between those living in different areas of Lincolnshire:
  - a slight majority of consultation questionnaire respondents living nearest to Grantham hospital disagreed with the urgent and emergency care proposal; and
  - a majority of consultation questionnaire respondents living nearest to Pilgrim Hospital, Boston disagreed with the proposal relating to Stroke services.
- » Some equalities concerns were raised about or by particular groups or communities. They focused on travel and transport, particularly for those with limited access to private transport. Specific groups mentioned in this regard included: older people; people with disabilities and long-term conditions and co-morbidities; people living in rural and isolated communities, areas of deprivation or with low incomes; and people with learning disabilities and neurodiverse people such as those with ASD.
- » Across the consultation, however, evidence suggests that individuals' views and feedback on the proposals were commonly informed most strongly by their area of residence, rather than in light of any protected or other demographic characteristics.

# 1. Executive summary

## Introduction

- 1.1 United Lincolnshire Hospitals NHS Trust (ULHT) provides acute hospital services to the population of Lincolnshire. Beginning in 2013, NHS Commissioners in Lincolnshire have been undertaking engagement with members of the public and other stakeholders as part of a major review of acute hospital services.
- 1.2 In 2017, the present phase of planning and engagement began, culminating most recently in 'Healthy Conversation 2019', a six-month exercise during which NHS Lincolnshire CCGs and other partners sought feedback from the public and other stakeholders on a range of health and care services to understand their views. The range of NHS services in Lincolnshire involved in this conversation included four acute services.

## The proposals

- 1.3 Following a period of options development and appraisal that involved senior clinicians, key stakeholders and members of the public, proposals for changes to the following four NHS services were put forward for public consultation over a 12-week period from 30<sup>th</sup> September 2021 until 23<sup>rd</sup> December 2021:

### Proposals for orthopaedic surgery

- » Consolidate planned orthopaedic surgery in a 'centre for excellence' at Grantham and District Hospital; and
- » Create a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery.

### Proposals for urgent and emergency care at Grantham and District Hospital

- » Grantham and District Hospital A&E department to become an 24/7 Urgent Treatment Centre.

### Proposals for acute medical beds at Grantham and District Hospital

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

### Proposals for stroke services

- » Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service.

## The nature of public consultation

- 1.4 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.
- 1.5 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

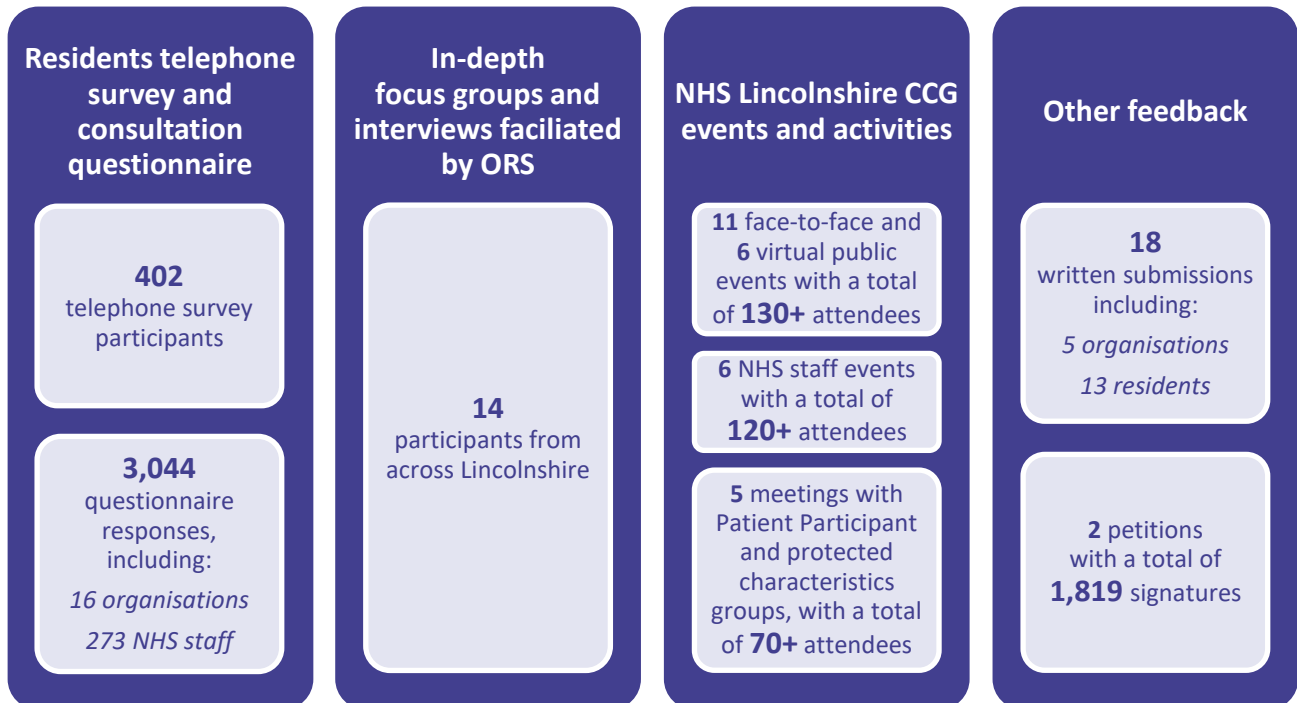
- 1.6 Opinion Research Services (ORS), a company that grew out of Swansea University, now with a UK-wide reputation for social research and major statutory consultations, was appointed by NHS Lincolnshire CCG to support engagement, and to analyse and report the outcomes of this public consultation programme of engagement with members of the public, clinicians and other NHS staff, and other stakeholders.
- 1.7 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. Some contributions have been highlighted based on at least one of the following aspects:
- » Relevant to and/or having implications for one or more of the proposals under consideration;
  - » Evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to additional information or evidence to support their perspective;
  - » Deliberative – based on thoughtful discussion in public meetings and other group settings;
  - » Representative of the general population and/or particular localities, groups or points of view;
  - » Focused on the views from under-represented people or equality groups; or
  - » ‘Novel’ – in the sense of raising ‘different’ issues from those being repeated by a number of respondents or arising from a different perspective.
- 1.8 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. It is not ORS' role, however, to 'make a case' for the proposals, or to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part.

## The consultation process

- 1.9 The 12-week consultation began on 30 September 2021 and ended on 23 December 2021. It was widely promoted via stakeholder organisations, leaflets commissioned to be delivered to 370,000 households across Lincolnshire, posters and leaflets in GP practices and public locations, online and traditional media coverage and advertisement, and to ULHT, Lincolnshire Community Health Services NHS Trust (LCHS) and Lincolnshire Partnership Foundation NHS Trust (LPFT) service users, among others.
- 1.10 During the consultation period, stakeholders were invited to provide feedback through:
- » A consultation questionnaire for all residents, stakeholders and organisations: the questionnaire was available online (hosted by ORS) and paper questionnaires were widely circulated and available on request. An easy read version and translated documents were also available;
  - » Independently facilitated engagement designed and conducted by ORS:
    - A residents survey administered by telephone, and representative of Lincolnshire's population; and
    - Independently facilitated online focus groups and 1:1 in-depth interviews with members of the public (delivered by ORS);
  - » Engagement activities undertaken by NHS Lincolnshire CCG, including:
    - Face-to-face and online public events, and a 'virtual' 24/7 event;
    - Meetings with NHS staff members, stakeholders and services users; and
    - 'Pop-up' engagement activities at market days across Lincolnshire;

- » Written or email submissions from residents, stakeholders and organisations; and
- » Petitions (organised by two local campaign groups and submitted to ORS).

1.11 The consultation response is summarised below:



## Executive summary and consultation feedback report

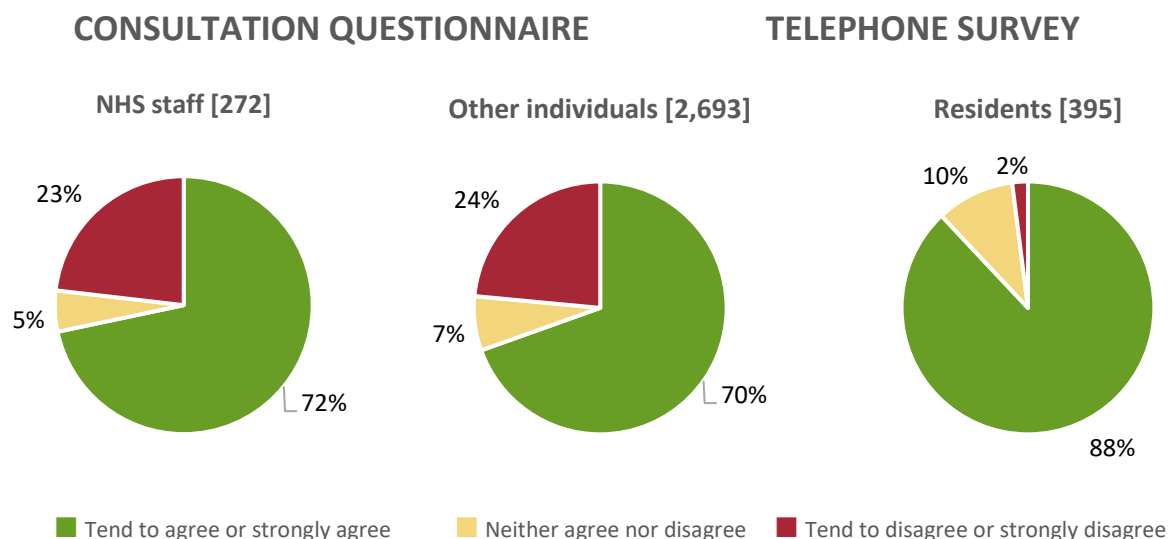
- 1.12 This full consultation feedback report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the decision-making process for the NHS Lincolnshire CCG. This executive summary concisely reviews the full range of feedback received and brings together those common themes that have emerged.
- 1.13 Verbatim quotations are used in the full report not because ORS agrees or disagrees with them, but for their vividness in capturing recurrent points of view. ORS does not endorse the statements made but seeks only to portray them accurately and clearly.
- 1.14 Whereas this executive summary brings together the overall perspectives fairly quickly, the full report covers public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding – and it is the journey, as well as the destination, that will matter to those wishing to understand the assumptions, arguments, conclusions and feelings about current and future healthcare services in the area.
- 1.15 By contrast, the full report considers the feedback from each element of the consultation in turn, which can at times be repetitive given that similar issues emerged across the different strands – but it is important that the full report provides an accurate reflection of all of the feedback received. We trust that both the executive summary and full report will be helpful to all concerned.

## Summary of feedback: the need for change

There was broad support for the overall need for change across all elements of the consultation.

- 1.16 In the consultation questionnaire over two thirds of the individuals (72% of NHS staff and 70% of other individuals) who responded either tended to agree or strongly agreed with the need for changes to be made in response to challenges facing NHS hospital services in Lincolnshire. Less than a quarter (23% and 24% respectively) either tended to disagree or strongly disagreed (Figure 1).
- 1.17 Based on the residents survey that was representative of the overall Lincolnshire population, support was overwhelming, with 88% of residents (+/- 6%) agreeing that changes should be made in principle, while just 2% disagreed.

**Figure 1 - Views on the need for change to respond to challenges in delivering NHS services in Lincolnshire (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

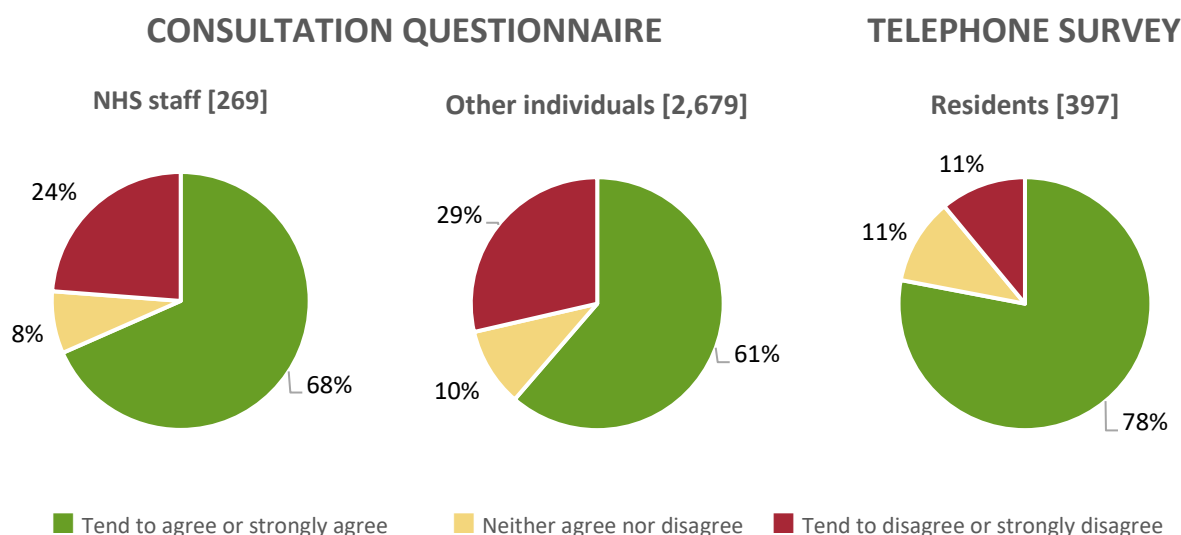
- 1.18 Among the 16 organisations that submitted questionnaire responses, 13 agreed with the need for changes to be made to address challenges, 2 neither agreed nor disagreed, and 1 disagreed.
- 1.19 In the feedback received across the consultation programme, the issues most commonly raised in regard to the need for change were those of increasing pressure on NHS services in Lincolnshire, challenges related to recruitment and retention of staff, and waiting times for both hospital appointments and urgent and emergency care.

## Summary of feedback: orthopaedic surgery services in Lincolnshire

There was also broad support for the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day case orthopaedic surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery, across all elements of the consultation

- <sup>1.20</sup> The consultation questionnaire identified that over two thirds of NHS staff who responded (68%) and three fifths (61%) of other individual respondents either tended to agree or strongly agreed with the proposal for orthopaedic surgery in Lincolnshire. Around a quarter (24%) of NHS staff and three in ten (29%) of other respondents either tended to disagree or strongly disagreed (Figure 2).
- <sup>1.21</sup> Support for the proposal for orthopaedic surgery among the Lincolnshire population as a whole was even stronger, with over three quarters (78%) of residents (+/- 6%) agreeing with the proposed changes, while just over one in ten (11%) disagreed.

**Figure 2 - Views on the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day case orthopaedic surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

- <sup>1.22</sup> Among the 16 organisations that submitted questionnaire responses, 9 agreed with the proposals for orthopaedic services, 2 neither agreed nor disagreed, and 4 disagreed.

In feedback, support for the proposal to create a Centre of Excellence for planned orthopaedic surgery at Grantham and District Hospital was often linked to the perceived benefits in terms of reduced waiting times and fewer cancellations of planned surgery

- <sup>1.23</sup> Feedback about the high quality of current orthopaedic services at Grantham and District Hospital was forthcoming across several consultation strands; the potential to see further improvements in staff recruitment and retention, as well as quality of care, were therefore viewed positively.
- <sup>1.24</sup> The provision of a dedicated day case centre at County Hospital in Louth was widely supported, although there were some misgivings about travel and transport to that location from other parts of Lincolnshire.

- 1.25 Similarly, access to Grantham and District Hospital, particularly from the east coast of Lincolnshire, was also raised as a concern both by those who supported the proposal and those who disagreed.
- 1.26 While there were concerns about the possibility that some residents might have to travel further to reach the orthopaedic services that they require, there was a view that the benefits of access to specialist Centre of Excellence would outweigh the increased time.
- 1.27 Furthermore, there was also feedback indicating that, given Lincolnshire's rural geography, many people were used to travelling to access hospital services already and might therefore be less concerned or impacted as a result.

### Disagreement tended to focus on the loss of emergency orthopaedic surgery from Grantham, which some opponents linked to the proposal to make changes to urgent and emergency care

- 1.28 Central to much of the disagreement with the proposals for orthopaedic surgery services in Lincoln is the view that all acute hospital services should be delivered locally, and that orthopaedic surgery should be performed at hospitals close to patients' homes. In this vein, there were some suggestions that all hospitals should become Centres of Excellence, or that specialist orthopaedic services should be rotated between sites.
- 1.29 Some respondents to the consultation, particularly those submitting standardised responses in the petition organised by local campaign groups, saw the proposed removal of *emergency* orthopaedic services from Grantham and District Hospital as linked to proposed changes to urgent and emergency care in Grantham.
- 1.30 Concern was also expressed by opponents to the proposals that there would be negative impacts on the quality and timeliness of emergency orthopaedic care, with increased pressure on those services at Lincoln County Hospital, as well as on the ambulance service if more or longer transfers were needed.

### Other concerns were also expressed, both by those who agreed with the proposal and those who disagreed; these included the implications for travel and access, staffing across two sites, and which services might be delivered locally or in the community

- 1.31 Travel and transport implications for service users who might need to visit different hospital sites across Lincolnshire were raised as cause for concern, with reassurances being sought about whether pre-operative assessments and post-operative care, as well as related services such as fracture clinics, would be available at local hospitals or in the community. There were also some comments around whether staffing two separate centres for orthopaedic services might present challenges for recruitment, with calls to ensure that NHS staff are consulted.

### Equalities and health inequalities impacts of proposals for orthopaedic surgery

- 1.32 Several specific groups such as older people, people on low incomes, those without access to private vehicles, and people with disabilities were mentioned as being particularly vulnerable to impacts as a result of longer or more expensive journeys to hospitals. Patients with co-morbidities were also mentioned, including those who might require access to kidney dialysis while in hospital.
- 1.33 A review of the eligibility criteria for patient transport services was suggested, to address any potential barriers to access - particularly for the most deprived communities in rural and inner city areas, or from frail or older people who might find travel stressful or difficult - so that additional support and transport can be provided according to need.

- 1.34 The challenge of ensuring equitable access in a large, rural county was raised, especially for localities (e.g., on the east coast) where health service and public transport provision were described as already being poor. Concern was also expressed that people with disabilities used to attending particular hospitals where additional support is available might find that the same support and assistance is not available elsewhere.

### Mitigations, alternative suggestions and additional considerations around orthopaedic surgery in Lincolnshire

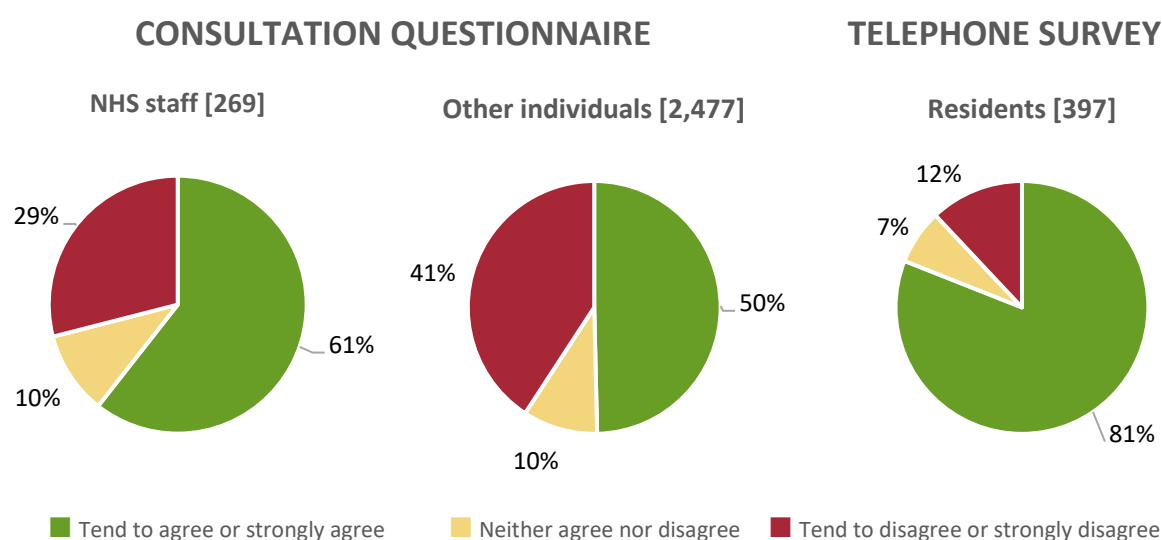
- 1.35 The Chartered Society of Physiotherapy (CSP), in their response to the consultation, raised concerns that lack of funding for weekend rehabilitation services is resulting in increasing patient length of stay, and sought confirmation that high quality care and best practice rehabilitation for orthopaedic discharged patients would be put in place under the proposed changes.
- 1.36 Measures which might mitigate against challenges that some service users might face around travelling to more distant or unfamiliar hospitals sites were suggested, such as increased provision of patient transport services, working with local authorities to explore improvements to public transport links and more follow-up appointments being provided in the community.
- 1.37 Beyond the view from some respondents that emergency orthopaedic surgery should be retained at Grantham and District Hospital, alongside a new Centre of Excellence, few suggestions of alternative approaches to delivery of planned orthopaedic services were forthcoming.
- 1.38 There were, however, a few additional points for consideration raised in feedback around the proposals:
- » Communication between care facilities, including hospital departments and GPs, needs to be addressed urgently to ensure the timely flow of information on patient care and treatment;
  - » The NHS Lincolnshire should work with and learn from private hospitals to improve patient care and assist with the crisis; and
  - » That Grantham and District Hospital is in a poor state of maintenance, and that it would be more cost effective in the long run to build a brand new centre for orthopaedic services.

## Summary of feedback: urgent and emergency care at Grantham and District Hospital

There was overall support for the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre (UTC) at Grantham and District Hospital

- 1.39 The consultation questionnaire identified that around three fifths of NHS staff who responded (61%) and half (50%) of other individual respondents either tended to agree or strongly agreed with the proposal to create a UTC at Grantham and District Hospital. Around three in ten (29%) NHS staff members and two fifths (41%) of other individual respondents either tended to disagree or strongly disagreed (Figure 3).
- 1.40 Support for the proposal among the Lincolnshire population as a whole was much stronger, with over four fifths (81%) of residents (+/- 6%) agreeing with the proposed changes, while one in eight (12%) disagreed.

Figure 3 - Views on the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, **BY STAKEHOLDER TYPE**)



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

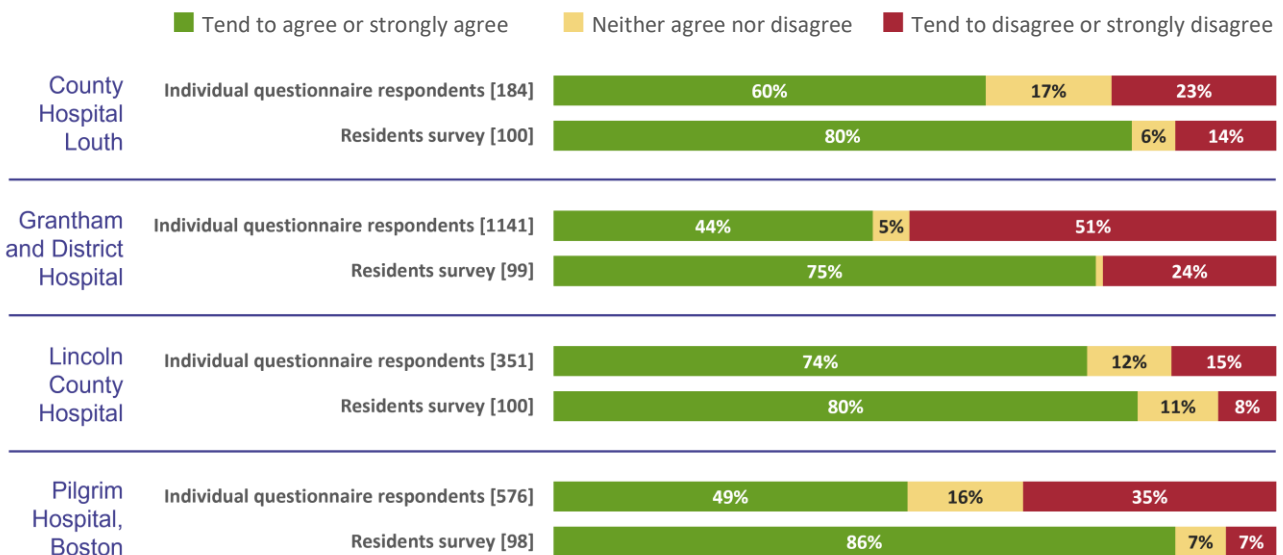
- 1.41 Among the 14 organisations that responded to this question, 8 agreed with the proposals for urgent and emergency care in Grantham, 2 neither agreed nor disagreed, and 4 disagreed.

There was, however, evidence of differing views on the proposal for a 24-hour UTC at Grantham and District Hospital between those living in different areas of Lincolnshire

- 1.42 It is important to note that there is evidence that concerns about the proposals for urgent and emergency care are strongest among those living nearest to Grantham and District Hospital (Figure 4). This is most particularly marked in the questionnaire responses, in which just over half (51%) of all individual respondents living closest to Grantham and District Hospital expressed disagreement with the proposal, compared to 44% who agreed.
- 1.43 The residents telephone survey indicates that there is majority support among the resident population, including those living closest to Grantham and District Hospital, three quarters (75%) of whom agree with the proposals. There was nonetheless evidence of concern as well, with nearly a quarter (24%) of residents living closest to Grantham and District Hospital disagreeing with the proposals (Figure 4).

- 1.44 Just over a third of questionnaire respondents (35%) living closest to Pilgrim Hospital, Boston also expressed disagreement with the proposals for urgent and emergency care, with just under half (49%) expressing agreement. By contrast, the telephone survey indicated that the vast majority of residents (86%) living closest to Pilgrim hospital either tended to agree or strongly agreed with the proposed changes.

**Figure 4 - Views on the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, BY CLOSEST HOSPITAL)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

Support for the proposal to provide 24/7 walk-in urgent care services at Grantham and District Hospital was most commonly based on the view that a local 24-hour UTC is preferable to a limited-hours A&E department that is not able to meet the needs of all patients

- 1.45 Across all consultation strands, there was support for 24-hour access to urgent care services in Grantham. It is important to note, however, that there was a marked divide between those who agreed with the proposal for a 24/7 Urgent Treatment Centre, and those who felt that the proposals were insufficient and therefore advocated for increased provision and a fully equipped and staffed 24-hour A&E at the site.
- 1.46 For many respondents, a 24-hour UTC was viewed as preferable to the current limited services A&E department operating from 8:00am - 6:30pm. While they might have preferred full accident and emergency services to be available locally, there was acknowledgement that a high percentage of evening and overnight visitors to the A&E departments at Lincoln County Hospital or Peterborough City Hospital could actually be treated at a more local UTC.
- 1.47 There was recognition from those who agreed with the proposal, including those who participated in in-depth discussions at the focus groups and through interviews, that 24-hour access to a walk-in UTC might relieve pressure on Lincoln County Hospital's A&E, as well as benefiting those living in and near to Grantham if the majority of them would not need to travel to Lincoln to receive out of hours urgent care.
- 1.48 It is important to note that those who accepted the proposal around urgent and emergency care in Grantham tended to express similar concerns to those who disagreed, particularly on issues such as Grantham's growing and aging population, and travel to Lincoln County Hospital. For these respondents and residents, however, the proposals represented a reasonable 'real world' compromise, and that these were issues that could be mitigated against - not least by ensuring that local residents are made fully aware of what services a UTC would be able to provide overnight.

Disagreement with the proposal for a new 24/7 walk-in Urgent Treatment Centre in Grantham was most commonly based on the view that anything less than a fully equipped and staffed Emergency Department at Grantham and District Hospital would be unacceptable, rather than a desire for services to remain unchanged

- 1.49 The vast majority of those who rejected the proposals for a 24-hour UTC at Grantham and District Hospital did so, not on the basis that they favour the status quo of current service provision, but rather because they want a full, 24/7 A&E department in place of the current 8:00am to 6:30pm service.
- 1.50 The strongest disagreement with the proposals was seen among those living closest to Grantham and District Hospital, the same area from which the largest volume of responses to the consultation was received. There was a strong narrative in the negative feedback about protecting, and even expanding the services delivered at the hospital.
- 1.51 For many who opposed the proposals, any changes to acute services at the hospital in Grantham were viewed as unacceptable and, in many cases, seen as a continuation of under-investment and a process of service reduction at Grantham and District Hospital over a period of a number of years. There was a very strong view among those that disagreed outright with the proposals that *more* services should be delivered from the hospital, with reference made to emergency orthopaedic surgery and stroke services in particular.
- 1.52 Foremost among the reasons given for requiring 24/7 A&E services in Grantham, were concerns related to risk to life as a result of increased travel times in life-threatening emergencies. Respondents who disagreed with the proposal cited concerns about ambulance conveyance times to more distant Accident and Emergency Departments at Lincoln County Hospital and other locations, as well as the view that the proximity of the A1, major railway links and airports increases the risk of a major incident that might overwhelm remaining A&E services without Grantham and District Hospital being able to provide support.
- 1.53 The strength of feeling from some members of the public was further evidenced by the submission of two petitions with a combined total of 1,818 signatures or online indications of support calling for a 24-hour A&E department at Grantham and District Hospitals. The most robust disagreement across the consultation was often characterised by a lack of trust in the case for change put forward by NHS Lincolnshire CCG and strong concern that the proposal is another step in a deliberate 'downgrading' of Grantham and District Hospital.

Many of the concerns expressed about the proposal were shared by those who agreed and those who disagreed with the proposals; for the former, these were potential issues to be considered and mitigated against while, for those who disagreed, they were reasons to reject the proposals for a 24/7 UTC and increase service provision at Grantham and District Hospital

- 1.54 Travel and access to A&E services was a concern for many respondents; if the proposal was to go ahead it was felt that there would be an impact on members of the public who might find it difficult to travel to and from Lincoln County Hospital and other locations. Issues raised included poor transport links to Lincoln County Hospital and increased costs and journey times, particularly for those who might rely on public transport or be discharged late at night.
- 1.55 Reassurances that a 24-hour Urgent Treatment Centre would be appropriate for the vast majority of patients requiring out-of-hours assessment and treatment and might therefore lead to shorter waiting times and less pressure on A&E services in other locations in Lincolnshire, were accepted by many of those who agreed with the proposals. There was also recognition that most people who would require full A&E services, such as trauma patients, would in any case be transported by ambulance to the nearest appropriate site.

- <sup>1.56</sup> Despite this, however, concerns remained about ambulance conveyance times and the potential for increased pressure on East Midlands Ambulance Services; the rural geography of much of Lincolnshire led to concerns about acute and emergency health service provision becoming more 'spread out' at a time when the population is growing, particularly around Grantham. As well as impacting patients, there was concern expressed around access by visitors if patients were to be admitted, both in terms of their own journeys, and the potential impacts on patient wellbeing and recovery if they were to be isolated from family and carers.
- <sup>1.57</sup> Finally, there were some concerns expressed about the quality of care provided at A&E departments at Lincoln County Hospital and Pilgrim Hospital, Boston, as well as the long waiting times that some respondents had experienced. Without any A&E services at Grantham and District Hospital, it was felt that these issues might become worse.

### Concerns around potential impacts of the proposals focused predominantly on travel and transport; there was also positive feedback about the benefits of 24-hour access to local urgent care services

- <sup>1.58</sup> As outlined above, the majority of feedback around the potential impacts of the proposed changes related to travel and access. Some was positive, with recognition that a 24-hour UTC in Grantham and District Hospital would mean that many local service users would not have to travel to Lincoln or Boston to access urgent care between 6:30pm and 8:00am.
- <sup>1.59</sup> Concerns about negative impacts also focused on travel and access, with many of those who disagreed with the proposal expressing the view that large numbers of patients would have to travel further to access the services they need, increasing the risk of serious harm or loss of life as a result.

### Equalities and health inequalities impacts of proposals for urgent and emergency care in Grantham

- <sup>1.60</sup> Analysis of questionnaire and survey responses did not indicate that there were any strong differences in views or specific concerns being expressed by respondents from groups with protected characteristics under the Equalities Act 2010 (e.g., age, ethnicity, gender). Instead, the evidence indicates that it is local concerns that account for differences in views, with members of different demographic or protected characteristics groups tending to share the views of others living in the same area.
- <sup>1.61</sup> Where concerns were raised in feedback about particular groups (e.g., older people, people with disabilities, those from more deprived communities or living in rural areas), the focus was predominantly on travel and transport, particularly for those with limited access to private transport.
- <sup>1.62</sup> In consultation feedback from individuals' with protected characteristics or other key demographics, their views on the proposals were typically informed most strongly by their area of residence, regardless of any other demographic characteristics.
- <sup>1.63</sup> The one example of a slight difference was that, in the residents survey, there was evidence that residents with disabilities or long-term health conditions that limited their day-to-day activities a lot, were significantly less likely to agree (and more likely to disagree) with proposals around urgent and emergency care Grantham and District Hospital than other residents (although there was still majority agreement); it should be noted that the feedback indicated that concerns about the proposal was again focused on concerns about travel and access to alternative sites, and the need for local acute emergency services at all hospitals.

## Mitigations, alternative suggestions and additional considerations around urgent and emergency care

- <sup>1.64</sup> In light of the concerns about travel and access, the main mitigation measure suggested was that more patient transport options be offered between hospital sites, and to help patients to return home following discharge if they were transferred from the UTC to an A&E at a different hospital.
- <sup>1.65</sup> In feedback, it was also seen as vital that a UTC at Grantham and District Hospital should always operate as a walk-in service, rather than requiring people to contact NHS 111 first, to ensure that people make use of the service and do not travel elsewhere unnecessarily.
- <sup>1.66</sup> As discussed above, by far the most common alternative that was proposed was for the current part-time, limited A&E department at Grantham and District Hospital to be replaced by (or 'restored to') a full Type 1 Accident and Emergency Department.
- <sup>1.67</sup> There were several other alternative suggestions forthcoming, including:
- » If the proposals for a 24/7 UTC goes ahead, ULHT should provide their own emergency and non-emergency transfer service to local A&E departments, so that East Midlands Ambulance Services are not affected;
  - » A&E services should continue to be offered at Grantham and District Hospital during the day, with a UTC in operation only overnight;
  - » That additional Nurse ACPs<sup>1</sup> be trained to compensate for the shortage of consultants; and
  - » A similar urgent treatment service be provided at Stamford to cover areas south of Grantham.
- <sup>1.68</sup> Finally, there was also a suggestion for a more radical approach - that a new specialist hospital be built near Sleaford to deal with all emergency care, leaving other hospitals in Lincolnshire to deal with routine and planned care.

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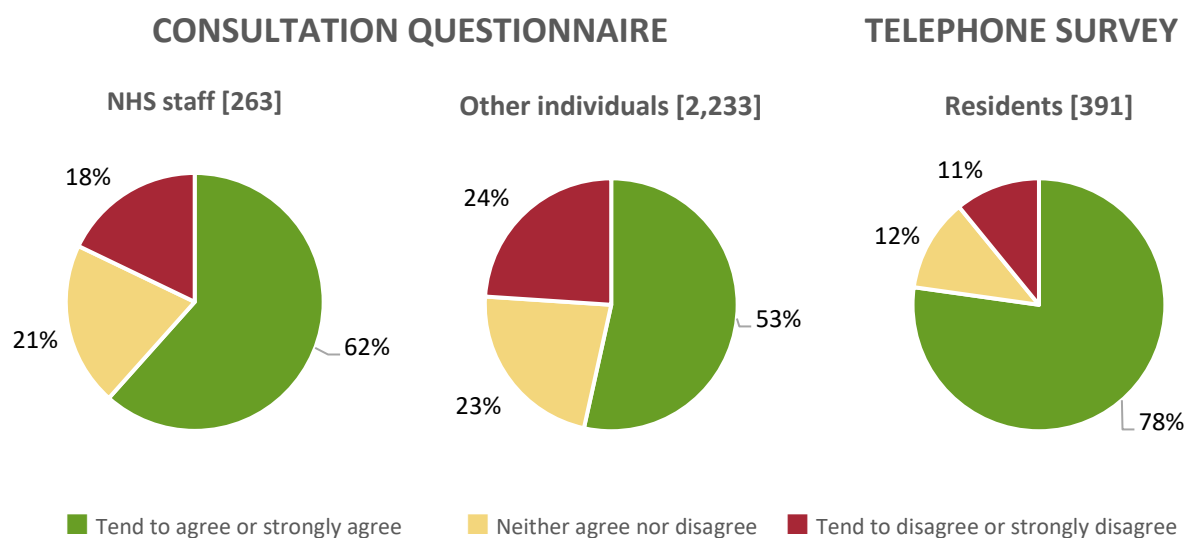
<sup>1</sup> Advanced Clinical Practitioners

## Summary of feedback: community/acute medical beds at Grantham and District Hospital

There was broad agreement with the proposal for community/acute medical beds, seen by many as an opportunity to better integrate hospital and community services to the benefit of patients

- <sup>1.69</sup> There was majority support for the proposals to provide integrated community/acute medical beds across all stakeholder and consultation strands. Of note, however, is evidence of a level of uncertainty about the proposal, with many consultation respondents indicating that they neither agreed nor disagreed with the proposals, or that they felt unable to provide a view. It is reasonable to assume that this may reflect a lack of familiarity with acute medical beds among respondents and residents compared to the other acute services addressed in the consultation.
- <sup>1.70</sup> Just over three fifths (62%) of NHS employees in the open questionnaire agreed with the proposal to provide integrated community/acute medical beds at Grantham and District Hospital, with fewer than one in five (18%) expressing disagreement (Figure 5).
- <sup>1.71</sup> There was also majority agreement from other individual questionnaire respondents (53%), with just under a quarter (24%) disagreeing. As noted above, among NHS staff and other individuals who took part in the questionnaire, between one fifth and a quarter of respondents neither agreed nor disagreed.
- <sup>1.72</sup> Over three quarters (78%, +/- 6%) of Lincolnshire residents expressed support for the proposals (Figure 5), with around one in ten (11%) disagreeing and a similar proportion (12%) neither agreeing nor disagreeing.

**Figure 5 - Views on the proposal to provide integrated community/acute medical beds at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

- <sup>1.73</sup> Of the 12 organisations that submitted valid responses to this question, 7 agreed with the proposals, 2 neither agreed nor disagreed, and 3 disagreed.
- <sup>1.74</sup> Across consultation feedback, those who agreed with the proposal to provide integrated community/acute medical beds felt that it would provide benefits such as more efficient care, with patients being discharged more quickly while continuing to receive treatment and care in their communities. Indeed, staff and patient representatives said they would like to see this model replicated across the Trust.

- 1.75 Those disagreeing with the proposal felt that Grantham and District Hospital should be a fully serviced hospital with acute medical beds (as opposed to integrated medical beds), especially given the need to account for the area's growing and ageing population. There were also concerns around negative impacts on quality of care, and the potential for increased pressure on other hospital sites.
- 1.76 Other concerns expressed were around overall bed numbers, costs, staff shortages, and capacity within primary and social care services. Further clarity was sought on the impact of the proposals on overall bed space at Grantham and District Hospital, and concerns were expressed about capacity within the other services that are essential in facilitating change - adult social care and primary care for example.
- 1.77 Other worries focused on the cost of implementing the changes and the anticipated increase in staff workloads. Moreover, the latter would, it was felt, be compounded by shortages among community- and hospital-based staff, both of whom are crucial to the successful implementation of this proposal.

### Equalities and health inequalities impacts of the proposal for community/acute medical beds at Grantham and District Hospital

- 1.78 Positively, it was said that patients would be seen to quicker, resulting in more efficient care, and would further benefit by being discharged back into their community more quickly. Elderly or frail patients were highlighted as particularly benefiting from this.
- 1.79 In feedback from individuals' with protected characteristics or other key demographics, their views on the proposals were typically informed most strongly by their area of residence, regardless of any other demographic characteristics.
- 1.80 One exception was that evidence suggested that residents with the most limiting disabilities or long-term health conditions were significantly less likely to agree (and more likely than other residents to disagree) with proposals around acute medical beds at Grantham and District Hospital (although there was still majority agreement); it should be noted that the feedback indicated that their concerns were focused on loss of acute services and travel and access to alternative sites.

### Mitigations, alternative suggestions and additional considerations around community/acute medical beds

- 1.81 In terms of mitigating against potential challenges, difficulty accessing primary care was said to result in minor illnesses not being treated, leading in some cases to increased severity and hospitalisation. As such, it was suggested that the NHS could reduce demand for hospital beds by ensuring that residents can more easily organise appointments with their GP.
- 1.82 A significant recruitment drive was also thought to be needed to achieve the requisite numbers of clinicians, care-workers and therapists – and related to this, research and development linked to universities was suggested, as was attracting graduates by asking them what they want and need.
- 1.83 Some alternative suggestions or enhancements to the proposal were suggested as follows:
- » If acute and community beds are available at Grantham, blood tests should be too;
  - » Establish acute and rehabilitation pathways:
    - An acute pathway (for acutely/medically unstable patients) consisting of an Emergency Assessment Unit (EAU) and one more medical ward to allow patient flow with multi-disciplinary team (MDT) discharge facilitation; and

- A rehabilitation pathway including step down from acute beds and step up from community beds, to incorporate a rehabilitation ward with stroke and general rehabilitation beds for patients with any other conditions, including frail elderly and post-Covid patients. Establishing this at Grantham and District Hospital would allow service provision for patients closer to their home and access for visitors;
- » Provide 'halfway house' care wards for those who are medically well but unable to cope with going home, offering convalescence and low dependency beds, and the potential for occupational therapy;
- » Acute medical beds should not be provided at Grantham, given the limited support and other services there. Grantham should be an elective surgery and community hospital, providing high quality care outside an acute setting; and
- » Hospital and ongoing social care should be staffed by fully integrated MDTs to facilitate seamless transfer of patients from hospital into the community. This would involve integrated social services and hospital financial structures to end delayed discharge.

<sup>1.84</sup> One NHS staff member raised specific concerns about lack of provision of Level 2 Respiratory beds at Grantham and District Hospital and suggested that respiratory ACPs could manage respiratory beds with support from anaesthetists and additional funding for recruitment and training.

<sup>1.85</sup> It was also suggested that: mental health beds should be treated as a priority in future planning; and that patients with chronic health conditions and co-morbidities like obesity should be centralised in one location in the county to allow staff to develop specialisms.

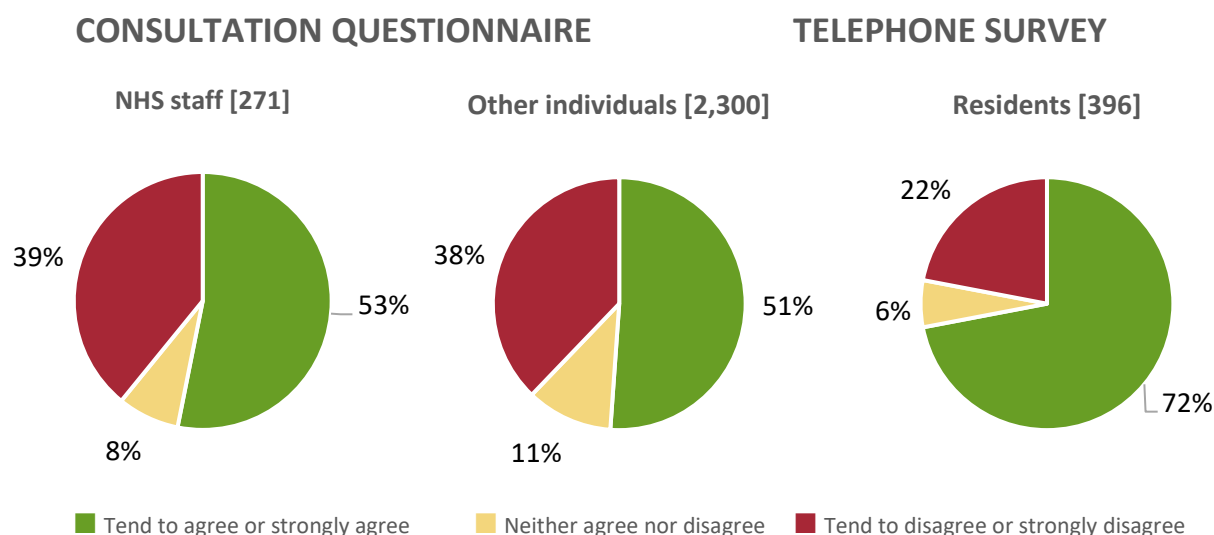
<sup>1.86</sup> Finally in relation to proposal around acute medical beds at Grantham and District Hospital, there some was criticism based on the view that there was a lack of detailed information on the integrated model in the consultation document.

## Summary of feedback: stroke services in Lincolnshire

There was also majority support across the consultation as a whole for the proposal to create a Centre of Excellence for acute and hyper-acute stroke at Lincoln County Hospital, supported by an enhanced community stroke rehabilitation service; however, views did vary somewhat across different areas within Lincolnshire

- <sup>1.87</sup> More than half (53%) of NHS staff responding to the consultation questionnaire agreed with the proposal for stroke services, while approximately two fifths (39%) disagreed. This was also the case with other individual respondents to the questionnaire, just over half of whom expressed agreement (51%) and just under two fifths (38%) disagreed.
- <sup>1.88</sup> Among Lincolnshire residents, there was more support for the proposed changes; approximately three quarters (72%, +/- 6%) of residents agreed with the proposal, with a little over one in five (22%) expressing disagreement.

**Figure 6 - Views on the proposal to provide a Centre of Excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

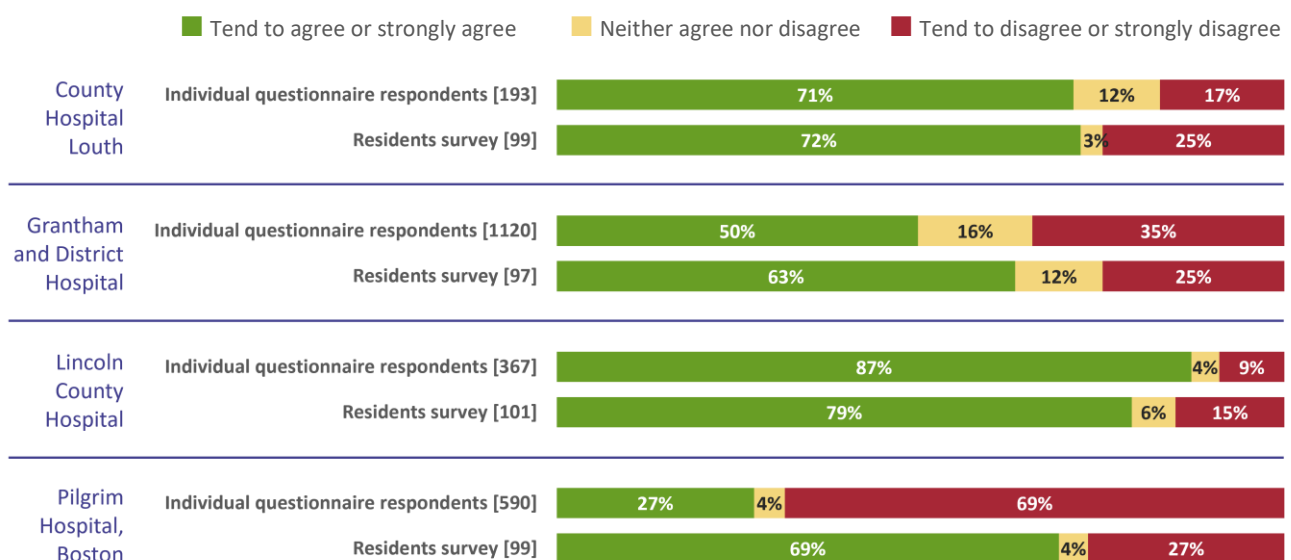
- <sup>1.89</sup> Among the 14 organisations that submitted valid responses to this question, 10 agreed with the proposal for stroke services in Lincolnshire and 4 disagreed.

There was evidence across the different consultation strands of differing views on the proposal for stroke services based on geography, with greater levels of concern expressed from those living closest to Pilgrim Hospital, Boston

- <sup>1.90</sup> There is evidence that concerns about the proposals for stroke services are strongest among those living nearest to Pilgrim Hospital, Boston (Figure 7). This is most particularly marked in the questionnaire responses, in which more than two thirds (69%) of all individual respondents living closest to Pilgrim hospital expressed disagreement with the proposal, compared to just over a quarter (27%) who agreed.

- 1.91 The residents telephone survey, by contrast, indicates that there is majority support from the overall resident population, including among living closest to Pilgrim Hospital, Boston, where more than two thirds (69%) agree with the proposals (Figure 7).
- 1.92 There was nonetheless also evidence of concern; more than a quarter (27%) of Boston residents disagreed with the proposals to provide a Centre of Excellence for stroke services at Lincoln County Hospital with Pilgrim Hospital, Boston no longer delivering specialist stroke services.
- 1.93 Just over a third of questionnaire respondents (35%) living closest to Grantham and District Hospital also expressed disagreement with the proposals for stroke services, with half (50%) expressing agreement.
- 1.94 The residents survey indicated that a quarter of residents (25%) living closest to Grantham and District Hospital disagreed with the proposed, compared to the nearly two thirds (63%) who agreed.

**Figure 7 - Views on the proposal to provide a Centre of Excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service (from the consultation questionnaire and residents telephone survey, BY CLOSEST HOSPITAL)**



**BASE: Number of participants given in brackets (excludes 'don't know' responses)**

There was some agreement with the proposals for stroke services on the grounds of increasing expertise and improving quality of care

- 1.95 Supporters of developing a specialist centre for hyper-acute and acute stroke services at Lincoln County Hospital felt that increasing expertise in this area would inevitably improve patient care and outcomes, and likely tackle many of the challenges faced by NHS Lincolnshire. It was also said that the centre could be a catalyst for further future investment into the area's healthcare infrastructure.

Those who disagreed (mostly residents of the Boston area) did so mainly for fear of a lack of local services and longer travel times, and a concern that it could lead to poorer patient outcomes

- 1.96 Disagreement with the proposals for stroke services came largely from Boston residents, who worried that the removal of "life-saving" local services would be to the detriment and disadvantage of the area and suggested that if the population of Boston continues to increase at its current trajectory, acute stroke services will be required in future. There was also worry that the removal of stroke services would pose a threat to other services at Pilgrim hospital.

- <sup>1.97</sup> Travel times, including by ambulance, to reach Lincoln were said to be too long, particularly in stroke cases when 'time is of the essence'. It was said that people living in places outside the 'golden hour' of travel time to Lincoln will be disadvantaged by these proposals. Moreover, travelling to Lincoln to visit patients would be difficult for many families and carers, especially as the county's travel infrastructure is poor.
- <sup>1.98</sup> It was argued that, until 18 months ago, Pilgrim ran a safe and high-quality stroke service achieving higher targets than Lincoln; it was alleged that basing data on the last two years provides is inaccurate as, prior to COVID-19, Pilgrim hospital saw spikes in admissions over the summer months due to increased holiday makers at the coast. Having only one specialist stroke unit across the whole of Lincolnshire, it was felt, would lead to patients being on wards without access to specialist nurses or therapists.
- <sup>1.99</sup> Moreover, the proposed changes would, it was felt, lead to worsened rehabilitation outcomes, as more complex patients requiring longer periods of inpatient specialist rehabilitation will not receive it due to the lack of specialist stroke management staff and facilities in existing community settings.
- <sup>1.100</sup> It was argued that stroke services should be available at all hospitals, and that the delay in thrombolysis delivery for patients in the South/South East of the county is unacceptable. A centralised model of care was thought to be a particular risk in such a large county with infrastructure issues, especially when treatment time is so crucial for stroke patients.

#### Other concerns were around ambulance availability, capacity and infrastructure at Lincoln County Hospital, and the impact of the proposed changes on staff

- <sup>1.101</sup> Other concerns centred around: a lack of ambulance availability in Boston as a result of more frequent journeys to Lincoln and lengthy handovers; whether Lincoln County Hospital has the capacity and infrastructure to deal with increased patient demand; the lack of additional specialist staffing proposed for the Lincoln site; and the presumption that specialist stroke staff will be able to easily relocate from Boston to Lincoln owing to personal circumstances and a lack of transport.

#### Equality and health inequalities impacts of the proposal for stroke services

- <sup>1.102</sup> The proposal could, some felt, widen health inequalities and negatively impact patient access as services would be removed from a deprived area. Furthermore, the stroke figures for the area served by Pilgrim hospital are higher owing to an ageing population. It was thought to make more sense, therefore, to have a centre of excellence in Boston to reduce travel times for the majority.
- <sup>1.103</sup> The impact on patients' loved ones was also noted, particularly elderly spouses/family who may be unable to visit due to the increased travel distance. The impact of this on patients' mental health and recovery may, it was said, have been overlooked.
- <sup>1.104</sup> As with the other proposals, feedback from members of protected characteristics groups and other key demographics tended to express some concerns about travel and transport along the same lines as other respondents.
- <sup>1.105</sup> In the consultation questionnaire data, slightly more respondents from the most deprived communities disagreed with proposals for stroke services than agreed. It should be noted, however, that further analysis indicated that this was almost certainly a result of the *majority* of questionnaire respondents from deprived communities living in Boston and East Lindsey, closest to Pilgrim Hospital, Boston.

<sup>1.106</sup> Boston and East Lindsey are geographic areas in which the views among respondents from both deprived *and* more affluent communities were more negative than elsewhere; the implication, therefore, is that it is shared concerns about loss of local services in Boston driving disagreement, rather than a particular or separate concern from those experiencing deprivation.

<sup>1.107</sup> In the residents survey there was some indication (at a 90% confidence level) that residents with disabilities that limit their activities a lot were also less likely to agree, and more likely to disagree. with this proposal, compared to other residents (although there was still majority agreement).

### Mitigations, alternative suggestions and additional considerations for stroke services

<sup>1.108</sup> The following mitigations were mentioned in relation to the proposal for stroke services:

- » Social care provision should be strengthened to reduce the length of hospital stays;
- » An air ambulance to cover the East of the county;
- » Improved recruitment with higher wages and better benefits so staff feel valued;
- » More beds, staff (including staff with thrombolysis training) and other resources;
- » A telemedicine system that matches some models used in Europe or other remote areas, whereby more junior staff members could be upskilled to initiate investigations and treatment plans with the help of consultants, to keep patient care local; and
- » Additional therapy staffing in the stroke unit and community stroke team to support more timely assessment and discharge planning – as well as discharges themselves.

<sup>1.109</sup> Two more general alternative suggestions were made; firstly, that both Lincoln County Hospital and Pilgrim Hospital, Boston should be centres of excellence for stroke; and secondly, that specialist stroke services should be located in Boston to better suit the overall needs of the population.

<sup>1.110</sup> More specifically, the following suggestions were made in relation to the hyper-acute and acute wards:

- » Train teams stepping into hyper acute care in a timely way; for example, specialist strokes and registrants stepping onto Advanced Clinical Practitioner (ACP) university courses using 'learning beyond registration' (LBR) funds or apprenticeship levies;
- » If there is to be a second ward at Lincoln, this should be a small hyper-acute ward (close to the stroke unit), and the current stroke unit should be used for acute care and rehabilitation as it already has several therapy rooms. Therapy teams should work across the two wards to provide consistency of care and help maintain cover during annual leave/staff absence etc.;
- » It would be beneficial to have a dedicated MDT/discharge co-ordinator(s);
- » Keep the hyper-acute at site; make consultants and ACPs work pan-trust and put money into ACP training for experienced stroke nurses; and
- » A standard operating procedure should be in place that allows thrombolysis to be given in the emergency department if the time to transfer to a hyper-acute stroke unit (HASU) is greater than 45 minutes. Patients should then be transferred to HASU post-thrombolysis. This, it was said, is supported by NICE and there are examples of it working in practice elsewhere in the country.

<sup>1.111</sup> And the following suggestions were made in relation to rehabilitation:

- » Grantham and District Hospital should have a rehabilitation service, but not an acute service if there is no A&E unit there;

- » Ringfence specialist beds at Boston to create a hub and spoke stroke rehabilitation service across Lincolnshire. This would provide highly specialised stroke service provision in a centre with ongoing rehabilitation and preparation for discharge to the community. High quality service provision should link the pathway for rehabilitation across acute and community sectors;
- » An appropriate stroke rehabilitation ward would ensure throughput is sufficient to allow new patients to be admitted and longer-term patients to receive the rehabilitation they require;
- » Community rehabilitation services must be in place for stroke and other neurological conditions, especially brain injury – as well as a step up and down inpatient/outpatient unit where all patients can go to regain lost skills; and
- » Provide step down beds in Pilgrim and Grantham and District Hospitals to allow a manageable caseload for Lincoln County Hospital, and so that patients can receive specialist stroke rehabilitation closer to home.

## Summary of feedback: equalities and health inequalities impacts

- <sup>1.112</sup> Analysis of questionnaire and survey responses did not indicate that there were strong differences in views on the proposals, or specific additional concerns being expressed by respondents from groups with protected characteristics under the Equalities Act 2010 (e.g., age, ethnicity, gender) or other demographic groups. Instead, the evidence indicates that it is local concerns that account for differences in views, with members of different demographic or protected characteristics groups tending to share the views of others living in the same area.
- <sup>1.113</sup> As mentioned above, the one exception to this was that there was some evidence that residents with the most life-limiting disabilities and long term conditions were more negative than other residents about the proposals around acute medical beds and urgent and emergency care at Grantham and District Hospital, and to a lesser extent the proposal for stroke services, (although on all proposals there was still majority agreement from this group). The feedback suggested, however, that it was again concerns about travel and transport and local provision of services that were behind these more negative views.
- <sup>1.114</sup> Where concerns were raised in feedback about particular groups, the focus was predominantly on travel and transport, particularly for those with limited access to private transport. Specific groups and communities were mentioned in this regard, including:
- » People with physical disabilities, and long-term conditions and co-morbidities;
  - » People with learning disabilities, and neurodiverse people such as those ASD;
  - » Older people;
  - » People living in areas of deprivation or with low incomes;
  - » Residents in rural and isolated communities; and
  - » Those without access to private vehicles or who routinely rely on public transport.
- <sup>1.115</sup> Where concerns were raised that did not relate directly to travel, they tended to focus on issues around lack of familiarity with 'new' or different locations. For example, there were concerns that older people from Grantham might be taken by ambulance to Lincoln, Boston or Peterborough to be treated in an emergency. The unfamiliar setting, it was felt, could cause additional distress. Furthermore, there was a concern that increased travel times for care would have a negative impact on the mental health of the older population in particular.
- <sup>1.116</sup> Similarly, the needs of people with sensory disabilities who might be used to accessing certain hospitals and were therefore confident that they would receive any additional support they might require at those locations, were also raised as an issue for consideration.
- <sup>1.117</sup> Finally, Healthwatch Lincolnshire strongly urged the CCG to fully consider all potential impacts on people and communities when reviewing the public consultation feedback and Equality Impact Assessments.

## The consultation process

- <sup>1.118</sup> On a final note, there was some criticism of the consultation process in relation to a perceived lack of clarity about the proposals in the documentation, and the process being about saving money, not improving service provision. There was also some feeling that the views expressed by members of the public earlier in the engagement process have been ignored, that 'minds have already been made up', and that implementing the proposed changes would provide further evidence that people's concerns are not being heard.

## 2. Consultation overview

### Commission and methodology

#### Introduction

- 2.1 United Lincolnshire Hospitals NHS Trust (ULHT) provides acute hospital services to the population of Lincolnshire, commissioned by NHS Lincolnshire Clinical Commissioning Group (NHS Lincolnshire CCG). Their vision is to deliver high-quality health care services for all residents of Lincolnshire.
- 2.2 Beginning in 2013, NHS Commissioners in Lincolnshire have been undertaking engagement with members of the public and other stakeholders as part of a major review of these acute hospital services, undertaken in partnership with senior clinicians from the NHS in Lincolnshire.
- 2.3 In 2017, the present phase of planning and engagement began, culminating most recently in 'Healthy Conversation 2019', a six-month exercise during which NHS Lincolnshire CCGs and other partners sought feedback from the public and other stakeholders on a range of health and care services to understand their views. The range of NHS services in Lincolnshire involved in this conversation included four acute services.
- 2.4 These acute services, identified as requiring significant and permanent improvement to ensure the highest possible care in line with clinical evidence and standards for best practice, are orthopaedic surgery and stroke services across Lincolnshire, and urgent and emergency care and acute medical beds at Grantham and District Hospital.

#### The current challenges: need for change

- 2.5 There are well-known, key challenges facing hospital nationally: increased demand due to a growing population that is living longer with more complex conditions; and recruiting and retaining staff. In order to ensure the quality and sustainability of acute services in the face of these challenges, NHS Lincolnshire CCG are proposing changes to the way that four of these services are delivered.
- 2.6 NHS Lincolnshire CCG believes that the proposals will address these national challenges and improve the quality of care by:
  - » Reducing waiting times and cancellations for planned orthopaedic procedures in Lincolnshire;
  - » Improving urgent and emergency care for patients across Lincolnshire;
  - » Leading to clinically optimum hospital stays and better hospital care for recovering stroke patients;
  - » Integrating community and hospital medical services;
  - » Providing quicker access to specialist staff across these four NHS services;
  - » Reduced risk that Lincolnshire would lose these services if they became unsustainable;
  - » Increasing the ability of the NHS in Lincolnshire to attract new staff to work in the county and to better retain staff already in the county, as they would be working for more sustainable and progressive services; and
  - » Reducing spend on temporary and locum staff to fill gaps in rotas, caused by too few permanent staff to fill them.

## The proposals

- 2.7 Following a period of options development and appraisal that involved senior clinicians, key stakeholders and members of the public, proposals were developed for changes to these four acute services. In summary, these proposals are:
- » To consolidate planned orthopaedic surgery in a 'centre for excellence' at Grantham and District Hospital and create a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery;
  - » For Grantham and District Hospital A&E department to become an 24/7 Urgent Treatment Centre;
  - » To provide integrated community/acute medical beds at Grantham and District Hospital; and
  - » To consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service.

## The commission

- 2.8 Opinion Research Services (ORS), a company that grew out of Swansea University, now with a UK-wide reputation for social research and major statutory consultations, was appointed by NHS Lincolnshire to support engagement activities, and to analyse and report the outcomes of this public consultation programme of engagement with members of the public, clinicians and other NHS staff, and other stakeholders.

## The consultation programme

- 2.9 The 12-week public consultation began on 30 September 2021 and ended on 23 December 2021. While social distancing guidelines due to COVID-19 were still in place during the consultation period, NHS Lincolnshire CCG were able to undertake a mixture of face-to-face and online engagement activities, in line with UK Government guidance at the time.
- 2.10 During the consultation period, residents and other stakeholders were invited to provide feedback through a wide range of methods, including all of the following:
- » A consultation questionnaire for all residents, stakeholders and organisations: the questionnaire was available online (hosted by ORS) and paper questionnaires were widely circulated and available on request. An easy read version and translated documents were also available;
  - » Independently facilitated engagement designed and conducted by ORS:
    - A residents survey administered by telephone, and representative of Lincolnshire's population; and
    - Online focus groups and 1:1 in-depth interviews with members of the public.
  - » Engagement activities undertaken by NHS Lincolnshire CCG, including face-to-face and online public events, a 'virtual' 24/7 event, meetings with NHS staff members, stakeholders and services users, and engagement activities at market days across Lincolnshire;
  - » Written or email submissions from residents, stakeholders and organisations; and
  - » Petitions (organised by two local campaign groups and submitted to ORS).
- 2.11 NHS Lincolnshire CCG planned and delivered a comprehensive communications programme to raise awareness of the consultation and to tell residents and other stakeholders how to take part.

- 2.12 Information and resources were available on the NHS Lincolnshire website, [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk), along with a link to the online questionnaire which was setup and hosted by ORS. During the consultation period, the consultation website attracted over 12,000 unique visitors, generating 31,000 page views, 5,100 visits to the questionnaire page and 2290 visits to the consultation events page.
- 2.13 Paper copies of documentation and the consultation questionnaire were also available, including accessible and other languages versions, and were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email.
- 2.14 The consultation was supported by a comprehensive communications programme undertaken by NHS Lincolnshire which included:
- » Press and publicity activity, including 25 advertisements in county newspapers, generating 93 media articles appearing in over 300 separate locations across TV, print, radio and online, as well as on these media outlets' social media and digital pages;
  - » Delivery of a consultation leaflet was commissioned targeting 374,193 households across Lincolnshire;
  - » Posters and leaflets in physical locations such as GP practices, libraries, pharmacies, gyms, etc. and attendance at market days in 19 areas across Lincolnshire, handing out leaflets to 970+ people;
  - » Through an extensive list of partner and stakeholder organisations and databases;
  - » Via NHS Lincolnshire CCG's Nextdoor online forum and by sending the consultation website link to over 4,400 ULHT and Lincolnshire Community Healthcare Services NHS Trust (LCHS) patients; and
  - » 431 social media posts and tweets seen by over 260,000 people, of whom over 7,700 directly engaged and 784 clicked through to the consultation website.
- 2.15 Protected characteristics and seldom heard groups were also consulted via social media, direct email, distribution of posters and leaflets and meetings, as well as by NHS Lincolnshire CCG working with community groups such as food banks and job centres to promote the consultation. Full details of the communications programme can be found in NHS Lincolnshire CCG's Public Consultation Communications Activity and Engagement Report; feedback from and about protected characteristics groups are included in this report.

## The nature of public consultation

- 2.16 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.
- 2.17 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

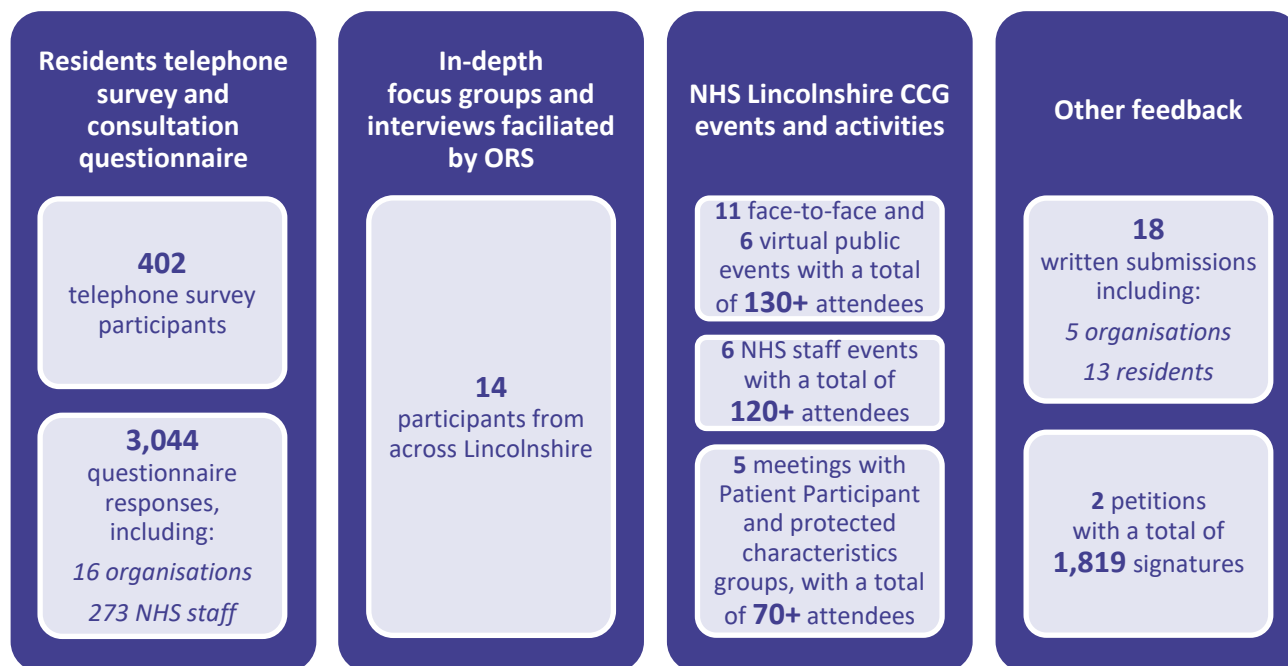
## The consultation report

- 2.18 In contrast to the more thematic approach in the executive summary, the full report considers the feedback from each element of the consultation in turn (which can at times be repetitive given that similar issues emerged across the different strands) because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings.

- 2.19 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. Some contributions have been highlighted based on at least one of the following aspects:
- » Relevant to and/or having implications for one or more of the proposals under consideration;
  - » Well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective;
  - » Deliberative – based on thoughtful discussion in public meetings and other group settings;
  - » Representative of the general population and/or particular localities, groups or points of view;
  - » Focused on the views from under-represented people or equality groups; or
  - » ‘Novel’ – in the sense of raising ‘different’ issues from those being repeated by a number of respondents or arising from a different perspective.
- 2.20 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. Those with strong concerns or objections are more likely to provide these views robustly and in detail; furthermore, ORS has an obligation to comprehensively report these concerns and contrary views, in order for decision-makers to be able to conscientiously consider the issues raised (Gunning Principle 4). It should be noted, however, that this can mean that the feedback can appear more ‘negative’ than was actually the case.
- 2.21 Finally, it is not ORS' role to 'make a case' for or against the proposals, nor to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part. To this end, ORS trusts that both the executive summary and full report will be helpful to all concerned.

## Consultation response

- 2.22 The consultation response from the different research strands is summarised below:



## Quantitative consultation activities

### Open consultation questionnaire

- 2.23 An open consultation questionnaire was available for anyone to complete - either via the dedicated consultation website or by completing a paper version. The questionnaire was designed to be completed on the basis of the issues presented in the consultation document, with questions about the need for change, the individual proposals, and potential equalities and health inequalities issues. Respondents were given the opportunity to raise concerns, as well as to suggest alternative solutions to the current challenges.
- 2.24 Open questionnaires are important, being inclusive and giving opportunity to express and explain views, including disagreement with proposals; they are not random sample surveys of a given population, however, and cannot necessarily be expected to be representative of the general balance of opinion.
- 2.25 For example, the young are usually under-represented while the elderly and residents living in more affluent areas tend to be over-represented. Respondents from groups or areas who feel disproportionately affected by the proposals are also typically over-represented compared with others; for example, the number of respondents living near to Grantham and Boston were proportionally greater than those from other areas.
- 2.26 The total number of questionnaire responses received was 3,044 (2,998 online and 46 paper questionnaires).

### Residents survey

- 2.27 A residents telephone survey was undertaken by ORS in order to ensure that a representative profile of opinions was gained across the area from residents aged 18 and over, using similar questions to the consultation questionnaire. 402 telephone interviews were completed with Lincolnshire residents.
- 2.28 The residents telephone survey was primarily designed to be reflective of views across the whole of Lincolnshire, and it was conducted using a quota based sampling approach, ensuring that residents who were less likely to engage with the wider consultation were included and encouraged to give their views.
- 2.29 The extent to which results can be generalised from a sample depends on how well the sample represents the population from which it is drawn, and different types of people in different places may have been more or less likely to take part. This is known as response bias and can be corrected through statistical weighting.
- 2.30 To understand how views differ according to residents' proximity to different hospitals, the sample was designed so that equal numbers of interviews (i.e., 100 each) were targeted with residents living within the catchment area for each of the four main hospitals (County Hospital Louth, Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston). This was taken into account in the weighting process, to give each group a proportional influence on the overall result relative to the size of its population. The remaining quotas (i.e., those for age and gender) were designed to be representative of the overall population of Lincolnshire, based on the most recent available secondary data.
- 2.31 The achieved sample was compared against secondary data for district, age, gender, working status, ethnicity, housing tenure, disability, and IMD (Index of Multiple Deprivation) and subsequently weighted by IMD decile, tenure, working status, and interlocked age and gender, and finally by nearest hospital. As a result of this process, the survey results are broadly representative of the overall population of Lincolnshire, to within around +/- 6 percentage points at a 95% confidence level. Therefore, if the survey estimated that 50% of respondents agreed with a proposal, 19 times out of 20 the actual result for the entire population would be between 44% and 56%. Results for smaller subgroups of the sample will have a greater confidence interval.

## Qualitative consultation activities

### Focus groups and interviews with members of the public

- 2.32 To hear some more detailed feedback from local residents on NHS Lincolnshire's proposals, ORS was commissioned to organise and facilitate a number of online focus groups and in-depth interviews. To ensure that a mixture of views were heard, participants were recruited by ORS' social research call centre using a mix of purchased and randomly generated telephone numbers for Lincolnshire residents.
- 2.33 The focus groups and interviews took place in early December 2021 with 14 participants: five from the Grantham and District Hospital catchment area; four from the Lincoln County Hospital catchment area; three from the Pilgrim Hospital, Boston catchment area; and two from the County Hospital Louth catchment area. Participants were selected for the focus groups based on residency; that is, each discussion group or interviews was specific to residents from the affected hospital catchment areas.
- 2.34 The events/interviews lasted for between one and two hours and were successful in exploring and encouraging wide-ranging debate and discussion related to the proposals. In all discussions, consultation information was covered one stage at a time – looking first at the case for change, followed by the proposed model of care, and finally the three site options. This was to ensure that participants had opportunity to ask questions and clarify information, before discussing their immediate and more considered reactions.

### Meetings, events and activities organised and hosted by NHS Lincolnshire CCG and ULHT

- 2.35 Over 320 members of the public, NHS staff, service users and carers, and representatives of organisations and groups participated in 28 meetings and events organised and hosted by NHS Lincolnshire CCG or ULHT. More details and a full list of these events can be found in the relevant chapter of this report and in NHS Lincolnshire CCG's Public Consultation Communications Activity and Engagement Report
- 2.36 The public events were promoted widely as part of the communications programme described above. For example, posters, flyers and consultation documents contained links and QR codes to guide readers to the consultation website where they could find out about the upcoming events. During the consultation there were 2,290 visits to the consultation events page, and by email and telephone there were 62 requests for information about consultation live and virtual events – these included 49 event booking requests.
- 2.37 Events and meetings were hosted by senior NHS managers and clinicians, with clinicians describing the proposals either in person or via video presentations; depending on the format of the event, attendees could ask questions and give feedback in several ways: verbally; using paper feedback forms, 'Q&A cards' or paper consultation questionnaires; via text chat functions (e.g., SLIDO); by email; or via the online questionnaire.
- 2.38 ORS provided a structured template for staff at each event to use to capture and record the feedback raised. At the close of consultation, completed forms from 28 meetings and engagement activities were returned to ORS for analysis and reporting.

### Written submissions and petitions

- 2.39 During the formal consultation process, 18 written submissions were received, all of which have been read and summarised by ORS. These included five submissions from organisations and 13 from residents.
- 2.40 ORS received two petitions in response to the consultation; the first, with a total of 1,302 signatures, was submitted by United GDH Campaigners while the second, with 517 signatures, was submitted anonymously.

## 3. Residents telephone survey

### Introduction

- 3.1 The purpose of the telephone survey was to achieve a broadly representative set of views on the proposals from residents of Lincolnshire aged 18 and over. The survey was conducted using a quota sampling approach with targets set on the numbers of interviews required by age, gender and area.
- 3.2 ORS targeted 400 interviews between 28<sup>th</sup> November and 19<sup>th</sup> December 2021, using a Computer Assisted Telephone Interviewing (CATI) methodology, with interviews undertaken by ORS's social research call centre (with interviewers working from home as per the government guidelines). The survey used primarily random-digit dialling, supplemented by purchased mobile sample.
- 3.3 A short summary of background information was included to be 'read out' for each question within the survey, for the benefit of allowing respondents to answer them from an informed perspective.

### Respondent profile

- 3.4 The extent to which results can be generalised from a sample depends on how well the sample represents the population from which it is drawn, as different types of people may be more or less likely to take part. Such 'response bias' is corrected by statistical weighting based on a comparison of the demographic characteristics of the respondents with data for the whole population.
- 3.5 In order to better understand how views differ according to residents' proximity to different hospitals, the sample was designed so that equal numbers of interviews (i.e., 100 each) were targeted with residents living within the catchment area<sup>2</sup> for each of the four main hospitals (County Hospital Louth, Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston). This was taken into account in the weighting process, to give each group a proportional influence on the overall result relative to the size of its population. The remaining quotas (i.e., those for age and gender) were designed to be representative of the overall population of Lincolnshire, based on the most recent available secondary data.
- 3.6 The achieved sample was compared against secondary data for district, age, gender, working status, ethnicity, housing tenure, disability, and IMD (Index of Multiple Deprivation) and subsequently weighted by IMD decile, tenure, working status, and interlocked age and gender, and finally by nearest hospital. As a result of this process, the survey results should be broadly representative of the overall population of Lincolnshire to within around +/- 6 percentage points at a 95% confidence level. This means that if the survey estimated that 50% of respondents agreed with a proposal, 19 times out of 20 the actual result for the entire population would be between 44% and 56%. Results based on smaller subgroups of the achieved sample will have a greater confidence interval.

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<sup>2</sup> Please note that a very small minority of respondents (particularly in the south-west or north-east of the county) are likely to travel outside of Lincolnshire to access some or all NHS hospital services; for the purposes of reporting this survey, respondents have been categorised according to which is their nearest main hospital *within* Lincolnshire. It is also important to note that if proposals were taken forward, some of these residents who currently travel to other hospitals for services, *could* in future potentially use some services at hospitals within Lincolnshire instead.

- 3.7 The table below shows both the unweighted and weighted demographic profile of respondents to the survey, compared with the population aged 18+ (based on Mid-Year Population Estimates 2020 and Census 2011 - with the exception of working status where the Annual Population Survey has been used).

**Table 1: Demographic response profile to the residents survey, compared with the Lincolnshire population aged 18+**

Characteristic	Unweighted Count	Unweighted Valid %	Weighted Valid %	Resident Population 18+ %
<b>BY AGE</b>				
18 to 34	74	18%	25%	23%
35 to 44	84	21%	14%	13%
45 to 64	84	21%	33%	34%
65 to 74	71	18%	15%	16%
75 or over	89	22%	13%	14%
<b>Total valid responses</b>	<b>402</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>BY GENDER</b>				
Male	134	33%	50%	49%
Female	267	67%	50%	51%
Other	1	*	*	.3
<b>Total valid responses</b>	<b>402</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>BY WORKING STATUS</b>				
Working	198	49%	55%	52%
Retired	162	40%	29%	33%
Otherwise not working	42	10%	16%	15%
<b>Total valid responses</b>	<b>402</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>BY TENURE</b>				
Owned (including shared ownership)	295	77%	76%	72%
Social rent	42	11%	10%	12%
Private rent	46	12%	14%	16%
<b>Total valid responses</b>	<b>383</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<i>Not known</i>	19	-	-	-
<b>BY DISABILITY / LIMITING ILLNESS</b>				
Activities limited a lot	50	13%	12%	11%
Activities limited a little	63	16%	14%	13%
No limiting illness/disability	277	71%	74%	77%
<b>Total valid responses</b>	<b>390</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<i>Not known</i>	12	-	-	-
<b>BY ETHNIC GROUP</b>				
White British	372	96%	94%	93%
Other ethnic groups	16	4%	6%	7%
<b>Total valid responses</b>	<b>388</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<i>Not known</i>	14	-	-	-

- 3.8 The table overleaf shows both the area profile of responses to the survey (based on nearest hospital and IMD), again presented as both unweighted and weighted.

<sup>3</sup> No suitable secondary data currently exists for 'other'; therefore Resident Population aged 18+ is based on male/female only.

**Table 2: Response profile to the residents survey by area compared with the Lincolnshire population aged 18+**

Characteristic	Unweighted Count	Unweighted Valid %	Weighted Valid %	Resident Population 18+ %
<b>BY NEAREST HOSPITAL</b>				
County Hospital Louth	101	25%	12%	12%
Grantham and District Hospital	100	25%	23%	23%
Lincoln County Hospital	101	25%	34%	34%
Pilgrim Hospital, Boston	100	25%	30%	30%
<b>Total valid responses</b>	<b>402</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>BY DEPRIVATION LEVEL (IMD QUINTILE)</b>				
1 – most deprived	77	19%	16%	19%
2	102	25%	20%	20%
3	85	21%	24%	22%
4	72	18%	21%	19%
5 – least deprived	66	16%	19%	20%
<b>Total valid responses</b>	<b>402</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Interpretation of the Data

- 3.9 The results of the residents survey are presented in a largely graphical format. The pie and bar charts (and other graphics) show the proportions (percentages) of residents making responses. Where possible, the colours of the charts have been standardised with a 'traffic light' system in which:
- » Green shades represent positive responses;
  - » Beige and purple/blue shades represent neither positive nor negative responses;
  - » Red shades represent negative responses;
  - » Bolder shades highlight responses at the 'extremes', for example, strongly agree or strongly disagree.
- 3.10 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or multiple answers. Throughout the chapter an asterisk (\*) denotes any value less than half of one per cent. The number of valid responses recorded for each question (base size), are reported throughout. As not all respondents answered every question, these base sizes vary between questions.
- 3.11 It should be remembered that a sample, and not the entire population of Lincolnshire, has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences are statistically significant. Differences between results that are not said to be statistically significant are indicative only. Statistical significance has been calculated at a 95% level of confidence.

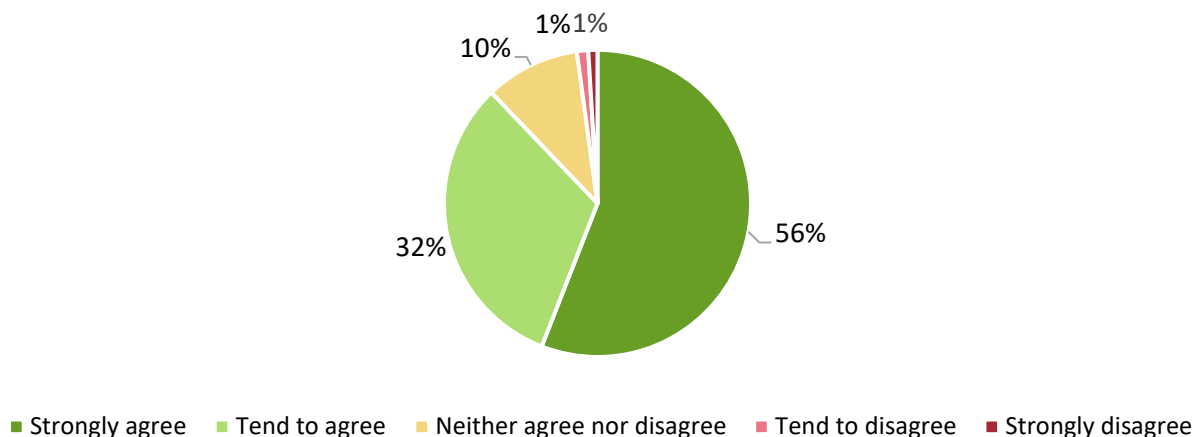
## Differences in views by demographic sub-groups

- 3.12 Charts in each section below provide a summary of the weighted results by demographic sub-groups and by level of deprivation (based on IMD quintiles).
- 3.13 Each bar represents the proportion agreeing with the proposal; results showing levels of agreement that are significantly higher than the overall result are highlighted in green and significantly lower levels of agreement are highlighted in red. Statistical significance is calculated at a 95% level of confidence. Occasionally results may need to be interpreted with caution due to lower base sizes.

## Residents' views on the need for change

3.14 Overall, the vast majority of residents (88%) agreed with making changes to respond to the challenges, and only 2% disagreed.

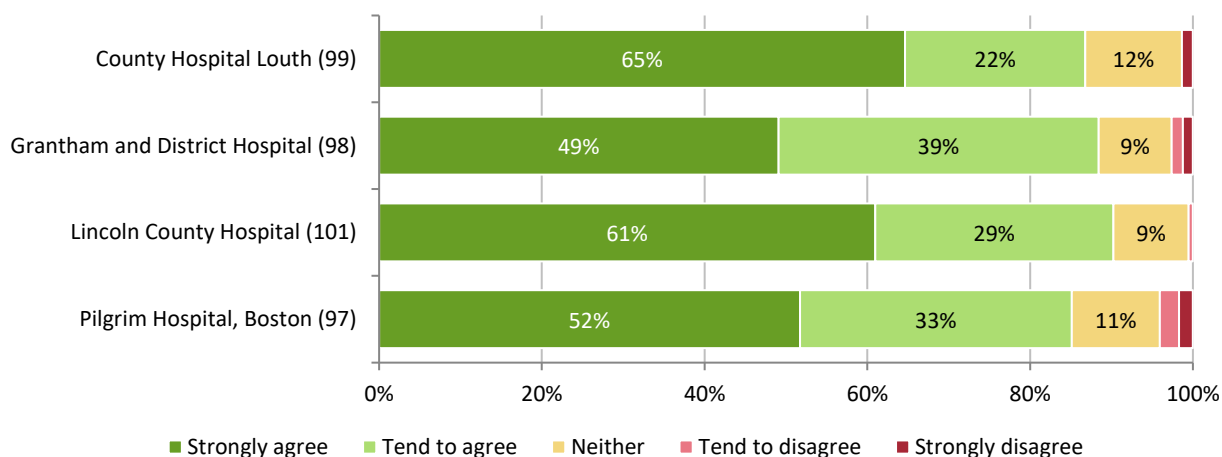
**Figure 8: To what extent do you agree or disagree that Lincolnshire's NHS needs to make changes to respond to the challenges? OVERALL**



Base: All residents (395)

3.15 Figure 9 below presents results to the question about the case for change broken down by residents' closest hospital and shows that there was, in general, a high level of agreement across the areas with only limited differences in views: 87% agreement for those living nearest to County Hospital Louth, 88% for those nearest to Grantham and District Hospital, 90% for those nearest to Lincoln County Hospital, and 85% for those nearest to Pilgrim hospital.

**Figure 9: To what extent do you agree or disagree that Lincolnshire's NHS needs to make changes to respond to the challenges? BY NEAREST HOSPITAL**

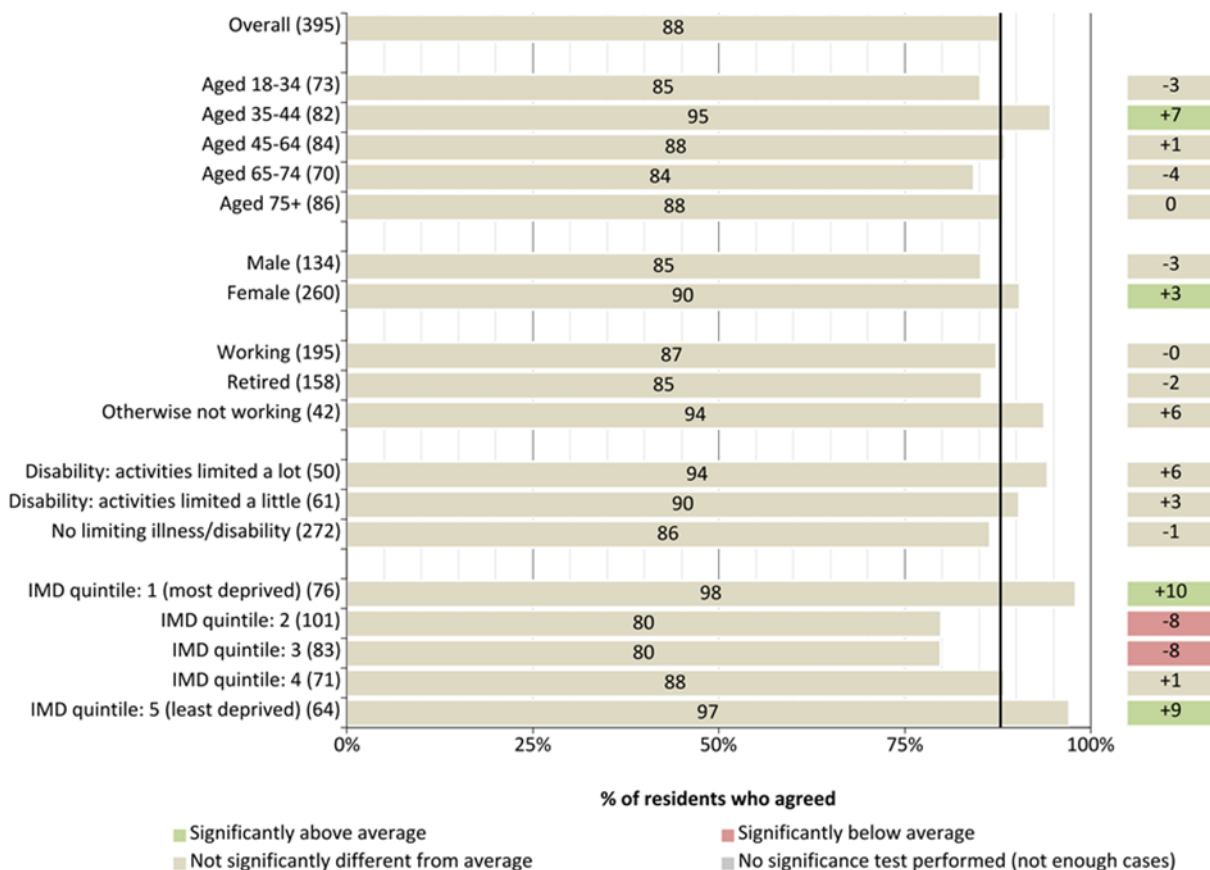


Base: All residents (numbers shown in brackets)

## Residents' views on the need for change by demographic sub-groups

3.16 In relation to the question about whether there is a need to make changes, female residents, residents aged 35-44, and residents in the highest and lowest IMD quintiles, were all significantly more likely to agree compared with the overall result (Figure 10).

**Figure 10: Level of agreement that Lincolnshire's NHS needs to make changes to respond to the challenges, BY POPULATION CHARACTERISTICS**

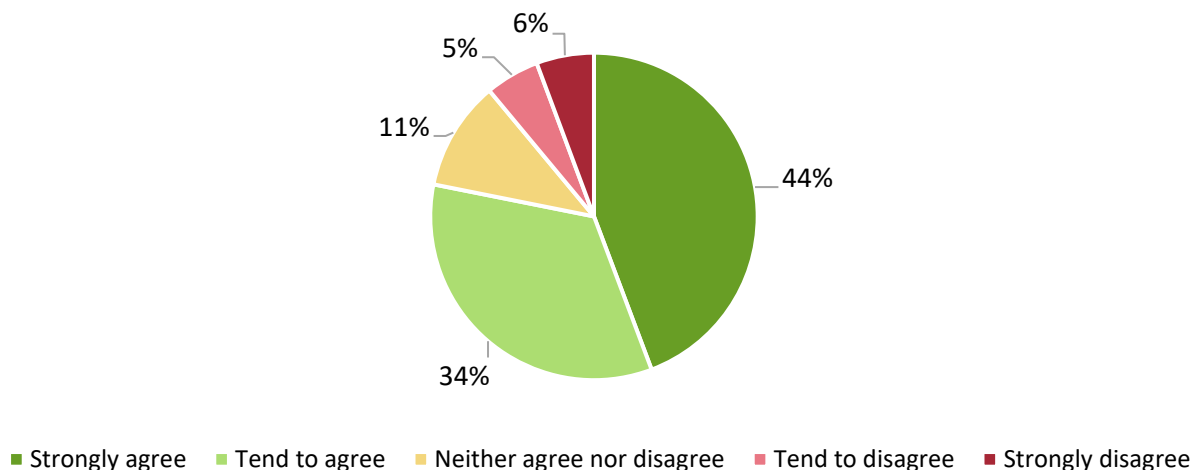


Base: All Respondents (number of respondents shown in brackets)

## Residents' views on the proposal for orthopaedic surgery in Lincolnshire

3.17 More than three quarters of residents (78%) agreed with the proposal for orthopaedic surgery. However, around a tenth (11%) disagreed.

Figure 11: To what extent do you agree or disagree with this proposal for orthopaedic surgery? OVERALL

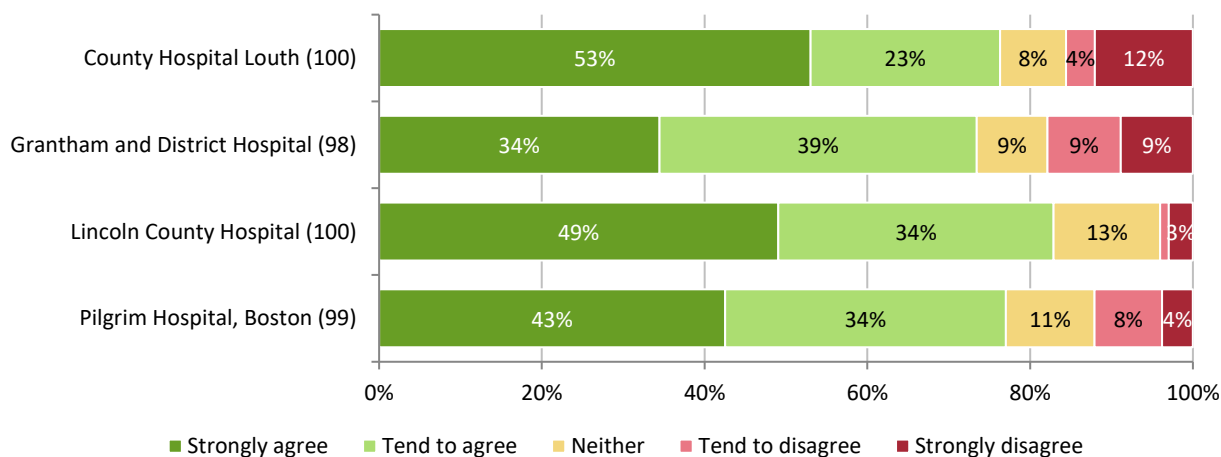


Base: All residents (397)

3.18 A majority of residents in each area agreed with the proposal for orthopaedic surgery. Specifically, 76% of those who lived closest to County Hospital Louth agreed, as did: 73% of those living closest to Grantham and District Hospital, 83% of those living closest to Lincoln County Hospital, and 77% of those living closest to Pilgrim Hospital, Boston.

3.19 It is worth noting that nearly a fifth (18%) of residents whose closest hospital is Grantham and District Hospital *disagreed* with the proposal for orthopaedic surgery, which is significantly higher than the proportion that disagreed at the overall level (11%).

Figure 12: To what extent do you agree or disagree with this proposal for orthopaedic surgery? BY CLOSEST HOSPITAL

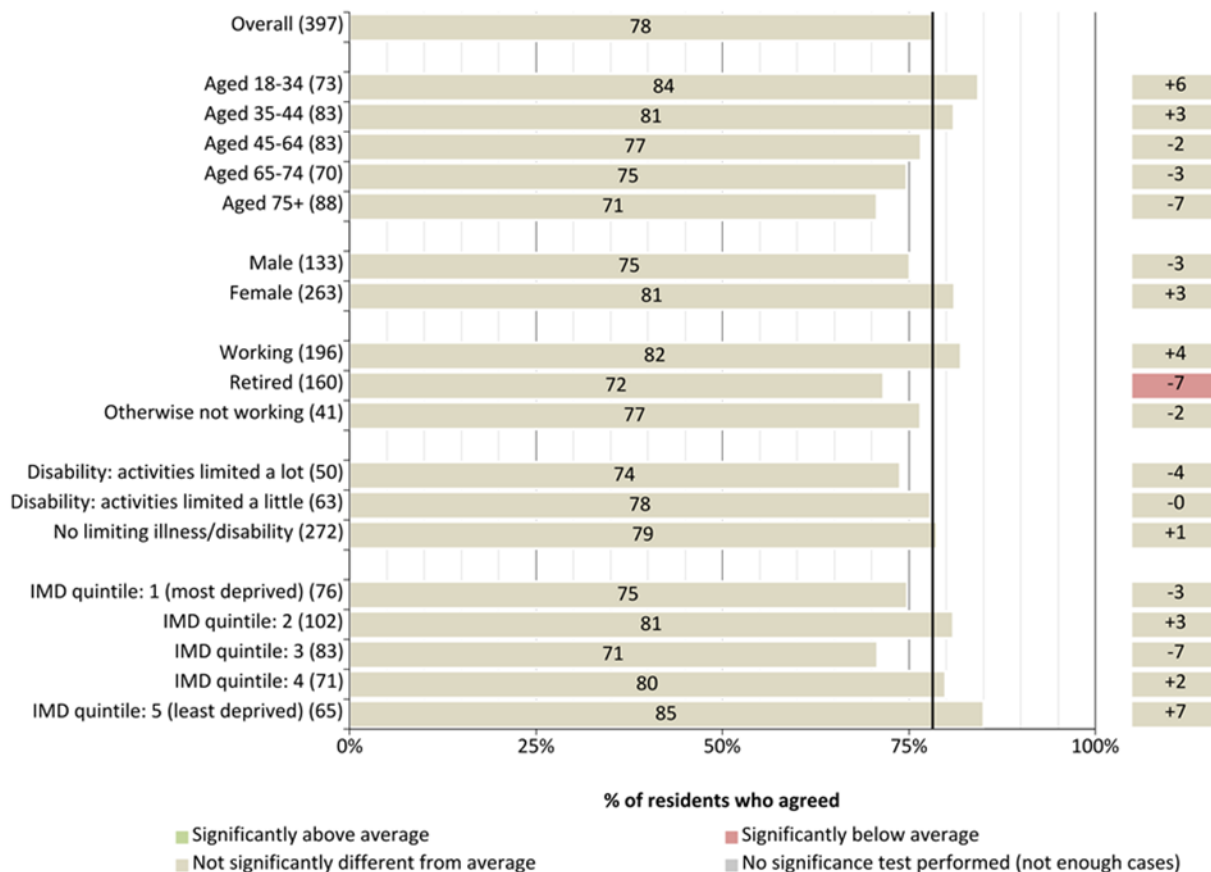


Base: All residents (numbers shown in brackets)

## Residents' views on the proposal for orthopaedic surgery in Lincolnshire by demographic sub-groups

3.20 Against a background of strong support, retired residents were statistically significantly less likely (than the overall result) to agree with the proposal for orthopaedic services (Figure 13), although more than seven in ten (72%) agreed with the proposal.

Figure 13: Level of agreement with the proposal for orthopaedic surgery, BY POPULATION CHARACTERISTICS

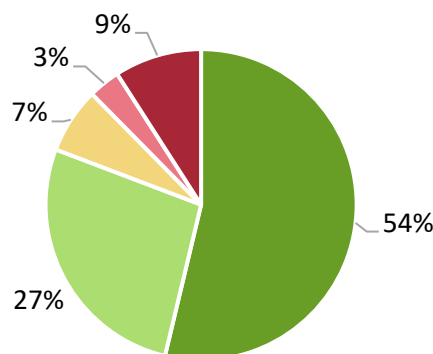


Base: All Respondents (number of respondents shown in brackets)

## Residents’ views on the proposal for urgent and emergency care at Grantham and District Hospital

3.21 When asked to provide a view on the proposal for urgent and emergency care at Grantham and District Hospital, around four-fifths of residents agreed (81%) – moreover, over half (54%) agreed *strongly*. However, around one in eight residents disagreed (12%).

**Figure 14: To what extent do you agree or disagree with this proposal for urgent and emergency care at Grantham Hospital? OVERALL**



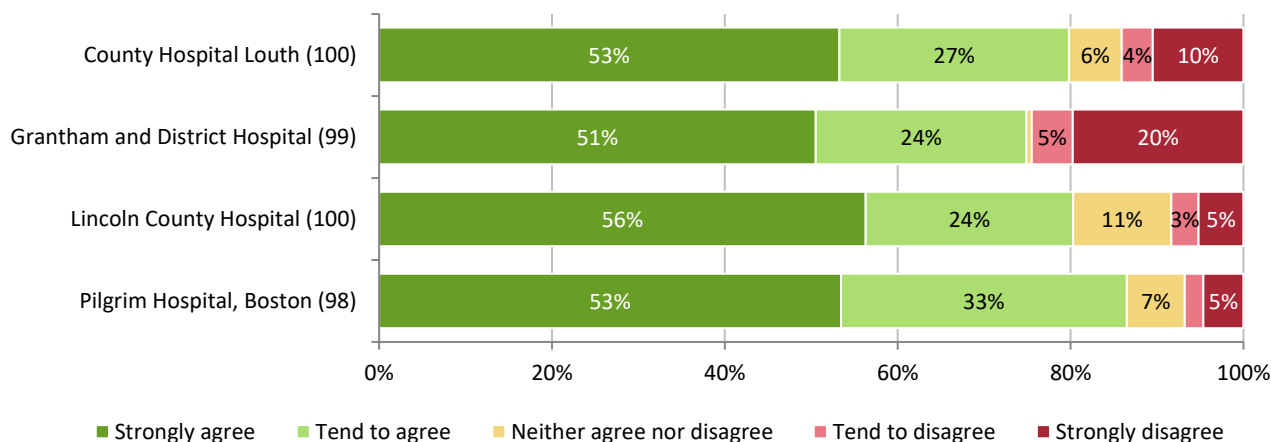
■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree

Base: All residents (397)

3.22 As with the previous proposal, most residents in the vicinity of each hospital agreed: 80% for those living closest to County Hospital Louth, 75% for those living closest to Grantham and District Hospital, 80% for those living closest to Lincoln County Hospital, and 86% for those living closest to Pilgrim Hospital, Boston.

3.23 Around a quarter (24%) of residents whose closest hospital is Grantham and District Hospital disagreed with the proposal – and it is again worth noting that this is statistically higher than the overall result (of 12% disagreeing).

**Figure 15: To what extent do you agree or disagree with this proposal for urgent and emergency care at Grantham Hospital? BY CLOSEST HOSPITAL**



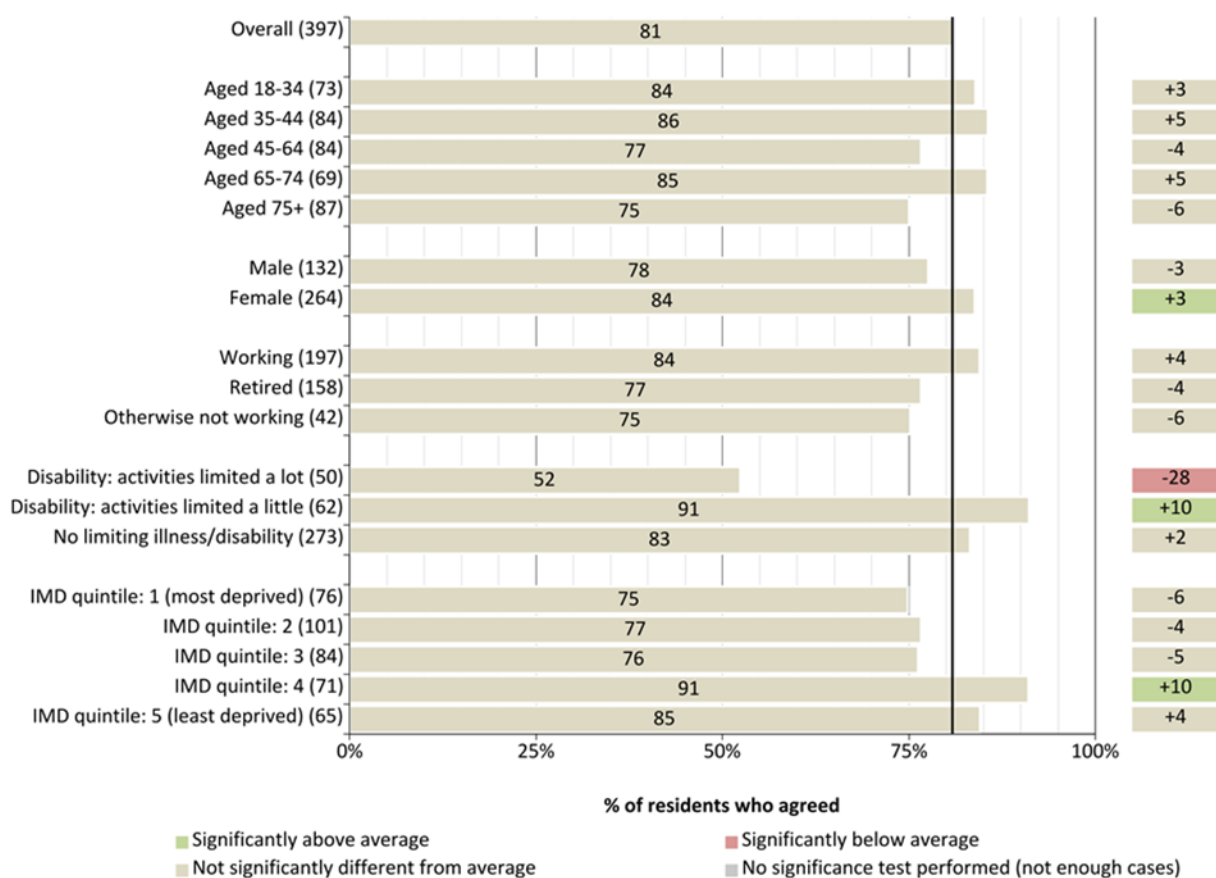
■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree

Base: All residents (numbers shown in brackets)

## Residents' views on the proposal for urgent and emergency care at Grantham and District Hospital by demographic sub-groups

- 3.24 In relation to the proposal for urgent and emergency care (Figure 16), residents with a substantially limiting disability or illness were significantly less likely than other residents to agree (52% compared to 81% overall) and were also more likely to disagree (34% compared to 12% overall).
- 3.25 There were also some statistically significant differences in terms of gender and deprivation. Feedback comments indicated that concern about the proposal was focused on concerns about travel and access to alternative sites, and the need for local acute emergency services at all hospitals.

**Figure 16: Level of agreement with the proposal for urgent and emergency care at Grantham Hospital, BY POPULATION CHARACTERISTICS**

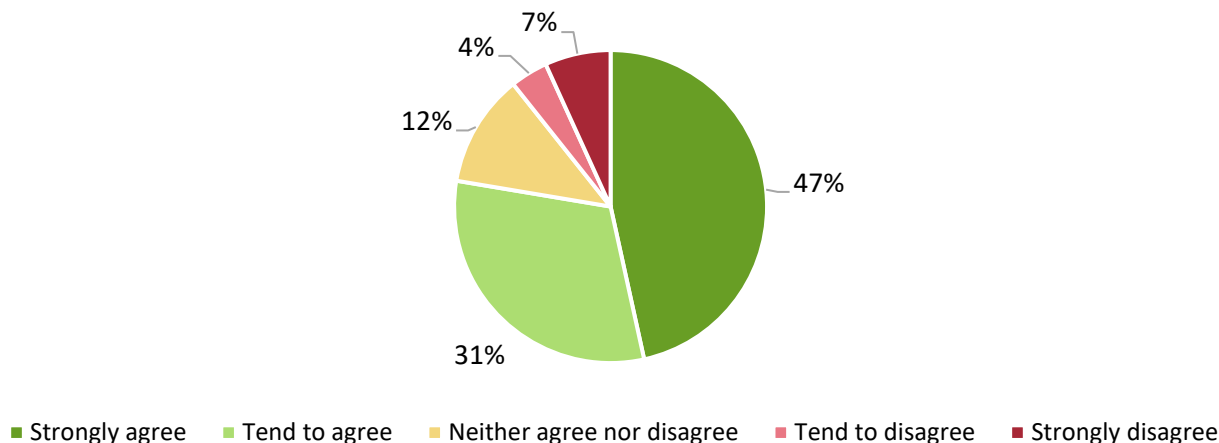


Base: All Respondents (number of respondents shown in brackets)

## Residents' views on the proposal concerning acute medical beds at Grantham and District Hospital

3.26 Close to four fifths of residents (78%) agreed with the proposal for acute medical beds at Grantham and District Hospital. Around a tenth disagreed (11%).

**Figure 17: To what extent do you agree or disagree with this proposal for acute medical beds at Grantham and District Hospital? OVERALL**

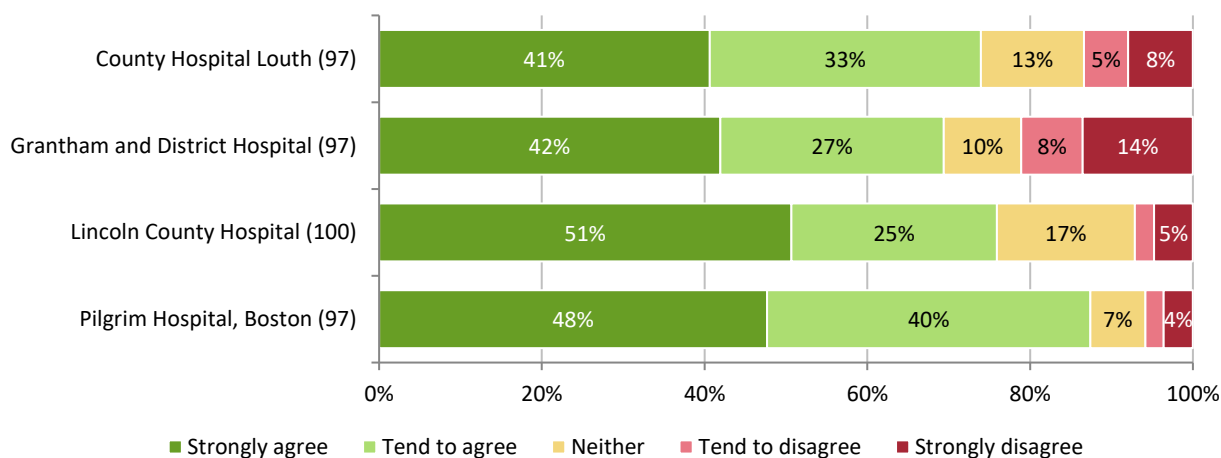


Base: All residents (391)

3.27 While majorities of residents agreed irrespective of which was their closest hospital, there was some variation in views around this proposal. Residents living closest to Grantham and District Hospital were significantly *less likely* than other residents to agree (69%, 9 percentage points lower than overall levels of agreement) and *more likely* to disagree (21%, 10 percentage points higher than overall levels of disagreement). On the other hand, those living closest to Pilgrim Hospital, Boston were significantly *more likely* to agree (87%) with the proposal.

3.28 Levels of agreement for residents living closest to County Hospital Louth (74%) and Lincoln County Hospital (76%) were somewhat more in line with the overall result.

**Figure 18: To what extent do you agree or disagree with this proposal for acute medical beds at Grantham and District Hospital? BY CLOSEST HOSPITAL**

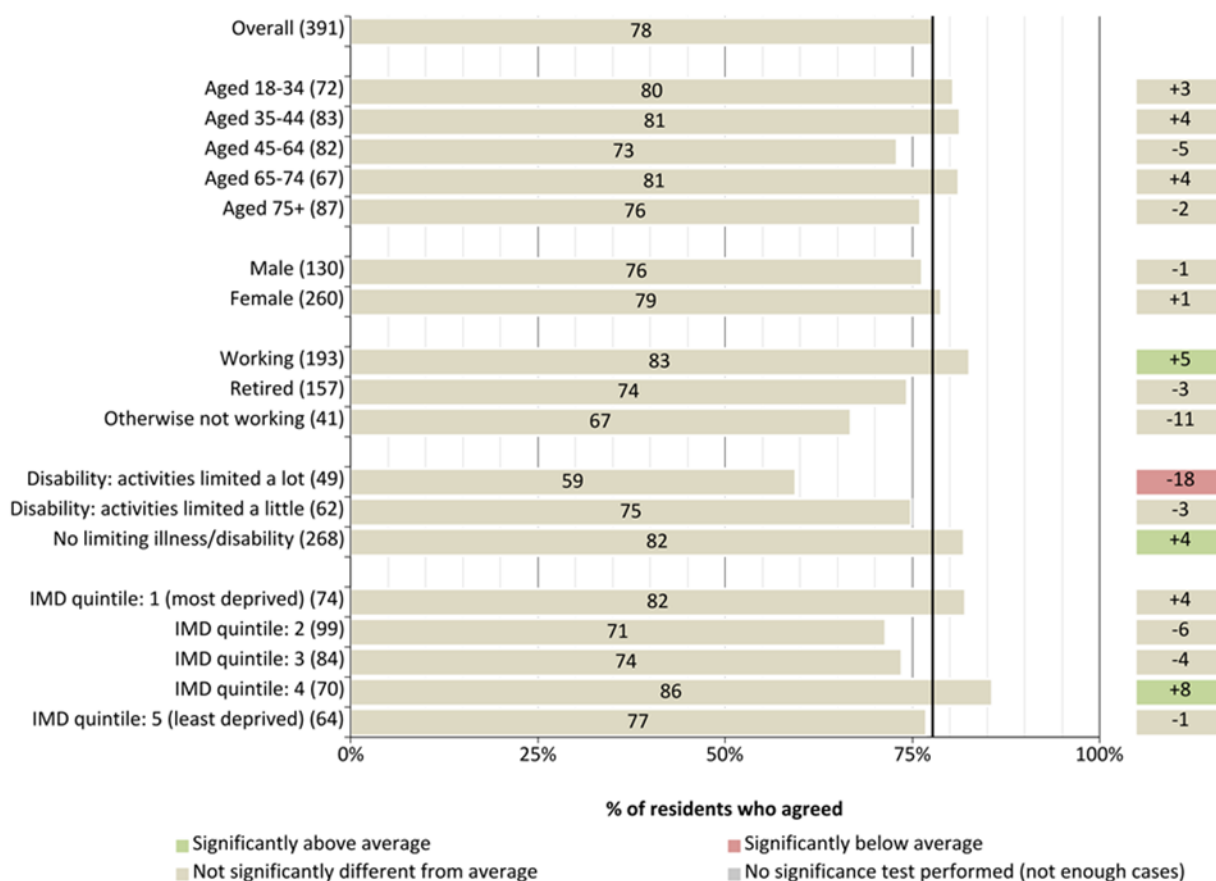


Base: All residents (numbers shown in brackets)

## Residents' views on the proposal for acute medical beds at Grantham and District Hospital by demographic sub-groups

- 3.29 In relation to the proposal for integrated community/acute medical beds (Figure 16), residents with a substantially limiting disability or illness were significantly less likely than other residents to agree (59% compared to 78% overall) and were also more likely to disagree (33% compared to 11% overall), whereas those who do not have any limiting disability or illness were significantly more likely to agree.
- 3.30 Where disagreement was expressed, feedback indicated that it was based on concerns about loss of acute services and travel and access to alternative sites.
- 3.31 There were also differences in terms of working status and IMD (with residents who are working, and residents from the 4<sup>th</sup> IMD quintile, being more likely to agree).

**Figure 19: Level of agreement with the proposal for acute medical beds at Grantham Hospital, BY POPULATION CHARACTERISTICS**

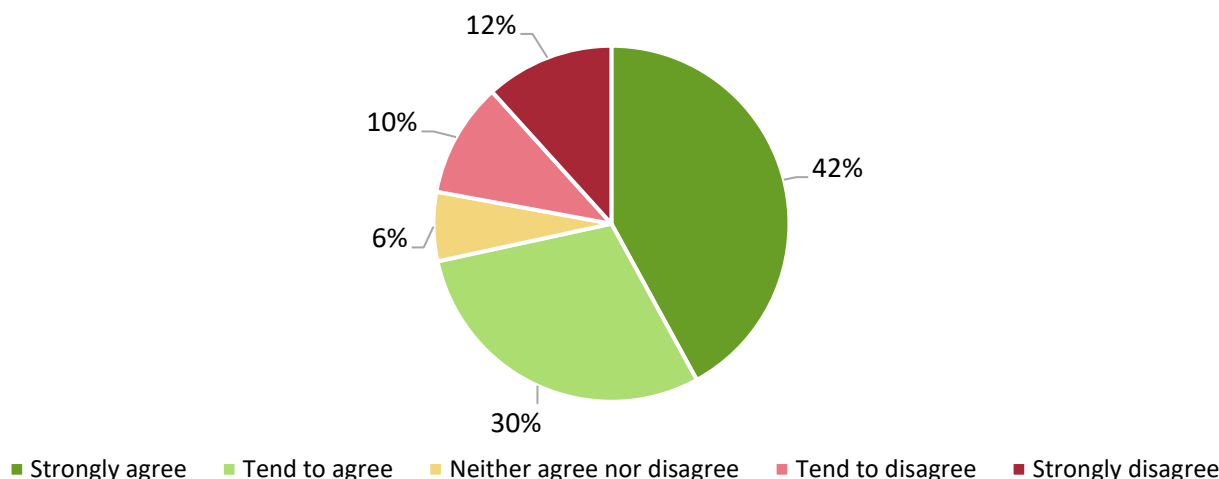


Base: All Respondents (number of respondents shown in brackets)

## Residents' views on the proposal for stroke services

3.32 Overall, around seven-in-ten residents (72%) agreed with the proposal for stroke services. However, just over a fifth of residents (22%) disagreed.

Figure 20: To what extent do you agree or disagree with the proposal for stroke services? **OVERALL**



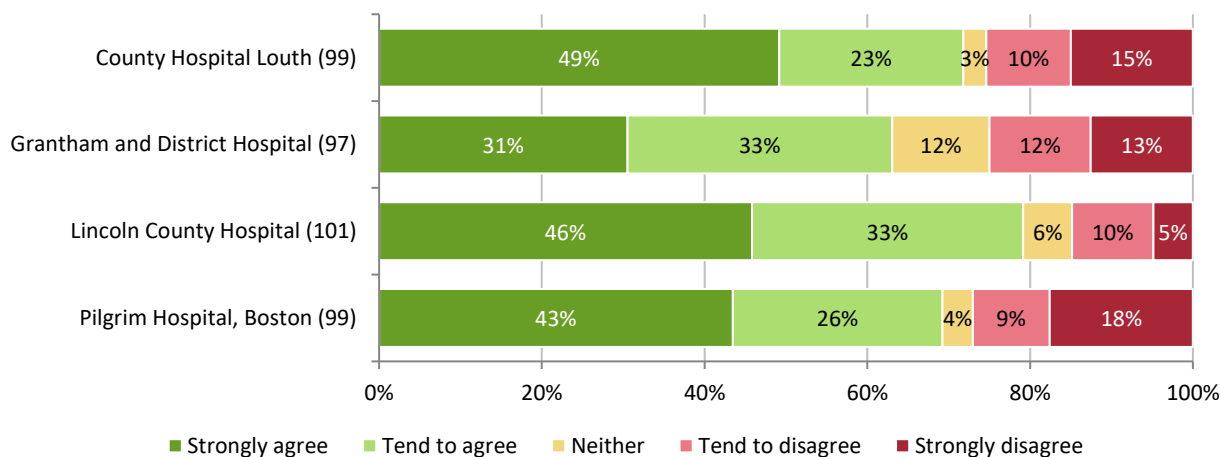
Base: All residents (396)

3.33 Compared with the overall result, residents whose closest hospital is Lincoln County Hospital were significantly more likely to agree with the proposal for stroke services (79%).

3.34 Residents living closest to Grantham and District Hospital were significantly less likely than other residents to agree (63%, 9 percentage points lower than overall levels of agreement), while agreement levels among those living closest to County Hospital Louth (72%) and Pilgrim Hospital, Boston (69%) were more closely in line with the overall result.

3.35 Around a quarter of residents living closest to County Hospital Louth (25%), Grantham and District Hospital (25%), or Pilgrim Hospital, Boston (27%) disagreed with the proposal for stroke services. Those living closest to Lincoln County Hospital were significantly less likely to disagree (15%), however, compared with the overall result.

Figure 21: To what extent do you agree or disagree with the proposal for stroke services? **BY CLOSEST HOSPITAL**

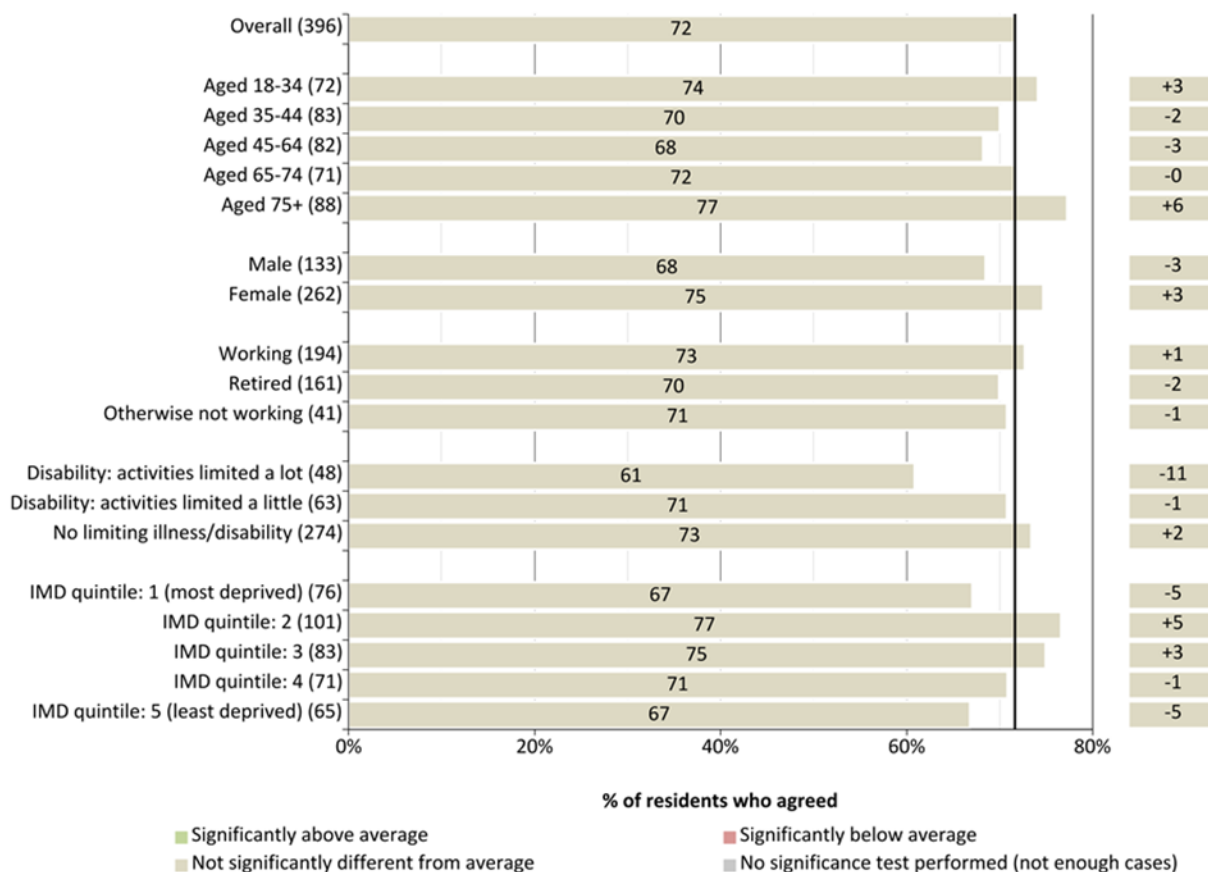


Base: All residents (numbers shown in brackets)

## Residents' views on the proposal for stroke services in Lincolnshire by demographic sub-groups

3.36 Figure 22 provides an overview of the views of the various sub-groups in relation to the proposal for stroke services. Although not statistically significant at the 95% confidence level, there was some indication (at a 90% confidence level) that residents with disabilities that limit their activities a lot, were less likely to agree, and in fact more likely to disagree with this proposal, compared to other residents.

Figure 22: Level of agreement with the proposal for stroke services, **BY POPULATION CHARACTERISTICS**



Base: All Respondents (number of respondents shown in brackets)

## Feedback comments in the residents survey

- 3.37 In addition to being asked to indicate whether they agreed or disagreed with each proposal, respondents were given an opportunity to share any final views by making additional comments.
- 3.38 Less than half of participants chose to make further comments. Of those who did, most made general comments rather than focusing on a particular proposal or service.
- 3.39 The most prevalent themes were:
- » Comments expressing general agreement with the proposals put forward;
  - » Comments expressing concerns about travel and access issues in general;
  - » Comments expressing concerns about being able to access services at Lincoln County Hospital;
  - » Comments expressing a view that improvements and/or investment is needed across the hospitals generally;
  - » Comments expressing a view that improvements and/or investment is needed at Grantham and District Hospital specifically;
  - » Comments suggesting ways to improve the recruitment and retention of staff, e.g., through wages and benefits, housing provision etc;
  - » Comments reflecting on staffing issues and quality of care issues in general; and
  - » Comments urging that a full 24/7 A&E service at Grantham and District Hospital be restored.

# 4. Consultation questionnaire

## Introduction

- 4.1 Throughout the 12-week public consultation (which began on 30 September 2021 and ended on 23 December 2021), stakeholders were signposted to NHS Lincolnshire website, [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk), or provided with paper documentation. A range of information and resources were available, including the CCG's full consultation document and separate summary versions.
- 4.2 A structured consultation questionnaire was designed to allow stakeholders to provide feedback in a consistent format. Appropriate summary information was included for each question, with additional signposting to more detailed information; feedback was invited around any concerns or alternative solutions, and potential equalities impacts. Finally, a profiling section gathered stakeholder type and demographics.

## Summary of main findings

- 4.3 There was broad support for **the overall need for change** from all stakeholder groups responding to the consultation questionnaire. 72% of NHS staff and 70% of other individuals agreed with the need for changes to be made in response to challenges facing NHS hospital services in Lincolnshire.
- 4.4 There was also broad support for **the orthopaedic surgery proposal**. Two thirds of NHS staff who responded (68%) and three fifths (61%) of other individual respondents agreed with the proposed changes.
- 4.5 There was overall support for the proposal **to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre (UTC)** at Grantham and District Hospital, but views were more varied:
- » Overall, around three fifths of NHS staff who responded (61%) agreed with the proposal, and half (50%) of other individual respondents agreed with the proposal to create a UTC at Grantham and District Hospital, while two-fifths (41%) of other individuals disagreed;
  - » There were differing views, however, between those living in different areas of Lincolnshire: a slight majority of questionnaire respondents living nearest to Grantham Hospital (51%) disagreed with the proposal, while elsewhere views were somewhat more supportive; and
  - » Many of those who disagreed with the proposal called for a 24/7 A&E instead.
- 4.6 There was broad agreement with the **proposal for community/acute medical beds at Grantham and District Hospital**; just over three fifths (62%) of NHS employees and more than half of other individuals (53%), agreed.
- 4.7 There was also majority support from stakeholders for **the proposal to create a Centre of Excellence for acute and hyper-acute stroke at Lincoln County Hospital**; as with proposals for urgent and emergency care at Grantham Hospital, however, views did vary across different areas within Lincolnshire:
- » Overall, more than half (53%) of NHS staff and other individual respondents (51%) expressed agreement; however
  - » Concern about the proposals for stroke services is strongest among those respondents living closest to Pilgrim Hospital, Boston, more than two thirds (66%) of whom expressed disagreement.

## Methodology

- 4.8 The questionnaire was available online (hosted by ORS), and paper questionnaires were also widely circulated and available on request. An easy read version and translated documents were also available.
- 4.9 All questionnaire responses submitted by the closing date, and subsequently received by ORS or Lincolnshire CCG, in which at least one of the consultation questions was answered, were included in the analysis, regardless of whether or not any profile questions were answered.
- 4.10 A total of 3,044 questionnaires were completed, which included 2,998 online responses and 46 paper copies.
- 4.11 It is important that consultation questionnaires are open and accessible to all, while being alert to the possibility of multiple completions (by the same people) distorting the analysis. Therefore, while making it easy to complete the questionnaire online, ORS monitors the IP addresses through which questionnaires are completed. A similar analysis of “cookies” was also undertaken – where responses originated from users on the same computer using the same browser and the same credentials (e.g., user account).
- 4.12 After careful analysis of the raw dataset, ORS did not find any responses that appeared to be attempting to systematically skew results and no records were excluded from the final dataset on this basis.
- 4.13 It is important to reiterate that while open questionnaires are inclusive and give people an opportunity to express and explain any views, the results are not generally expected to be representative of the general balance of opinion in the wider population. The results in this chapter should be interpreted in this context.

## Questionnaire responses: respondent types and demographics

- 4.14 The 3,044 responses were comprised of the following:
- » 16 responses submitted on behalf of an organisation;
  - » 273 responses from individuals identifying themselves as employees of the NHS;
  - » 2,755 responses from other individual respondents, mainly local residents.
- 4.15 Eleven responses from 12 named organisations or departments were submitted (Table 3). A further five organisational responses were completed, although the organisation name or other details were not included. Nonetheless, these responses are included in the organisation responses section of this chapter.

**Table 3: Named organisations responding via the consultation questionnaire**

Boston Borough Council, East Lindsey District Council and South Holland District Council (joint response)
Grantham Senior Citizens Club Ltd.
Homecare
Lincolnshire Local Medical Committee (LMC)
Lincolnshire Neurological Alliance
Lincolnshire Traveller Initiative Health champion (Grantham)
Lincolnshire Traveller Initiative, Well-Woman group.
Older people's Forum
Skegness Town Council (covers the parish of Skegness and Winthorpe with 21 elected members)
Chartered Society of Physiotherapy (professional, educational and trade union body for the 60,000 chartered physiotherapists, physiotherapy students and support workers across the UK)
United Lincolnshire Hospitals NHS Trust Orthoptic Service at Pilgrim Hospital, Boston

- 4.16 Data from the consultation questionnaire has not been combined to produce "overall" findings across the different stakeholder groups, because the size of the stakeholder groups, and the numbers of their respective responses, are very different; moreover, they have distinctive views and feedback cannot simply be merged.
- 4.17 With this in mind, the views of NHS employees have in some key places been reported separately to those of other individual respondents, as their perspective may be informed by their experience of working within the NHS. In these cases, for convenience of reporting and to provide clarity, the views of staff are generally reported first. This is for reasons of reporting convenience, but in no way is intended to suggest that views from staff are considered as any more or less important than those from residents and other individuals.
- 4.18 Table 4 below summarises the demographic information of those who responded to the consultation questionnaire. Lincolnshire CCG population data is used as a comparator, to give some general indication of how well the response profile of the questionnaire matches the wider population. An asterisk has been used to denote percentages greater than zero, but less than half of one per cent.
- 4.19 There are some small parts of the county (in the north east and south west) where some residents currently use certain services outside of Lincolnshire, and some questionnaire responses were received from people living outside Lincolnshire; however, all questionnaire responses have been included irrespective of location (i.e., even if a respondent is understood to live outside of the Lincolnshire CCG catchment).

**Table 4: Demographic response profile to the consultation questionnaire: age, gender, disability, ethnic group – compared with the Lincolnshire population aged 16+**

Characteristic	Questionnaire Responses		Population aged 16+	
	Number of Respondents	%		
<b>BY AGE</b>	Under 25	18	1%	12%
	25 to 34	134	5%	13%
	35 to 44	247	10%	13%
	45 to 54	423	17%	16%
	55 to 64	580	24%	17%
	65 to 74	762	31%	16%
	75 or over	280	11%	13%
	<b>Total valid responses</b>	<b>2,444</b>	<b>100%</b>	<b>100%</b>
<i>Not known</i>	584	-	-	
<b>BY GENDER</b>	Male	774	33%	49%
	Female	1,560	67%	51%
	Other <sup>4</sup>	11	*	-
	<b>Total valid responses</b>	<b>2,345</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	683	-	-
<b>BY DISABILITY</b>	Has a disability	569	24%	23%
	No disability	1,821	76%	77%
	<b>Total valid responses</b>	<b>2,390</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	638	-	-

<sup>4</sup> No suitable comparative data is available for 'other'; population figures are therefore based on male/female only.

<b>BY ETHNIC GROUP</b>	White	2,264	97%	98%
	Mixed/multiple ethnic groups	16	1%	1%
	Asian/Asian British	25	1%	1%
	Black/Black British	8	*	*
	Other	10	*	*
	<b>Total valid responses</b>	<b>2,323</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	705	-	-

4.20 Table 5 summarises other consultation response demographic information, with an asterisk again used to denote a percentage greater than zero, but less than half of one per cent.

**Table 5: Demographic response profile to the consultation questionnaire: other characteristics**

Characteristic	Questionnaire Responses		
	Number of Responses	%	
<b>BY RELIGION</b>	Buddhist	10	*
	Christian	1,449	63%
	Hindu	8	*
	Jewish	9	*
	Muslim	5	*
	Sikh	1	*
	Other religion	35	2%
	No religion	771	34%
	<b>Total valid responses</b>	<b>2,288</b>	<b>100%</b>
	<i>Not known</i>	740	
<b>BY PREGNANCY/ HAVING GIVEN BIRTH IN THE LAST 12 MONTHS</b>	Yes	26	1%
	No	2,422	99%
	<b>Total valid responses</b>	<b>2,448</b>	<b>100%</b>
	<i>Not known</i>	580	-
<b>BY WHETHER RESPONDENT HAS ANY DEPENDENT CHILDREN</b>	Yes	481	20%
	No	1,971	80%
	<b>Total valid responses</b>	<b>2,452</b>	<b>100%</b>
	<i>Not known</i>	576	-
<b>BY WHETHER RESPONDENT PROVIDES HELP / SUPPORT TO OTHERS<sup>5</sup></b>	Yes	920	38%
	No	1,488	62%
	<b>Total valid responses</b>	<b>2,408</b>	<b>100%</b>
	<i>Not known</i>	620	-
<b>BY WHETHER GENDER IS THE SAME AS ASSIGNED AT BIRTH</b>	Yes	2,345	99%
	No	16	1%
	<b>Total valid responses</b>	<b>2,361</b>	<b>100%</b>
	<i>Not known</i>	667	-

<sup>5</sup> Defined as being any help or support provided to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems relating to old age

<b>BY SEXUAL ORIENTATION</b>	Bisexual	17	1%
	Gay or lesbian	34	2%
	Heterosexual or straight	2,194	97%
	Other	14	1%
	<b>Total valid responses</b>	<b>2,259</b>	<b>100%</b>
	<i>Not known</i>	769	-

## Questionnaire responses: by area and deprivation

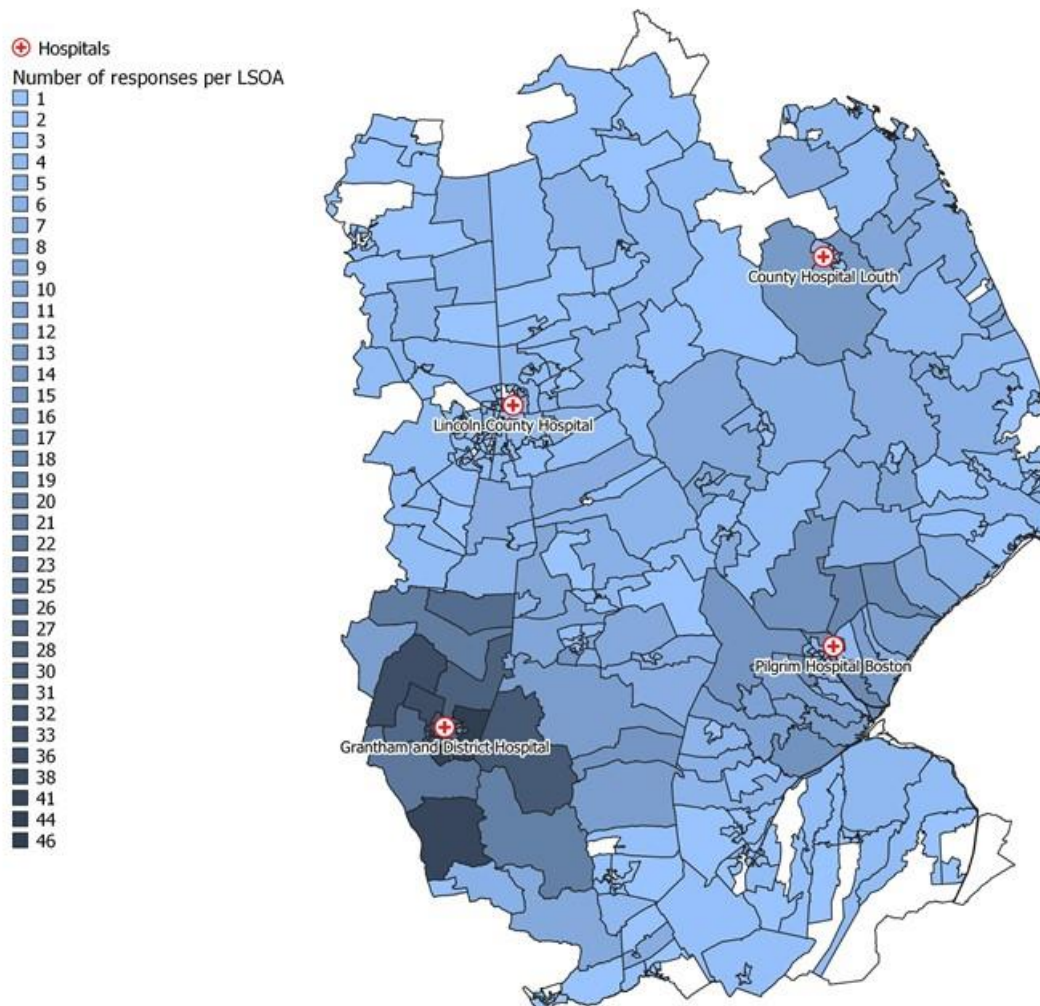
4.21 Table 6 summarises the number of responses received in each district of Lincolnshire, by nearest Lincolnshire hospital and by relative levels of deprivation (based on postcodes, where this information was provided as part of the questionnaire response). The locations of roughly a quarter of respondents (701) are unknown, but it is likely that the distribution of those responses is consistent and similar to the distribution of responses where postcodes are provided.

**Table 6: Distribution of questionnaire responses received, by district, nearest Lincolnshire hospital and by deprivation**

Characteristic	Questionnaire Responses		Population aged 16+	
	Number of Responses	%		
<b>BY DISTRICT</b>	Boston	339	15%	9%
	East Lindsey	348	15%	19%
	Lincoln	126	6%	13%
	North Kesteven	255	11%	15%
	South Holland	87	4%	12%
	South Kesteven	1,001	44%	18%
	West Lindsey	109	5%	13%
	<b>Total responses in Lincolnshire</b>	<b>2,265</b>	<b>100%</b>	<b>100%</b>
	<i>Outside Lincolnshire</i>	62	-	-
	<i>Not known</i>	701	-	-
<b>BY NEAREST HOSPITAL</b>	County Hospital Louth	199	9%	12%
	Grantham and District Hospital	1,155	50%	23%
	Lincoln County Hospital	375	16%	34%
	Pilgrim Hospital, Boston	598	26%	30%
	<b>Total valid responses</b>	<b>2,327</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	701	-	-
<b>BY DEPRIVATION LEVEL (IMD QUINTILE)</b>	1 – most deprived	281	12%	19%
	2	495	22%	20%
	3	526	23%	22%
	4	455	20%	19%
	5 – least deprived	508	22%	20%
	<b>Total valid responses</b>	<b>2,265</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	763	-	-

- 4.22 From the table above and Figure 23 below, it is clear that a far larger proportion of responses are from respondents in areas closest to Grantham District Hospital (50%), and to a lesser extent Pilgrim Hospital, Boston (26%), compared to responses from areas closer to County Hospital Louth and Lincoln County Hospital. It is also of note that fewer responses have been received from the most deprived quintile of Lincolnshire (12%), relative to other quintiles (which each received 20%-22% of all responses).

Figure 23: Map showing number of responses per LSOA (for questionnaires where a postcode was provided)



## Interpretation of the data

- 4.23 For simplicity and ease of access, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:
- » Green shades represent positive responses
  - » Beige shades represent neutral responses
  - » Red shades represent negative responses.
- 4.24 The numbers on pie charts are percentages indicating the proportions of respondents giving a particular view. It should be noted that, when reporting combined percentages of poor and very poor, or good and very good, responses in the text commentary, the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.

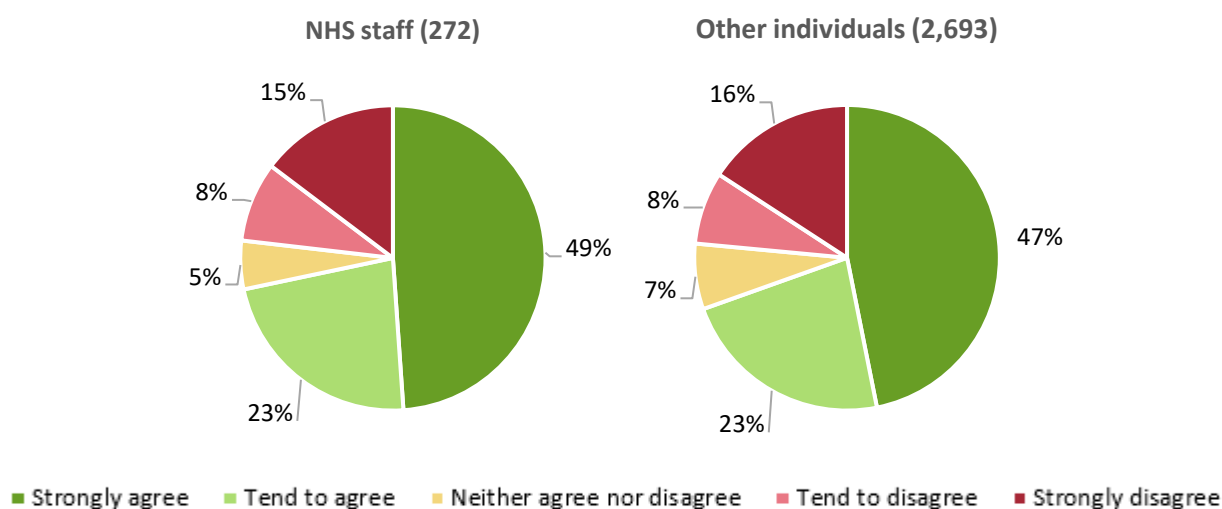
- 4.25 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration.
- 4.26 As noted above, the views of NHS employees have in some key places been reported separately to those of other individual respondents. In these cases, for convenience of reporting and to provide clarity, the views of NHS staff are generally reported first. This is for terminology reasons: as many staff also responded in some other capacity e.g., as individual residents, it therefore it makes sense in the commentary to able to refer firstly to staff, and then secondly to 'other [non-NHS] individuals'.
- 4.27 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report an asterisk (\*) denotes any value greater than zero, but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.
- 4.28 Finally, several organisations provided detailed responses around one or several of the proposals; views and feedback from organisations are reported separately under each proposal in turn, with more general comments related to equalities and health inequalities impacts reported at the end of the chapter.

## Questionnaire feedback

### Respondents' views on the need for change

- 4.29 Over two thirds of the individuals (72% of NHS staff and 70% of other individuals) who responded to the questionnaire either tended to agree or strongly agreed with the need for changes to be made in response to challenges facing NHS hospital services in Lincolnshire.
- 4.30 Nearly a quarter (23% of staff and 24% of other individuals) disagreed (i.e., either tended to disagree or strongly disagreed) (Figure 24).

Figure 24: Views on the need for change, BY STAKEHOLDER TYPE (individual questionnaire respondents only)

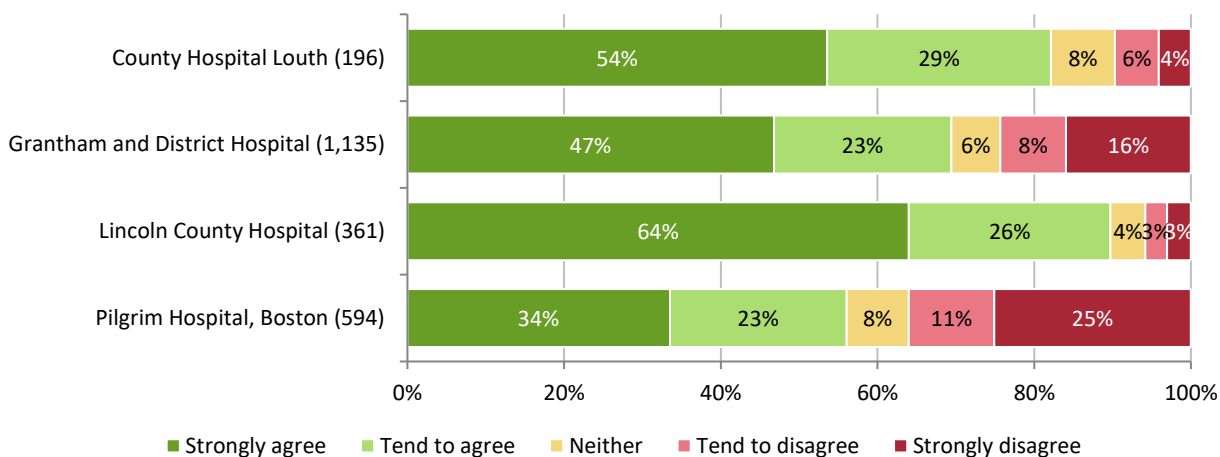


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

- 4.31 Figure 25 overleaf indicates that, while there was majority agreement with the need for changes to be made among respondents, views were most mixed among those living closest to Pilgrim hospital, of whom nearly three fifths (56%) agreed that changes are needed, compared to more than one third (36%) who disagreed.

4.32 To a somewhat lesser extent, views on the need for change were also more varied among those living closest to Grantham and District Hospital, of whom nearly a quarter (24%) disagreed with the need for change.

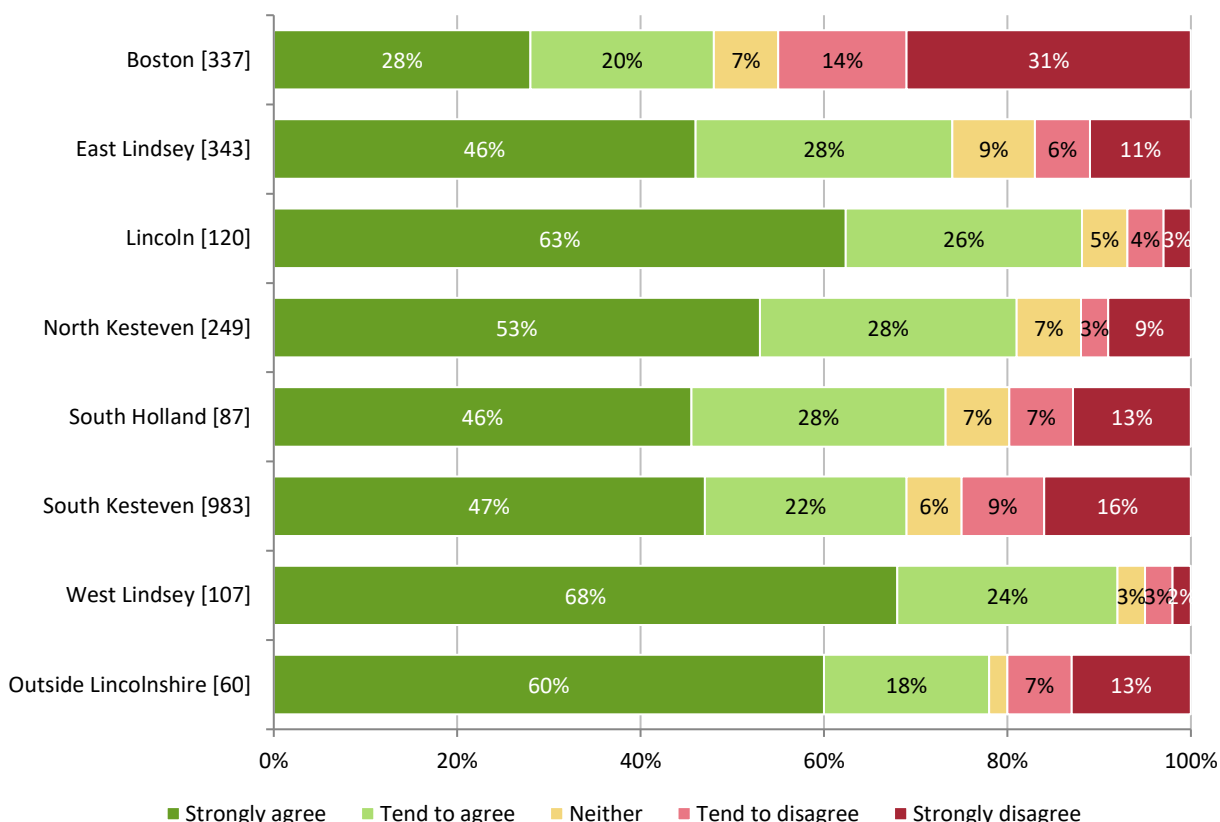
Figure 25: Views on the need for change BY CLOSEST HOSPITAL (all individual respondents, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.33 Similarly, Figure 26 demonstrates that views among questionnaire respondents living in Boston District are fairly evenly balanced, with 47% agreeing with the need for change compared to 45% who disagreed.

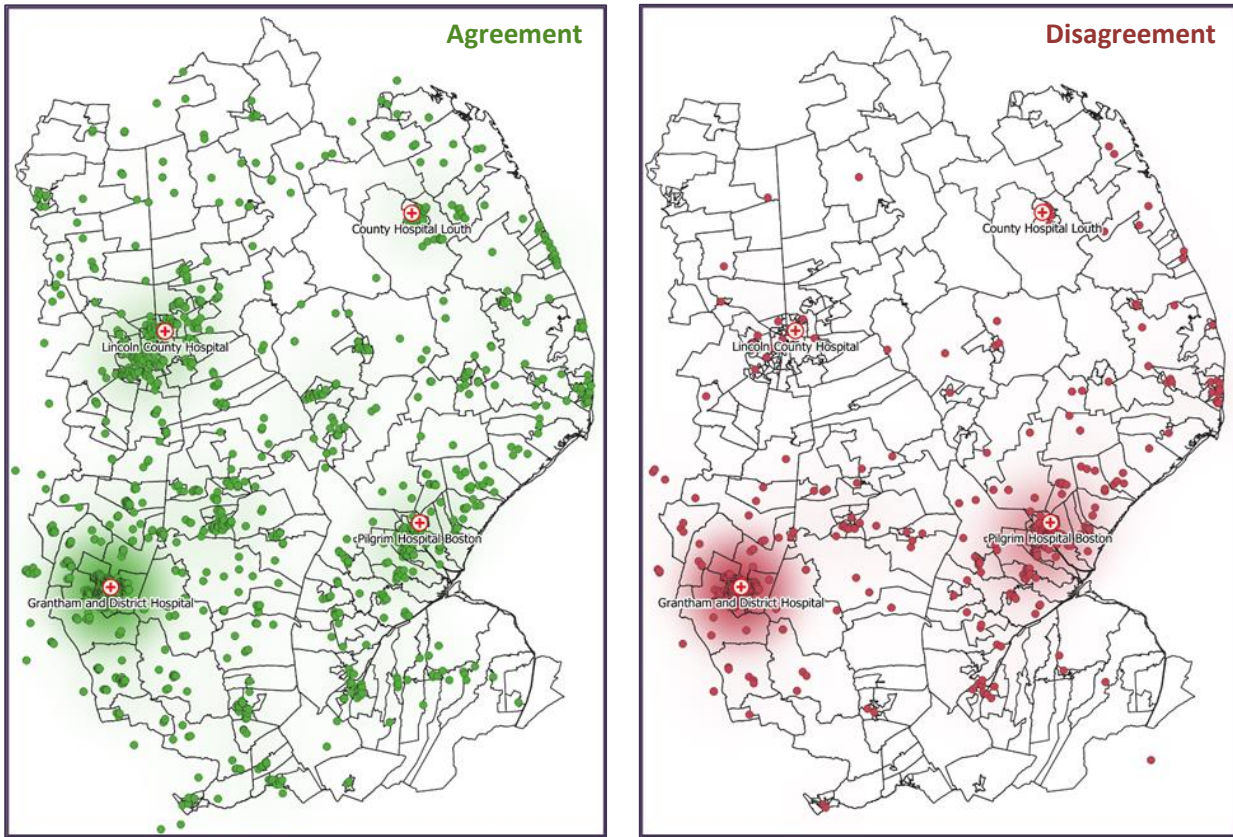
Figure 26: Views on the need for change BY DISTRICT (individuals respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

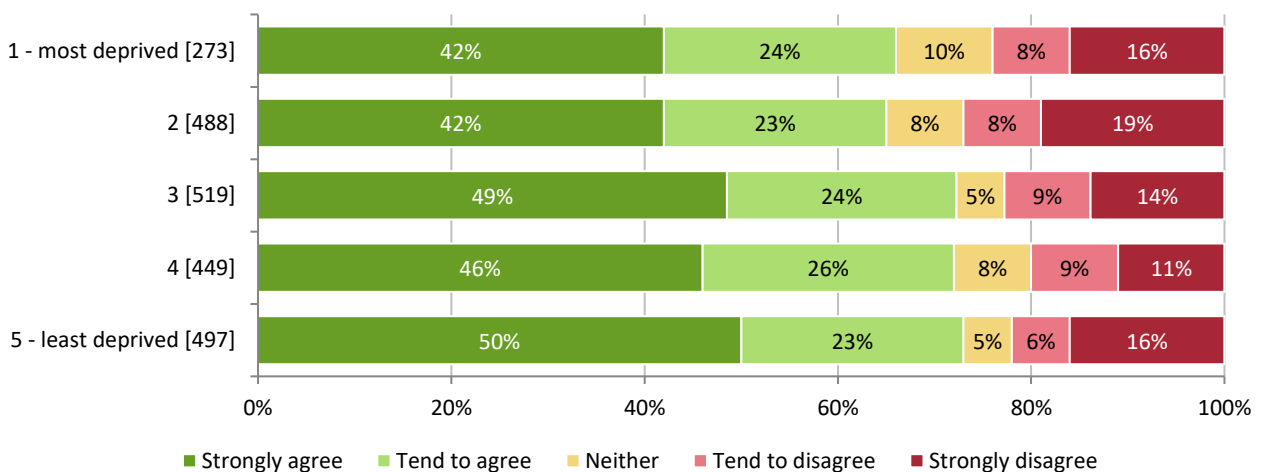
4.34 The maps in Figure 27 below illustrate that the most concentrated disagreement from questionnaire respondents is from those living in the south of the county, and particularly those living close to the towns of Grantham and Boston. Agreement, by contrast, is more geographically widespread, including support among many of those questionnaire respondents living closest to Grantham and Boston.

**Figure 27: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with the need for change, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement**



4.35 Figure 28 presents all individual questionnaire respondents views on the need for change, broken down by IMD quintiles (1 being the most deprived areas within Lincolnshire, 5 being the least deprived). It indicates that, while there are some small variations in views, the trend is similar across the results.

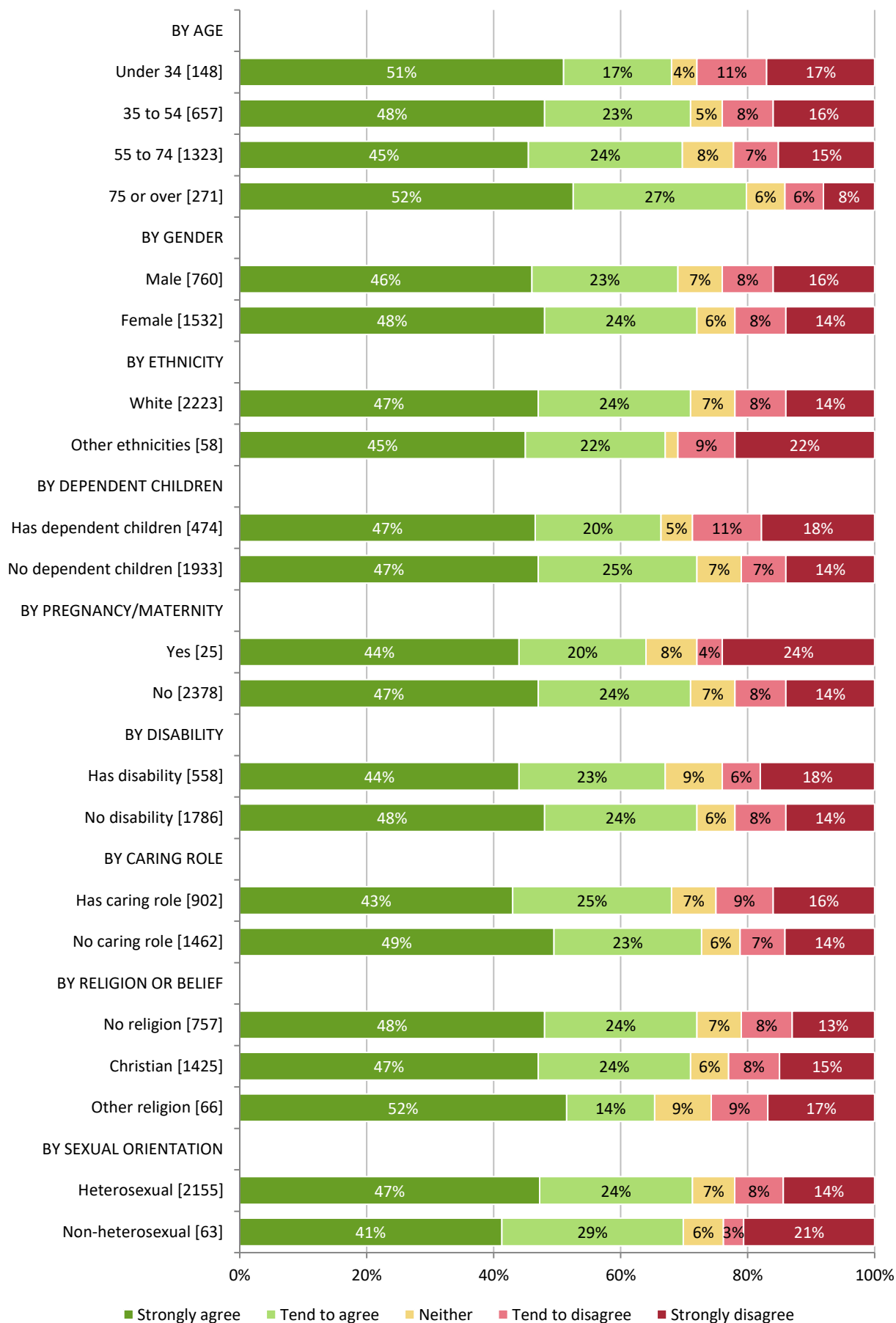
**Figure 28: Views on the need for change BY INDICES OF MULTIPLE DEPRIVATION (IMD) (all individual respondents living in Lincolnshire only, where postcodes were provided)**



**Base: Number of respondents shown in brackets (excludes 'don't know' responses)**

4.36 Similarly, Figure 29 overleaf presents questionnaire respondents' views on the need for change, broken down by key demographics, including protected characteristics such as age, gender, ethnicity etc.); as with deprivation, there are some slight variations but there is majority agreement across all groups.

Figure 29: Views on the need for change BY KEY DEMOGRAPHICS (individuals only)

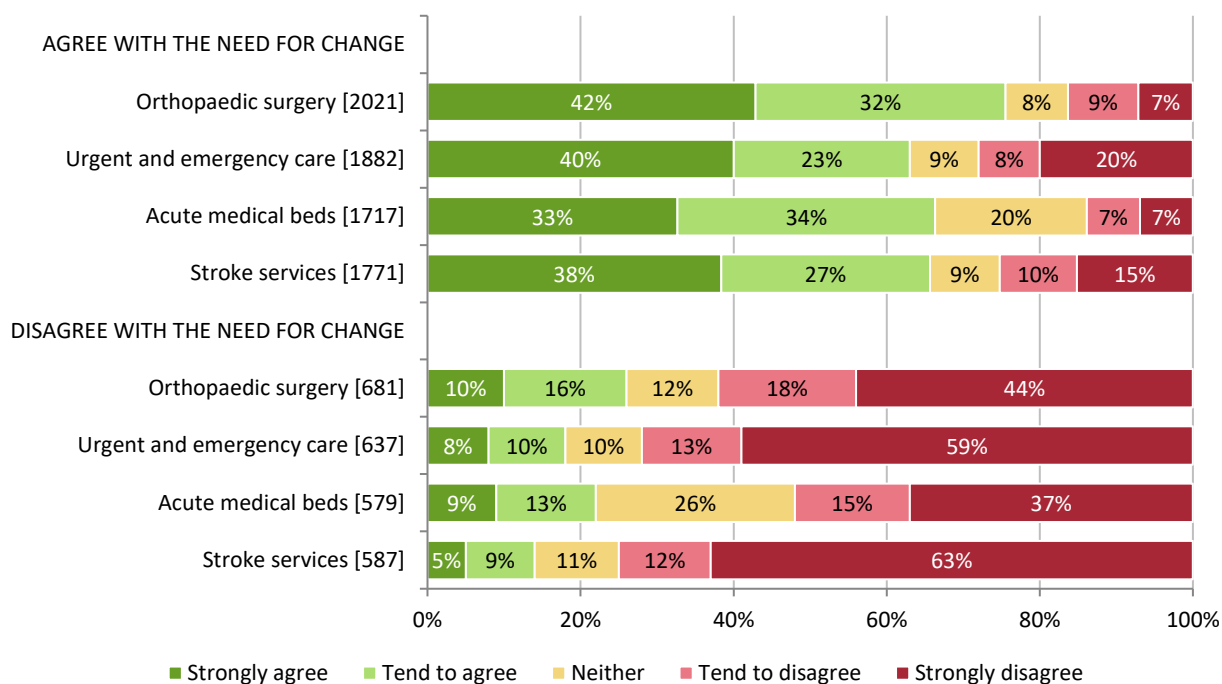


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

## Understanding views on the need for change

4.37 It should be noted that there was evidence among consultation questionnaire responses that, for many people, their views on the individual proposals were linked to their views on the need for change. Across all four acute services, those respondents who agreed with the need for change more commonly agreed with the proposed changes (Figure 30). By contrast, those respondents who disagree with the need for change most often disagreed with the proposals as well.

**Figure 30: Views on the proposals for acute services BY AGREEMENT OR DISAGREEMENT WITH THE NEED FOR CHANGE (individuals only)**



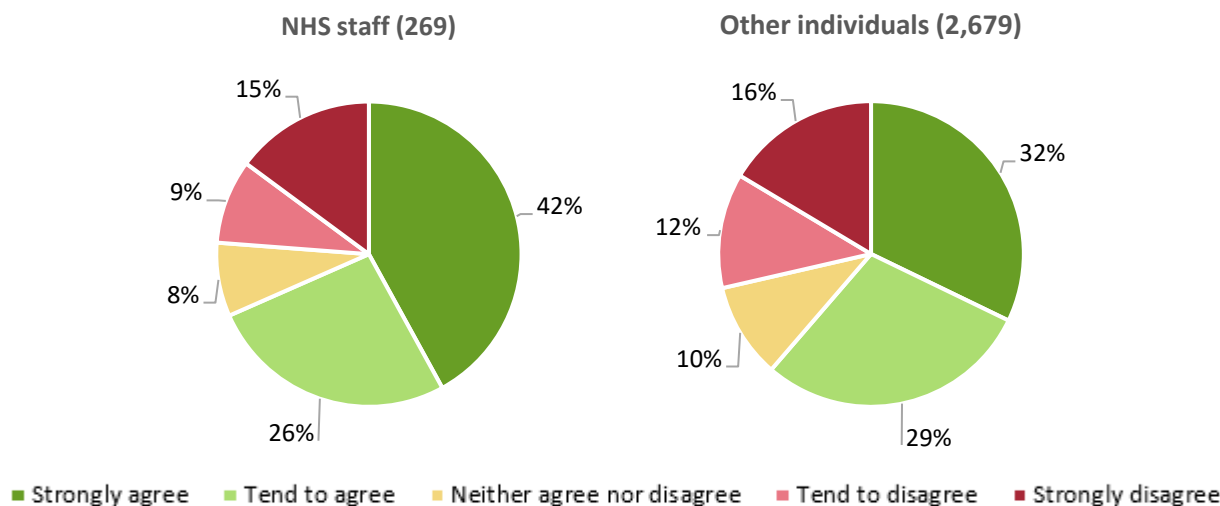
**Base: Number of respondents shown in brackets (excludes 'don't know' responses and those who neither agreed nor disagreed with the need for change)**

4.38 It is also important to note that the feedback received in text responses from those questionnaire respondents who disagreed with the need for change, indicated that they did not simply believe that the status quo should be maintained, but rather that *more* services need to be available at *more* hospitals in Lincolnshire. This was most markedly the case with the proposals around the delivery of urgent and emergency care at Grantham and District Hospital and is explored in more detail in this chapter.

## Respondents' views on the proposal for orthopaedic surgery

4.39 Around two thirds of NHS staff (68%), and nearly as many of the other individuals who responded to the questionnaire (61%), agreed with the proposal for orthopaedic surgery. Almost a quarter of NHS staff disagreed with the proposal (24%), as did roughly three tenths of the other individuals who responded (29%).

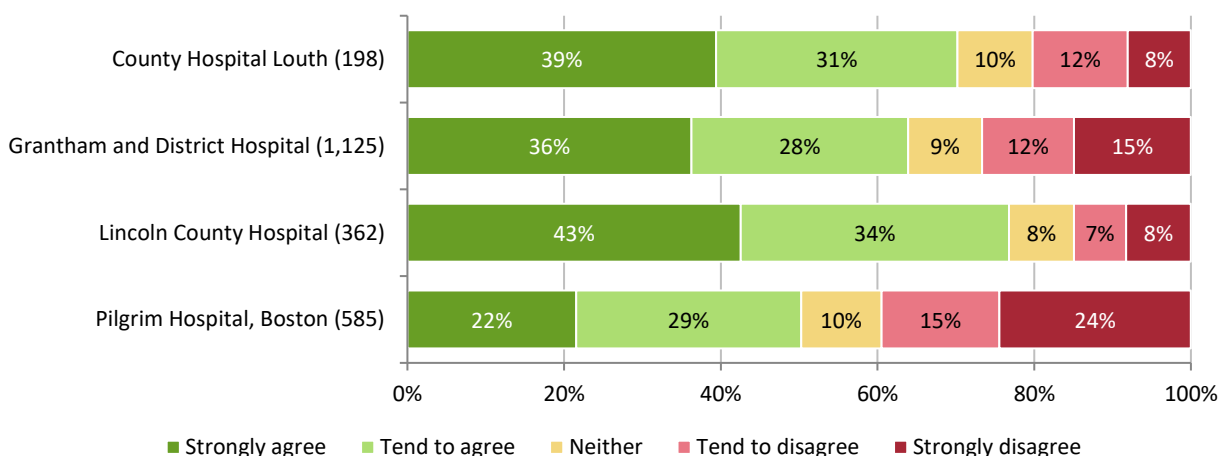
Figure 31: Views on the proposal for orthopaedic surgery, by stakeholder type



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.40 Figure 32 below indicates that, while there was majority agreement with the orthopaedics proposal among questionnaire respondents, views were more mixed among those living closest to Pilgrim Hospital, Boston, of whom half (50%) agreed that changes are needed, compared to around two fifths (39%) who disagreed.

Figure 32: Views on the proposal for orthopaedic surgery BY CLOSEST HOSPITAL (individuals only)

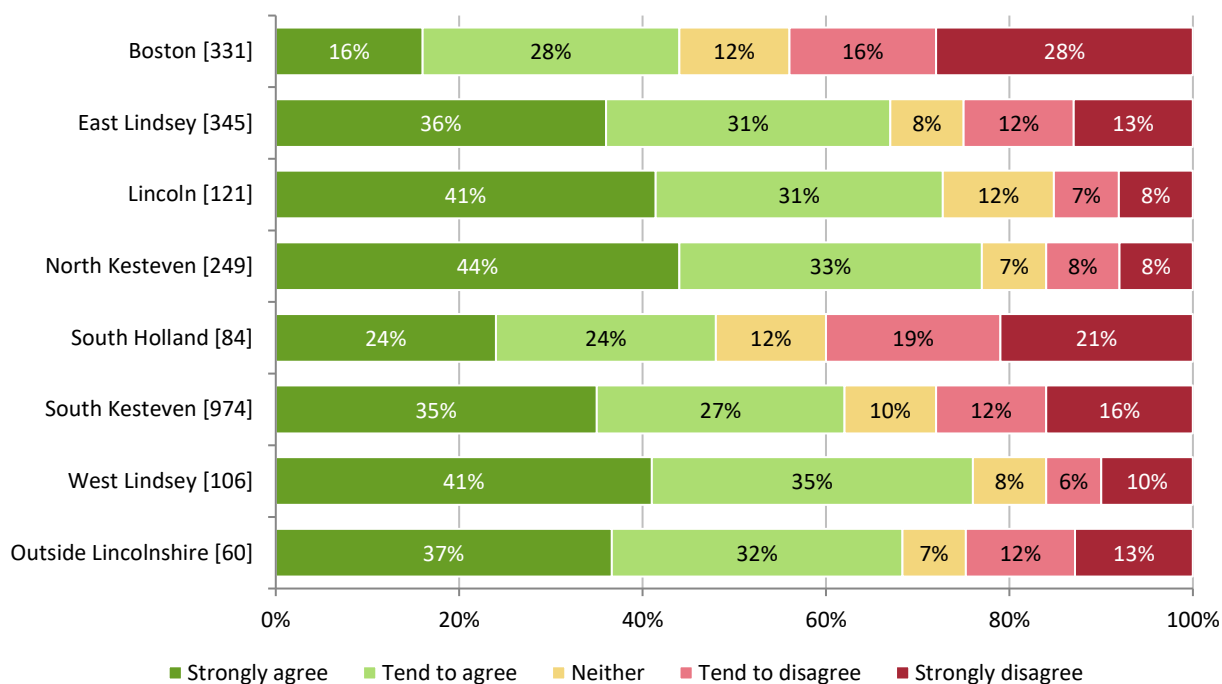


4.41

Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.42 Figure 33 indicates that views among respondents in Boston District were evenly split, with 44% of respondents agreeing with the proposals and the same proportion disagreeing with the suggested changes. Similarly, just under a half of respondents living in South Holland (for whom Pilgrim hospital would be their closest acute hospital in Lincolnshire) agreed with the proposals (48%). A sizeable minority of two fifths (40%) of respondents from South Holland, however, disagreed with the proposals.

**Figure 33: Views on the proposal for orthopaedic surgery BY DISTRICT (all individual respondents only)**

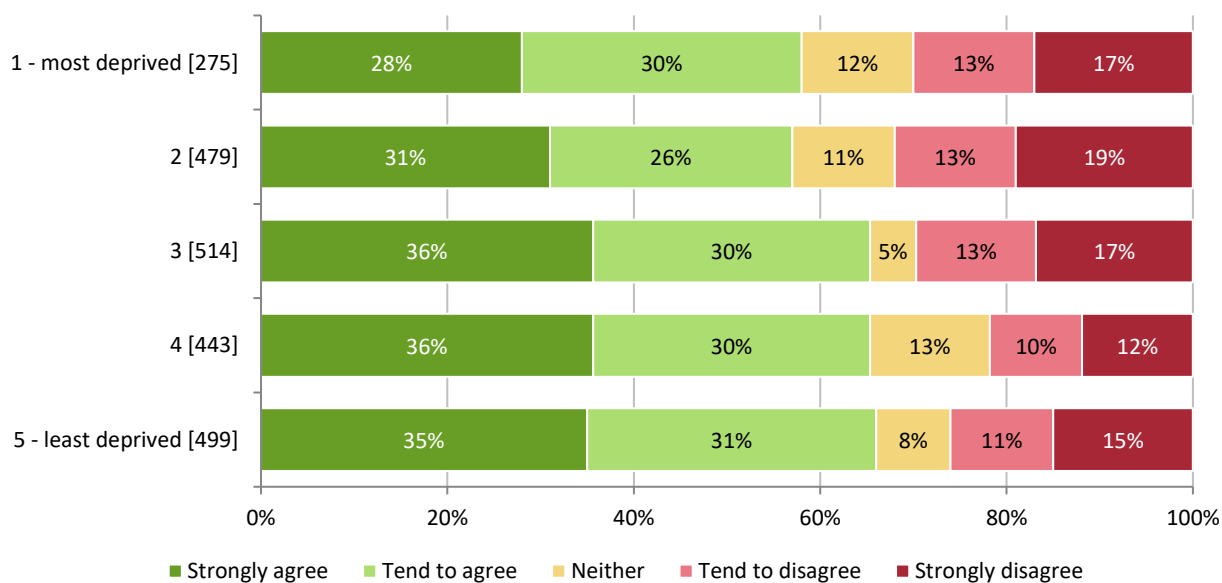


4.43

Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.44 Figure 34 presents all individual questionnaire respondents views on the proposals for orthopaedic surgery in Lincolnshire, broken down by IMD quintiles. It indicates that, while there are some small variations in views, the trend is similar across the results.

**Figure 34: Views on the proposal for orthopaedic surgery BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only)**

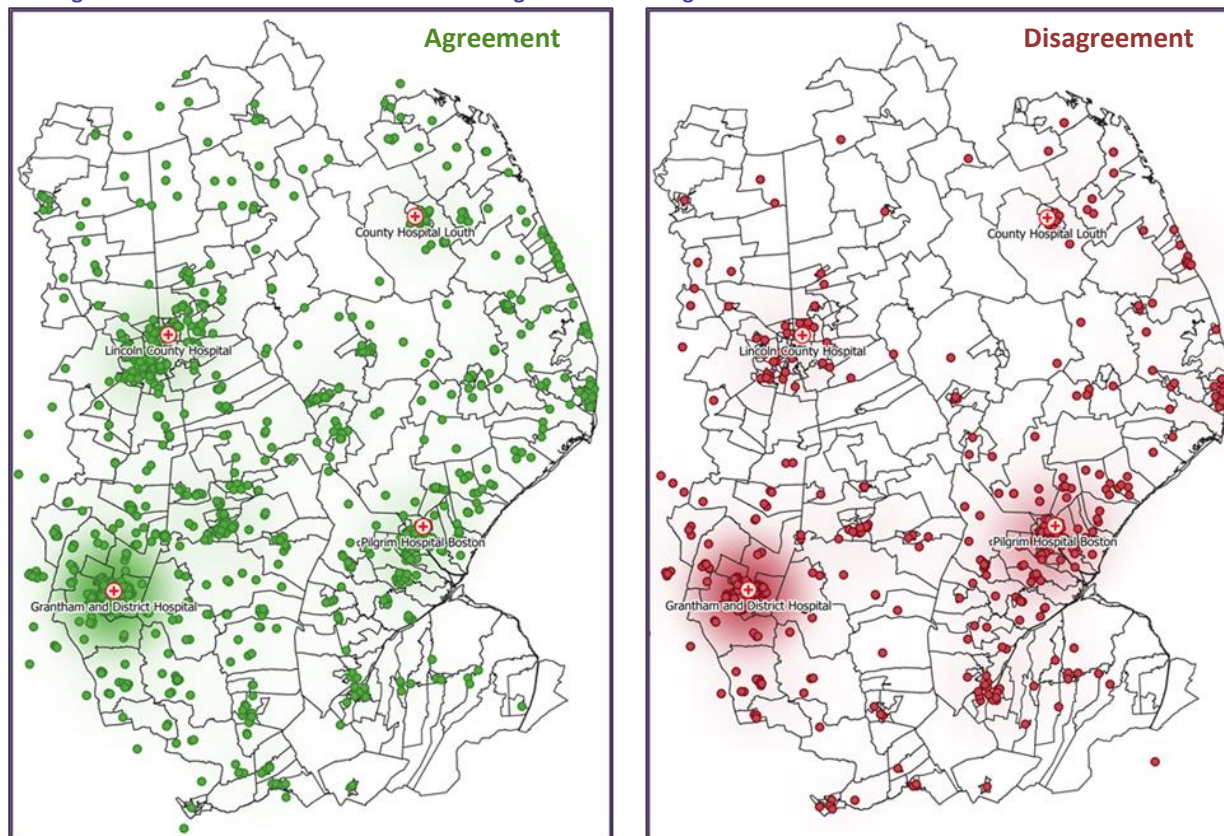


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.45 The maps in Figure 35 below illustrate that the most concentrated disagreement from questionnaire respondents around proposals for orthopaedic surgery is among those living in the south of the county, and particularly those living close to Grantham and Boston. Agreement, by contrast, is more geographically

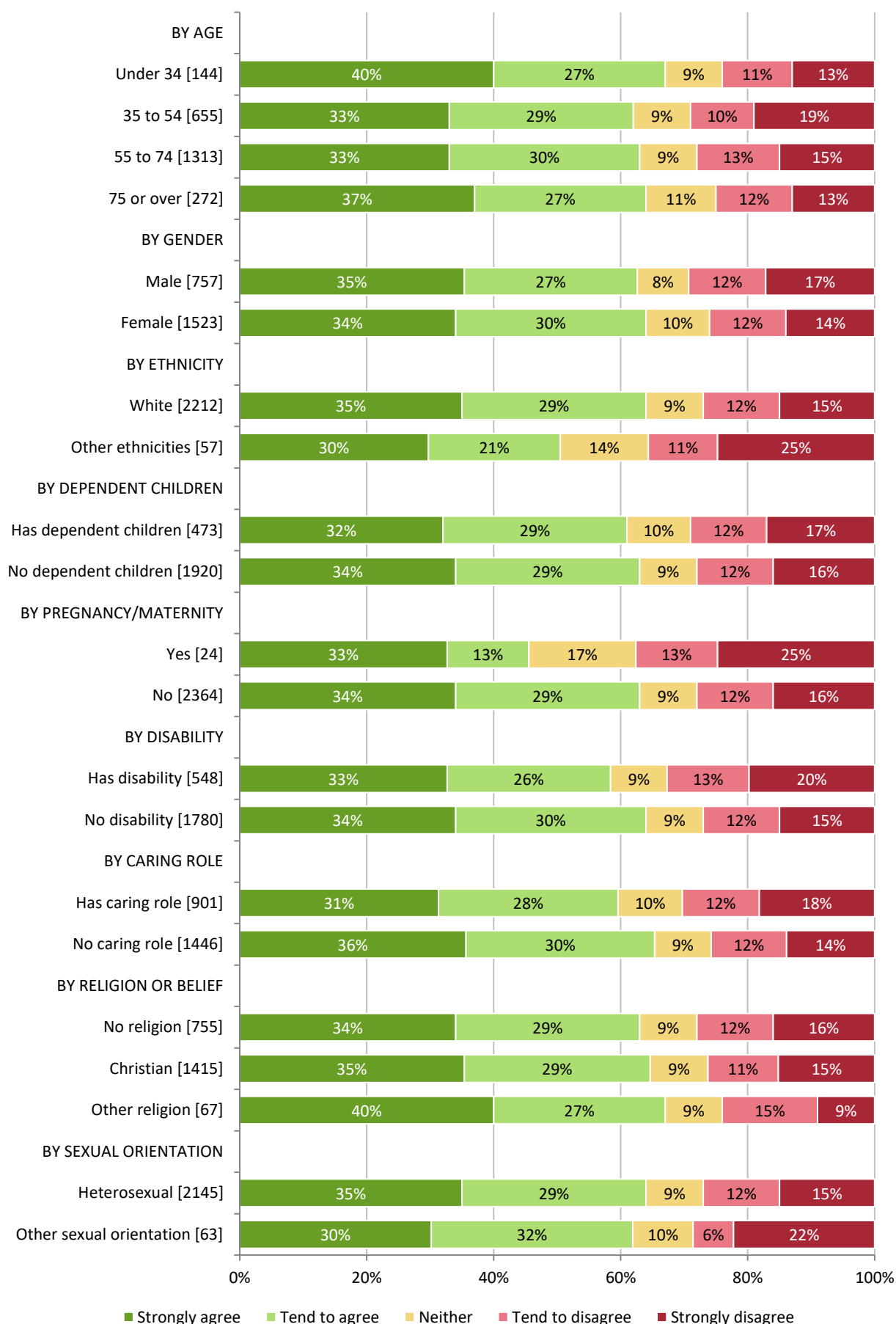
widespread, while still retaining support among many of those questionnaire respondents living closest to Grantham and Boston.

**Figure 35: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for orthopaedic surgery in Lincolnshire, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement**



- 4.46 Similarly, Figure 36 overleaf presents questionnaire respondents' views on the orthopaedics proposal, broken down by key demographics. The results indicate that fewer respondents who are pregnant or providing maternity care, or are from ethnically diverse communities, agreed with the proposals than was the case for other respondents.
- 4.47 It should be noted, however, that more than four fifths (83% and 89% respectively) of respondents in both demographic groups lived closest to Pilgrim hospital or Grantham and District Hospital. Agreement with the proposals was somewhat lower among *all* individual questionnaire respondents from both of those areas, indicating that this is likely to be reflective of broader geographic differences in views.

Figure 36: Views on the proposal for orthopaedic surgery BY KEY DEMOGRAPHICS (individuals only)

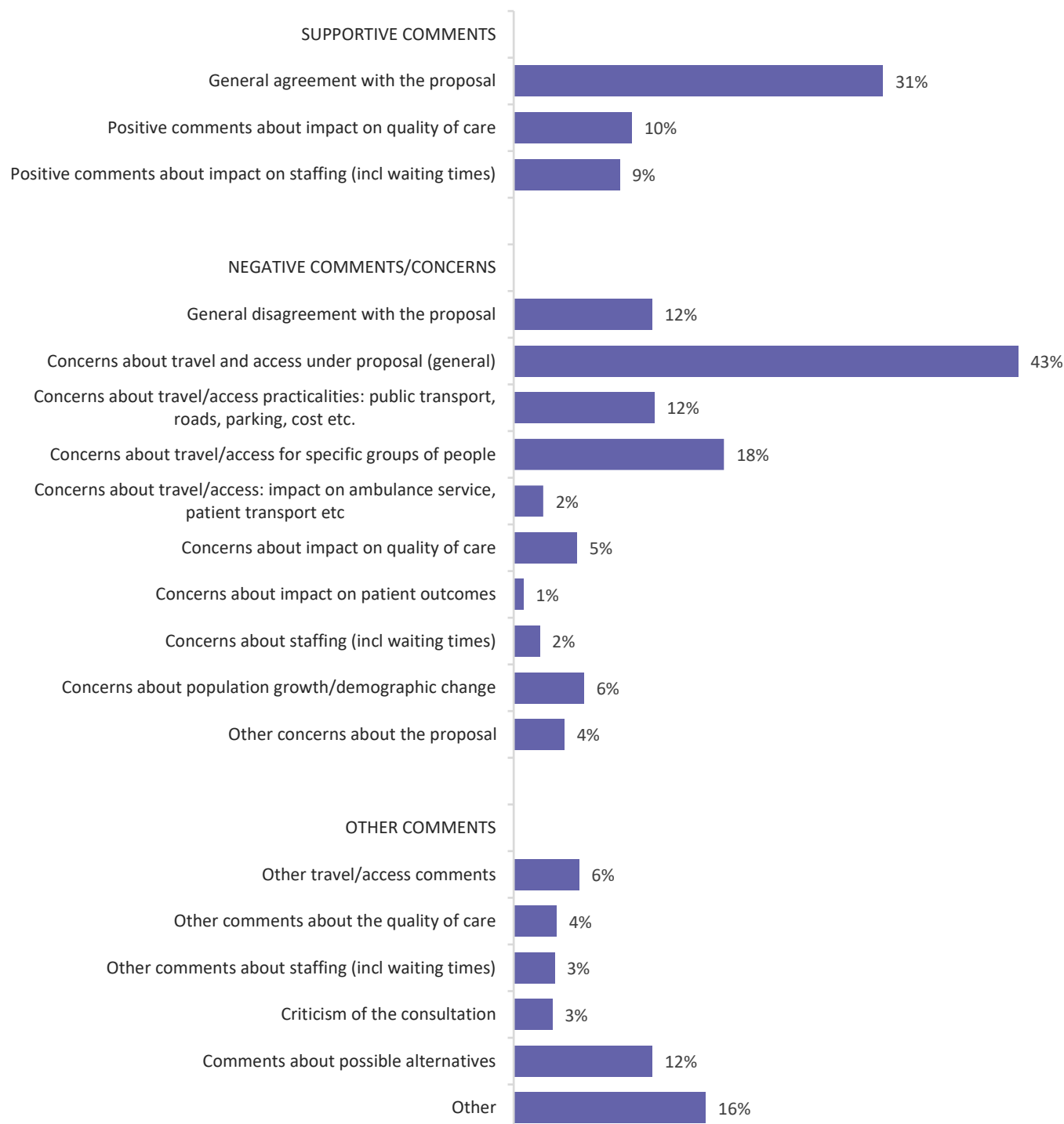


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

## Comments about the proposal for orthopaedic services

4.48 A high-level summary of the comments provided in relation to the text question about the proposal for orthopaedic surgery is shown in the figure below.

**Figure 37: High-level summary of the further comments made in response to the text question about the proposal for orthopaedic services.**



Base: All individual respondents who provided comments (1,684)

- 4.49 Close to a third of individuals who commented on the proposal for orthopaedic services stated that they generally agreed, agreed with the location of the centre of orthopaedic excellence in Grantham, or agreed with the principle of a centre of excellence (without referencing a location).
- 4.50 Around a tenth mentioned the prospect of the proposal improving the quality of care provided: either in general or with specific reference to fewer cancellations due to, for example, emergency admissions at acute sites. A similar proportion suggested there would be a positive impact on staff recruitment/retention and on service efficiencies/waiting times.
- 4.51 However, there was some disagreement with the proposal: either on the basis that the centre of excellence should be located somewhere other than in Grantham, and/or that Lincoln and Boston should continue to offer planned orthopaedics, and/or that Grantham should continue to offer unplanned and emergency care.
- 4.52 The biggest area of concern was in relation to travel and access; over two-fifths of those who commented had concerns in general, felt that services needed to remain local to reduce travel, and/or had concerns about the accessibility of different sites.
- 4.53 Around a tenth raised various concerns around travel and access practicalities including costs, public transport (in the sense of lacking coverage, being too infrequent etc), issues with road infrastructure and congestion, and parking.
- 4.54 Some respondents had concerns about quality of care, primarily in the sense that sites are already under pressure and the proposal will either fail to alleviate this, or may in fact have a negative impact by increasing the current pressures. A few also doubted that the proposal would address waiting times and staffing issues.
- 4.55 A few doubted whether the proposals took sufficient account of a growing and aging local population. Other concerns raised by small proportions related to possible environmental impacts (i.e., if people have to travel further) and a perception that the proposal has been motivated by a desire to achieve financial savings rather than to improve care, and/or that it is part of an ongoing trend towards downgrading of services at Grantham.

### Individuals' comments on equalities impacts of the orthopaedics proposal

- 4.56 Nearly a fifth of respondents foresaw access issues for particular groups of people, specifically: the elderly, people with disabilities, people from low income or deprived backgrounds, children, and other vulnerable groups (e.g., refugees or those experiencing homelessness).
- 4.57 Others were concerned about the practicalities of travel for friends and family, those without access to their own vehicle, and those who might struggle to drive and/or otherwise get to/from hospital if they were unwell, in discomfort or were recovering from surgery.
- 4.58 A small proportion were concerned about impacts on the ambulance service and on patient transport. In regard to potential impacts on vulnerable groups, one respondent requested assurance that there will be a review of the eligibility criteria for patient transport services to address any potential barriers to access, particularly for the most deprived communities in rural and inner city areas, and that additional support and transport will be provided to address need.
- 4.59 Finally, a deaf service user was appreciative of the additional support they had received when accessing care at Pilgrim Hospital, Boston and was concerned to know if similar support is or would be available at other hospital sites if services were to move.

## Alternative suggestions and other comments from individual respondents around orthopaedic surgery in Lincolnshire

- 4.60 The most common suggested alternatives concerned investment and/or restoring services, particularly at Grantham and District Hospital. A very small number were in favour of having teams of staff rotate between the different sites, and a few suggested that all hospital sites in Lincolnshire should be equipped to handle planned and unplanned orthopaedic surgery.
- 4.61 Small numbers of respondents suggested that having free transport between sites, e.g., a shuttle bus might help mitigate some travel impacts; this same suggestion was also made by smaller numbers in relation to the other proposals.
- 4.62 There were a few critical comments about the consultation process (which were also expressed in relation to the other proposals), with small numbers of individuals feeling that more information was needed or that the proposals were not clearly explained.
- 4.63 Several NHS staff members, while often positive about the prospect of separating planned and unplanned orthopaedic surgery, commented on the need to ensure that appropriate plans are in place to deal with high-risk elective cases and incidences of unexpected complications during operations.
- 4.64 Other comments from a small number of individual respondents included:
- » Requests for reassurance that fracture clinics would continue to take place locally;
  - » That NHS Lincolnshire should ensure that policies and pathways are robust and clear for continuous improvements to be made and filtered throughout the organisation;
  - » That procurement work with private hospitals should be implemented to improve patient care and assist with the crisis; and
  - » A view that the proposal represents a short term contingency plan to cope with deep rooted problems not being addressed by NHS and governments; namely, beds, staff recruitment and retention and quality of care.

## Views from organisations on proposals for orthopaedic surgery in Lincolnshire

- 4.65 Nine of the sixteen organisations agreed with the proposals for orthopaedic surgery, six strongly. Four disagreed, and two neither agreed nor disagreed (the remaining organisation answered 'don't know'). The comments made by organisations about the proposals are below.

### Benefits of the proposals

- 4.66 Lincolnshire Local Medical Committee, Homecare and three of the area's borough/district councils (Boston, East Lindsey and South Holland) agreed with the proposed separation of emergency and planned surgery as a means of 'insulating' the latter from the impacts of the former and developing centres of excellence.

*Dedicated planned care centre and day case centre will insulate it from acute activity and thus provide cleaner facilities and less risk of cancellation.*

**Lincolnshire Local Medical Committee**

*It makes sense to concentrate on excellence.*

**Homecare**

*Positive to note that there will be a centre of excellence in Lincolnshire and that there will be a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery. Good that both planned surgery for high risk patients will remain at Pilgrim hospital as well as continued provision for unplanned surgery at this site.*

***Boston Borough Council, East Lindsey District Council and South Holland District Council***

- 4.67 Grantham Senior Citizens Club also supported the better utilisation of facilities at Grantham and District Hospital.

*It makes sense to utilize Grantham hospital more, rather than the facilities in large part standing empty.*

***Grantham Senior Citizens Club***

#### Issues of concern: travel and access

- 4.68 Travel and access were noted as issues by five of the sixteen organisations. Public transport infrastructure was a particular concern, with Boston Borough Council, East Lindsey District Council, South Holland District Council, and Skegness Town Council all raising it as a potential issue in need of mitigation. Moreover, the three borough/district councils questioned whether patients would still be able to choose treatment at hospitals out-of-county if they are geographically closer.

*In the document, planned surgery seems to be day case or inpatient overnight. If there are occasions where a patient may need to stay in hospital for longer, consideration to travel for relatives and support network needs to be given ... Would echo the feedback from previous engagement regarding concerns about distances travelled and transport infrastructure – particularly in East Lindsey and South Holland. This is both for patients accessing the service and visits from their support networks ... For those no longer able to access unplanned orthopaedic surgery at GDH, what mitigations are in place for travelling to a site further away and will there be transport support available if needed? Outside of county, at which other facilities are these services available and will there still be an option for patient choice at facilities out of county if these are more accessible for them? This is particularly relevant for South Holland residents living closer to Peterborough or King's Lynn.*

***Boston Borough Council, East Lindsey District Council and South Holland District Council***

*Discontinuing planned orthopaedic surgery at both Pilgrim and Lincoln hospitals will mean patients will have longer to travel in an area where a significant proportion of the population does not have access to a car and where public transport links are limited. These changes will put a significant pressure on non-urgent hospital transport and may mean family or friends are unable to visit loved ones. Skegness Town Council would like orthopaedic surgery to remain available at both Pilgrim and Lincoln hospital.*

***Skegness Town Council***

- 4.69 Organisations representing particular communities, an Older People's Forum and a Lincolnshire Traveller Initiative Health Champion for example, also cited travel and transport issues as their main concern. The latter suggested that while the proposal is a positive one 'in theory', resulting patient transport costs could outweigh any benefits seen.

*As a non-driver I need to be at Spalding or Pilgrim Hospital Lincolnshire.*

**Older People's Forum**

*Good idea in theory however, I think the cost to the NHS in transport for patient without could outweigh the good.*

**Lincolnshire Traveller Initiative Health Champion**

Issues of concern: patient rehabilitation

- 4.70 The Chartered Society of Physiotherapy neither agreed nor disagreed with the proposals for orthopaedic surgery. However, they raised concerns around weekend rehabilitation provision in its response and sought reassurance that patient rehabilitation will remain of high quality, conforming to best practice and enabling patient choice.

*The CSP does note and would flag a clear concern regarding funding for weekend cover. It would appear that there is only a half day of rehabilitation service provision from physiotherapy services. This level of funding would clearly undermine the timely rehabilitation of patients over the weekend and be detrimental to patient flow through the service which could, and is likely to, increase patient length of stay. We would also require confirmation that the rehabilitation of orthopaedic patients throughout the patient pathway will provide high quality care through best practice, with availability of rehabilitation as an in-patient, which crosses the service boundary into community with either a pull or push system in place to support appropriate early discharge. Care must also be taken to ensure that patients are provided with their choice of provider at the start of the pathway (point of referral), which is laid out through the NHS choice framework and remains in line with the NHS constitution.*

**The Chartered Society of Physiotherapy (CSP)**

Issues of concern: recruitment and retention

- 4.71 Staff recruitment and retention was a concern for Skegness Town Council.

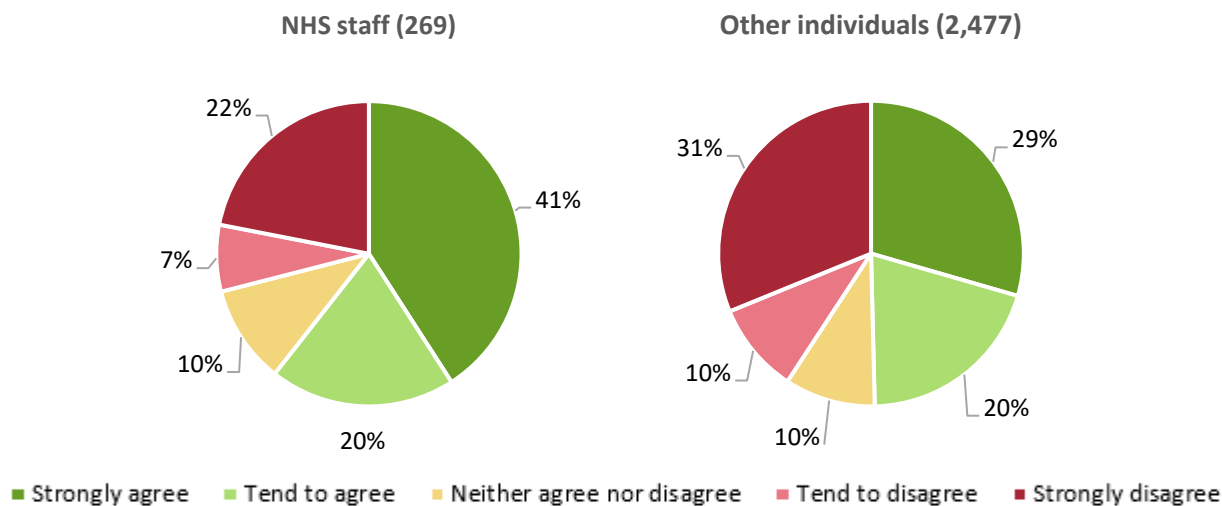
*Issue of recruitment and retention needs to be addressed rather than cutting local services... Services should be kept at Pilgrim and Lincoln.*

**Skegness Town Council**

## Respondents' views on the proposal for urgent and emergency care at Grantham and District Hospital

- 4.72 Around three fifths of NHS staff (61%) and half of the other individuals who responded (50%) agreed with the proposal to provide 24/7 urgent care services in Grantham via an Urgent Treatment Centre.
- 4.73 However, 29% of staff and 41% of other individuals disagreed with this proposal for urgent and emergency care.

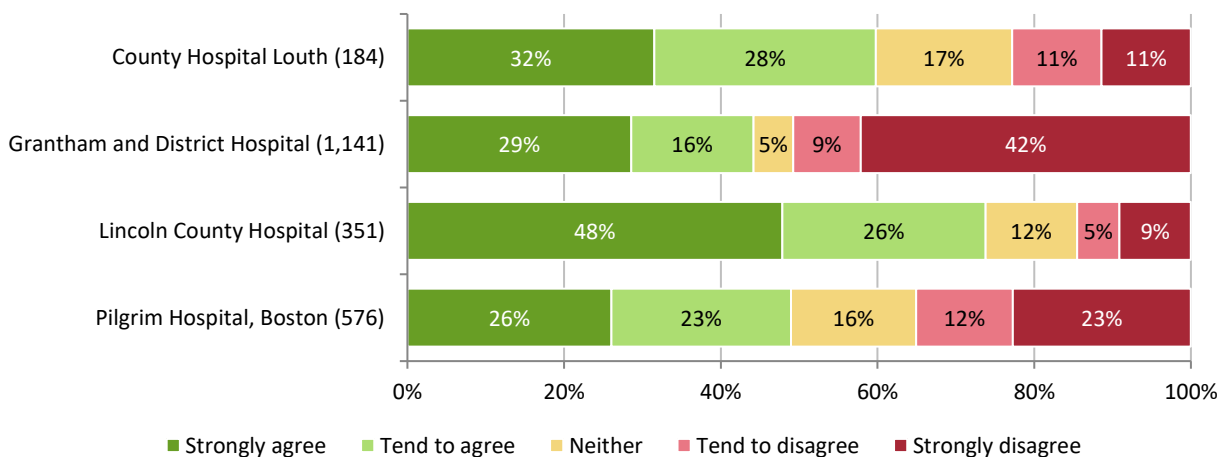
Figure 38: Views on the proposal for urgent and emergency care, by stakeholder type



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

- 4.74 The lowest levels of agreement were seen among respondents whose nearest hospital is Grantham (Figure 39); just over two fifths agreed with the proposal for urgent and emergency care at this hospital (44%) whereas around half disagreed (51%).
- 4.75 Around half of respondents living closest to Pilgrim Hospital, Boston agreed (49%) while around a third disagreed. Elsewhere, most respondents agreed, specifically: 60% of those living closest to County Hospital Louth and 74% of those living closest to Lincoln County Hospital.

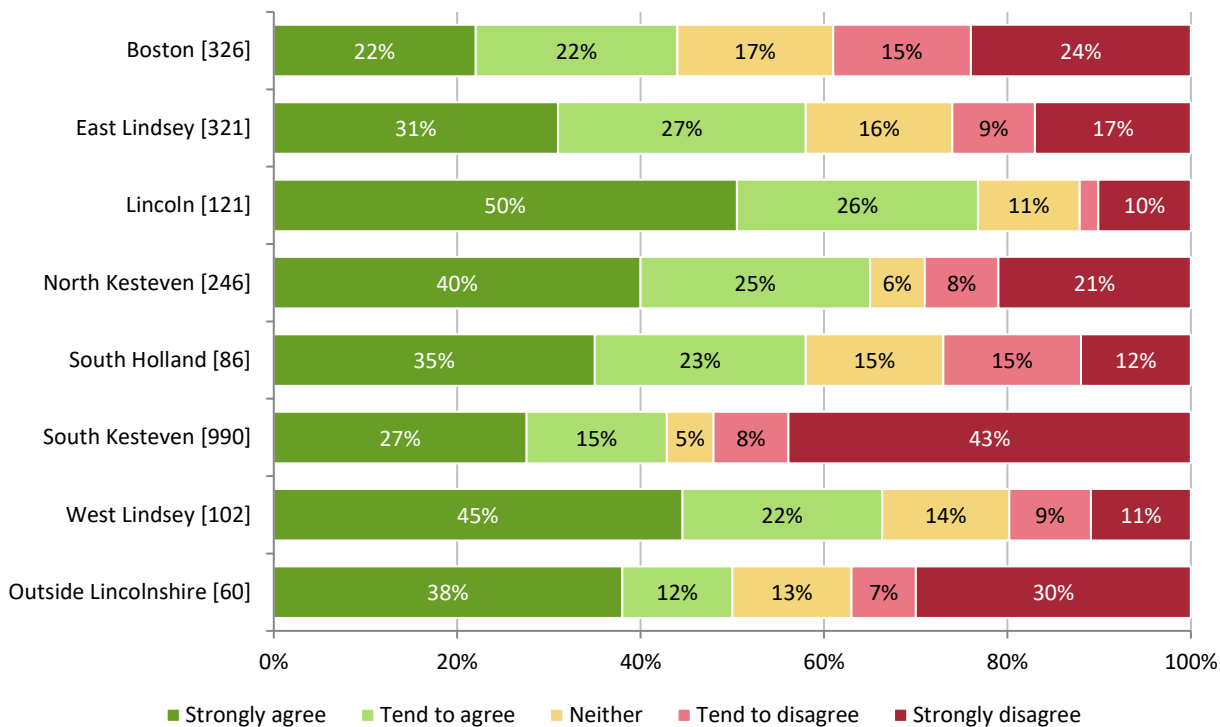
Figure 39: Views on the proposal for urgent and emergency care BY CLOSEST HOSPITAL (individuals only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.76 Similarly, Figure 40 indicates that support for proposals for a 24/7 UTC at Grantham and District Hospital was lower among questionnaire respondents living in South Kesteven and Boston. More than half (52%) of respondents from South Kesteven disagreed with the proposal, compared to just over two fifths (43%) who agreed. Respondents from Boston District were fairly evenly split, with 44% of respondents agreeing with the proposal and 39% disagreeing.

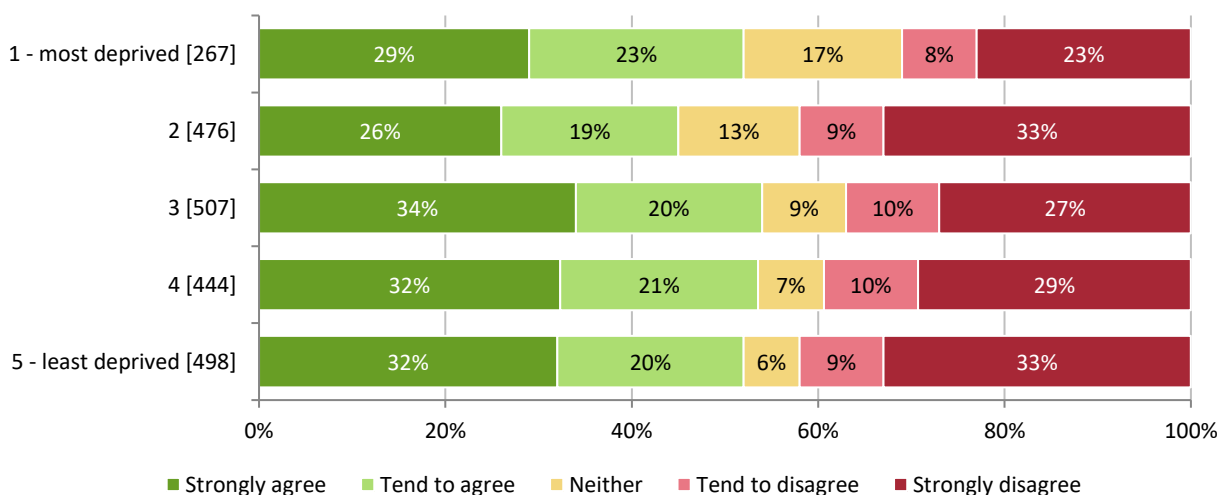
Figure 40: Views on the proposal for urgent and emergency care BY DISTRICT (individuals only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.77 Figure 41 presents all individual questionnaire respondents views on the proposals around urgent and emergency care in Lincolnshire, broken down by IMD quintiles. It indicates that, while there are some small variations in views, the trend is similar across the results. The lower level of support from respondents in the 2<sup>nd</sup> IMD quintile should be viewed in the context that more than three fifths of these respondents live in South Kesteven and Boston District, the areas where support among respondents is lower across all quintiles.

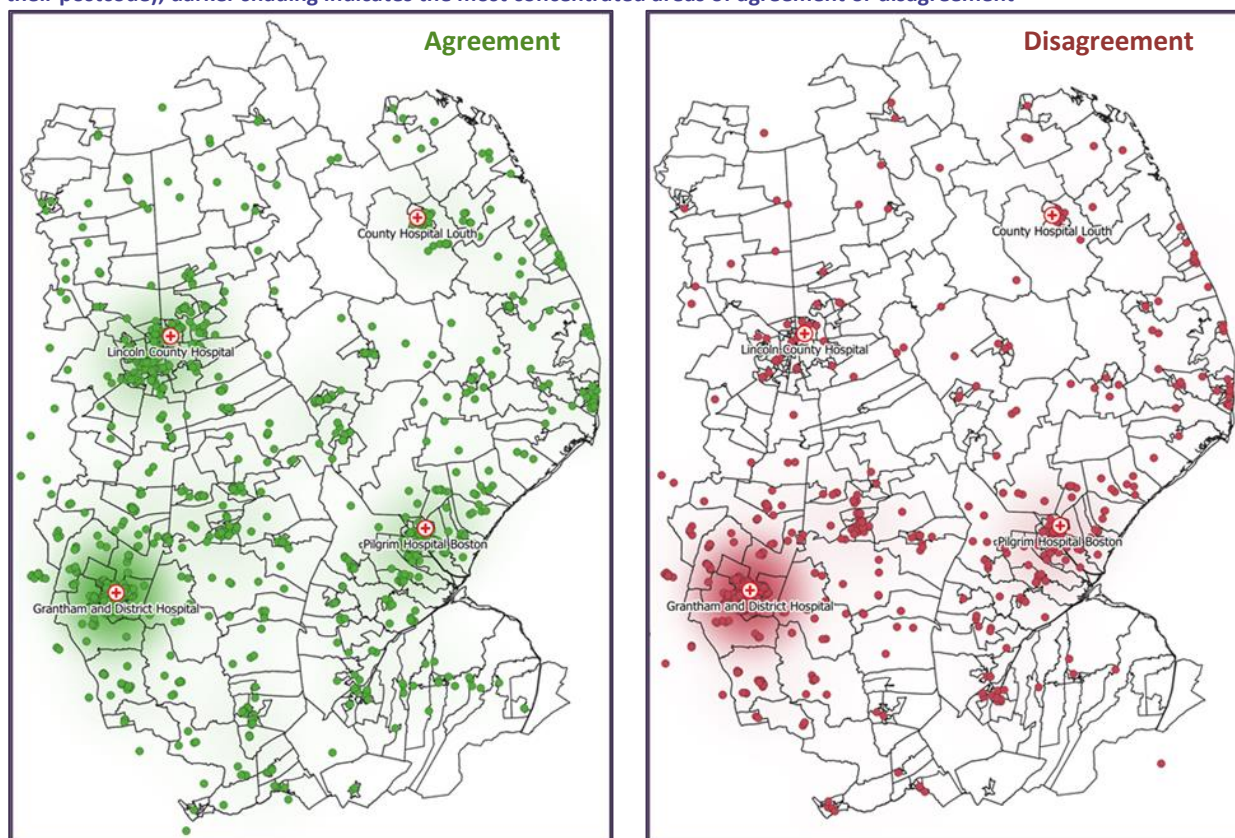
Figure 41: Views on the proposal for urgent and emergency care BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

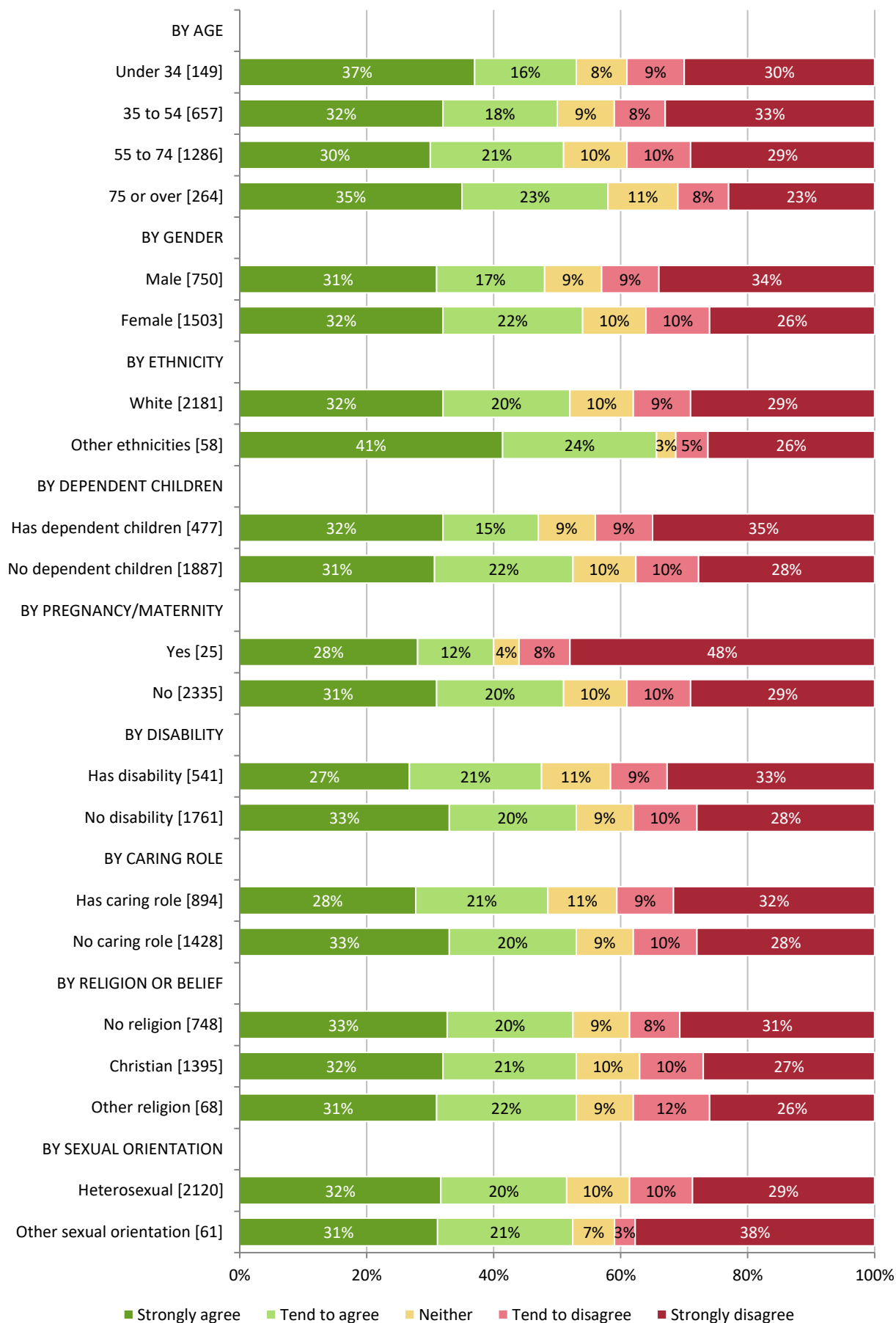
- 4.78 The maps in Figure 42 illustrate that the most concentrated disagreement from questionnaire respondents around proposals for urgent and emergency care at Grantham and District Hospital is among those living close to Grantham and, to a lesser extent, close to Boston. Agreement, by contrast, is more geographically widespread, including across South Kesteven more widely, and the proposals are also supported by many of those questionnaire respondents living near to Grantham and District Hospital.

**Figure 42: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for a 24/7 Urgent Treatment Centre at Grantham and District Hospital, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement**



- 4.79 Figure 43 overleaf presents questionnaire respondents' views on the proposal for a 24/7 UTC at Grantham and District Hospital, broken down by key demographics.
- 4.80 The results indicate that fewer respondents who are pregnant or providing maternity care agreed with the proposals than disagreed which, as with the proposals for orthopaedic surgery, is likely to be linked to broader concerns about local services. Analysis of open text responses showed that only two respondents expressed particular concern about young children being particularly impacted by the changes.

Figure 43: Views on the proposal for urgent and emergency care BY KEY DEMOGRAPHICS (individuals only)

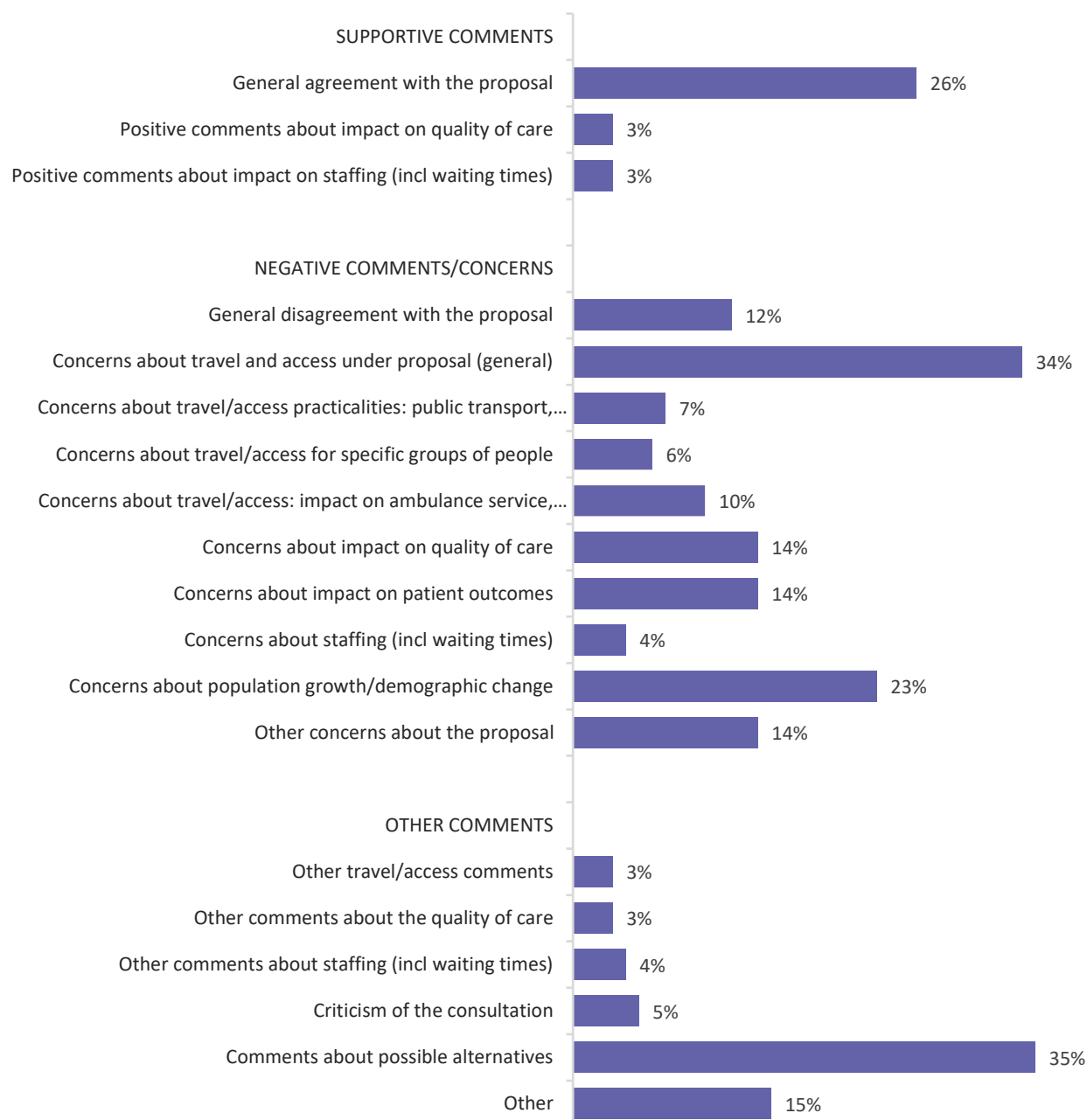


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

## Comments about the proposal for urgent and emergency care

4.81 A high-level summary of the comments provided in relation to the text question about the proposal for urgent and emergency care is shown in the figure below.

**Figure 44: High-level summary of the further comments made in response to the text question about the proposal for urgent and emergency care.**



**Base: All individual respondents who provided comments (1,829)**

4.82 It can be seen that around a quarter of individuals who commented expressed broad agreement with the proposal for a 24/7 Urgent Treatment Centre at Grantham and District Hospital, with small proportions identifying benefits in terms of quality and care and staffing.

4.83 However more than a tenth generally disagreed – with many of these respondents suggesting that emergency care should continue to be provided at Grantham and/or at services should remain the same.

- 4.84 A third had general concerns relating to travel and access themes: the accessibility of emergency services at the remaining sites, the need for some local emergency provision in Grantham, and so on. There were also a number of more specific concerns relating to issues such as roads, parking and public transport. A tenth commented about a potential negative impact on the ambulance service and on patient transport (e.g., in terms of greater response times and an inability to cope with demand).
- 4.85 There were numerous concerns expressed in terms of a potential negative impact on the quality of care and on outcomes for patients, primarily:
- » Concerns that existing emergency services are already under pressure and/or unable to cope, and therefore removing services from one location will only exacerbate these pressures;
  - » Concerns that more patients will die as a result of travelling further for emergency care, particularly for time-critical illnesses such as strokes and heart attacks;
  - » Concerns around the potential for patients to present at a hospital where there are no staff with the expertise to required treat them; and
  - » Concerns around the ability to transfer patients to a different site safely in an emergency.
- 4.86 There was also some scepticism that the proposal will really do anything to improve the recruitment and retention of staff, as well as some concern that the proposals may actually have a negative impact on staffing.
- 4.87 There were also concerns that the proposal does not take sufficient account of demographic changes, specifically a growth in the overall population (particularly in Grantham, but also more generally), and also an increasingly older age profile across the area, both of which (it was suggested) are likely to result in an increased demand for emergency services.
- 4.88 Small numbers expressed additional concerns, for example:
- » Concerns about Grantham being at greater risk of seeing a major incident, due to its proximity to the A1, rail services, flight paths etc.;
  - » A perception that Grantham and District Hospital has been downgraded over time, and this latest proposal is likely to be a precursor to further service reductions and/or closure;
  - » Perceptions that the proposals are short-sighted, motivated by a desire to save money rather than to improve services, and not likely to provide good value; and
  - » The environmental impacts of longer journeys, particularly by car (as well as risks of traffic accidents).

## Individuals' comments on equalities impacts of urgent and emergency care proposals

- 4.89 As with the orthopaedics question, there were concerns about accessibility for specific groups including: people without personal access to a vehicle, people visiting friends/family, people needing to get home after treatment (including those who are too unwell to drive, and/or experiencing pain/discomfort), the elderly, people with disabilities, children, and those from low-income backgrounds.

## Individuals' suggestions and other comments around urgent and emergency care

- 4.90 The most commonly suggested alternatives included restoration of the A&E service at Grantham, and further investment in services (either in Grantham specifically, but occasionally across the hospitals more generally). Others suggested alternative ways to address staffing issues (e.g., wages, housing provision and other benefits). A very small number of individuals advocated having teams of staff to move between sites.

4.91 The summary below provides some detailed and/or more specific points that were made in support of the suggestion that A&E services should be maintained at Grantham:

- » It was suggested that the Lincoln and Pilgrim A&E departments are often stretched with prolonged ambulance handover delays; therefore, ULHT should build the A&E capabilities at Grantham to cut transfer times, reduce risk for patients, make it attractive for staff: *'The challenge for ULHT is to see Grantham as an asset not a liability'*;
- » The variety of patient ailments, growth of Grantham and large rural catchment area of patients deserve (it was suggested) a better quality of service than the UTC offers. The issue of staff recruitment is not just specific to A&E doctors; UTCs also experience staff shortages meaning there are barely enough to safely staff the existing UTCs. There is concern over where the experienced ACPs will be found to fill these vacancies;
- » A&E services at Grantham should be maintained, with separate walk-in services, run by nurse specialists, in addition to A&E services for emergency/ambulance admissions in Lincoln and Boston;
- » The quality of care at the other hospitals (i.e., Lincoln and Pilgrim) is questionable: 'I have received A&E care at Grantham, Lincoln and Pilgrim and the best has been at Grantham'; and
- » An alternative might be to provide A&E during the current times in the day at Grantham and a UTC in the evening (thereby providing 24 hour access to urgent/emergency care).

4.92 Other suggestions made were as follows:

- » If the 24/7 UTC goes ahead, ULHT should provide their own non-blue light and blue light interfacility transfer service, so they do not affect the running of EMAS's services;
- » That the 24/7 UTC would still need x-ray and phlebotomy services to be available;
- » A new, easily accessible hospital should be built on the outskirts of Sleaford, to deal with all emergency care through creation of a modern full trauma facility (other existing estates could house low dependency convalescence facilities and thus aid patient throughput);
- » ULHT should increase the number of nurse ACPs (Advanced Clinical Practitioners) through training, to compensate for the shortage of consultants; and
- » Grantham is a better location for services for those residents living south of Grantham. There should be a similar facility for Stamford to cover the Deepings and Bourne areas.

## Views from organisations on proposals for urgent and emergency care at Grantham and District Hospital

4.93 Eight of the sixteen organisations agreed with the proposals for urgent and emergency care (five strongly), while four disagreed (three strongly). Two organisations neither agreed nor disagreed, one did not know, and one did not answer the question at all. The comments organisations made about the proposals are below.

### Issues of concern: travel and access

4.94 Travel and accessibility were concerns for multiple organisations, even some who agreed with the proposals. For example, the Older People's Forum acknowledged the benefits of the proposed changes, while noting potential difficulties for those without their own transport. Moreover, access to public transport was again a concern for local councils.

*Very good for Grantham people but not people who cannot reach Grantham - non-drivers.*

***The Older People's Forum***

*The document also recognises that friends and family of patients receiving treatment at an alternative hospital further away will have to travel further to visit and provide support... There would be implications for those reliant on public transport. Public transport infrastructure can be challenging across the county.*

***Boston Borough Council, East Lindsey District Council, and South Holland District Council***

- 4.95 The potential for extended travel times to place lives at risk was a worry, particularly for the senior citizens of Grantham.

*Removing A & E services will cost lives by adding 28 miles travel over difficult roads in winter and busy roads all year round.*

***Grantham Senior Citizens Club Ltd.***

- 4.96 Distance and travel time was also concerning from a council perspective, particularly in terms of impacting visitor support and impacting patient recovery. Digital communication options were suggested as solutions to this issue.

*Residents will also face additional travel time and cost to get to the nearest A&E or to visit loved ones.*

***Skegness Town Council***

*Patient recovery can be impacted by lack of support and visitors. Digital options for communication generally have increased over the last 2 years. There could be opportunities to look at digital options with borrowed mobile tablet devices so that patients can connect with friends and family remotely whilst in hospital.*

***Boston Borough Council, East Lindsey District Council, and South Holland District Council***

Issues of concern: Grantham's population and the demand for A&E services

- 4.97 There was some difference of opinion over the need for a full A&E in the Grantham area. Those who disagreed with the proposal for an UTC referred to the area's growing population and the consequent demand for services.

*Grantham is a growth area with thousands of new houses planned for the immediate future. 1) Removing A&E services will cost lives by adding 28 miles travel over difficult roads in winter and busy roads all year round. 2) bed waiting times at both Boston & Lincoln are currently unacceptable and increasing use will only make this worse.*

***Grantham Senior Citizen's Club Ltd.***

*I think a town as big as Grantham and with the proposal of it getting a lot bigger what with two outlet shopping villages at either end of town, and plans of the Spittlegate level industrial park, plus Grantham barracks housing plans, how can a town of that size have NO A&E?*

***Lincolnshire Traveller Initiative Health Champion***

- 4.98 Lincolnshire Local Medical Committee, though, stated that Grantham's size does not warrant a full A&E department, and supported the development of a 24/7 UTC as 'proportionate'.

*Grantham does not have the population to justify a full ED and associated required services, thus a 24/7 UTC is proportionate.*

**Lincolnshire Local Medical Committee**

Issues of concern: pressure on emergency services

- 4.99 Another concern among local councils was around the risk of placing additional pressure on the East Midlands Ambulance Service (EMAS).

*The document highlights potential adverse impacts, and that a small percentage of patients may need to attend required specialist services at A&E further afield. These would most likely need to travel by ambulance – is there a risk of additional pressure on EMAS taking patients to Lincoln City Hospital or Peterborough City Hospital?*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

*Don't want to see any reductions of NHS services in Lincolnshire area. Additional pressures would be put on East Midlands Ambulance Service.*

**Skegness Town Council**

Other issues: need for further consultation

- 4.100 The Chartered Society of Physiotherapy advocated further consultation with affected staff on the proposal for an UTC at Grantham in order to fully understand the impacts of, for example: social deprivation factors and access issues; increased demand for EMAS; potential risks to patients and outcomes; and staff shortages.

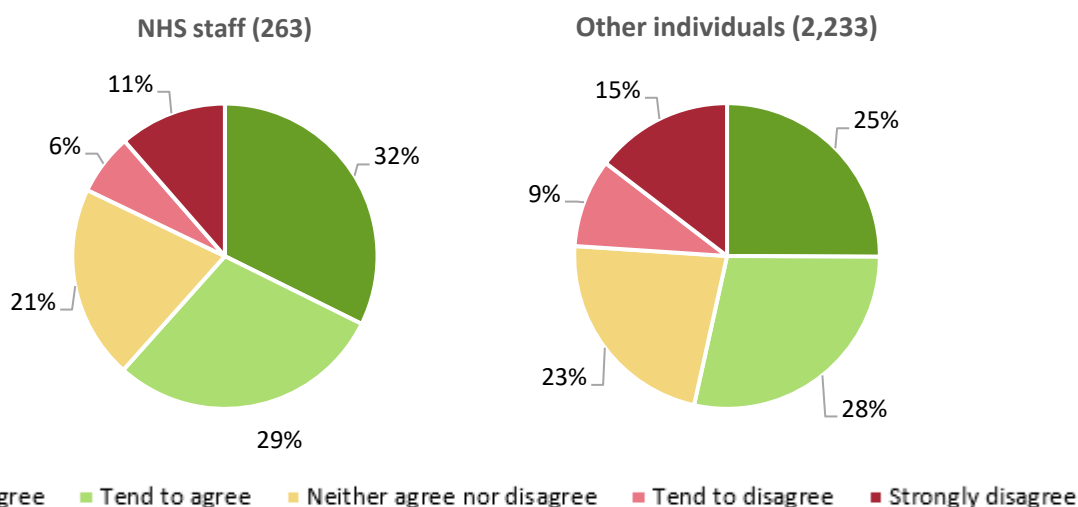
*The CSP believe that changing the Accident and Emergency department into provision of a twenty-four seven urgent care centre at Grantham and District Hospital must be carefully considered. We would expect to see a wide and meaningful consultation to occur with all affected staff, which would include areas including, but not limited to how proposals would impact: Social deprivation factors and access to services for patients and their family; Ambulance arrivals, including the golden hour and patient handovers; Risks of patient deterioration and escalation processes; Local increases in service demand; Use of inappropriate space for patients; Staff shortages, long term and temporary; Patient outcomes; Early clinical assessment; Impact on terms and conditions of those that staff the current service configuration. We would take this opportunity to highlight the lack physiotherapy staffing in the current service provision, and seek to review the positive impact that having access to rehabilitation assessment and outreach services would have on the falls pathway within the urgent care and emergency departments of Lincolnshire.*

**The Chartered Society of Physiotherapy (CSP)**

## Respondents' views on the proposal concerning acute medical beds at Grantham and District Hospital

- 4.101 Just over three fifths (62%) of NHS staff agreed with the proposal for integrated community/acute medical beds, as did just over half (53%) of other individuals who responded to the questionnaire (with 18% and 24% disagreeing, respectively).
- 4.102 Between a fifth and a quarter of individual respondents neither agreed nor disagreed with the proposals for integrated community/acute medical beds; comments indicated that many of these felt unconfident or unqualified to voice an opinion, while a few criticised the explanation of the proposals for a lack of clarity.

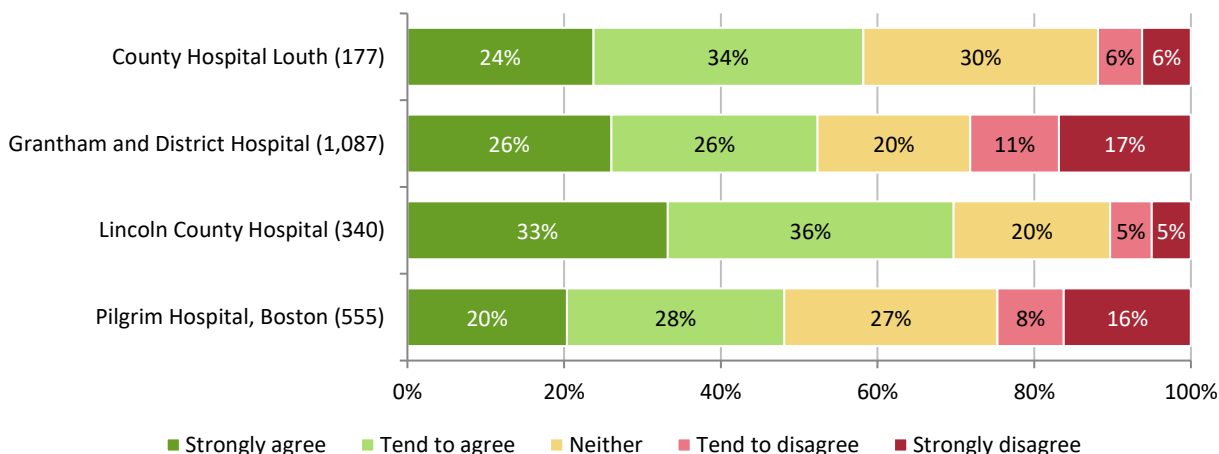
Figure 45: Views on the proposal concerning acute medical beds, by stakeholder type



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

- 4.103 Around half of respondents whose nearest hospital is Grantham and District Hospital (Figure 46) agreed with the proposal (52%), although more than a quarter disagreed (28%). The views of respondents living closest to Pilgrim Hospital, Boston were broadly similar: just under half (48%) agreed and a quarter (25%) disagreed. Levels of agreement among respondents living closest to County Hospital Louth or Lincoln County Hospital were somewhat higher (58% and 70% respectively).

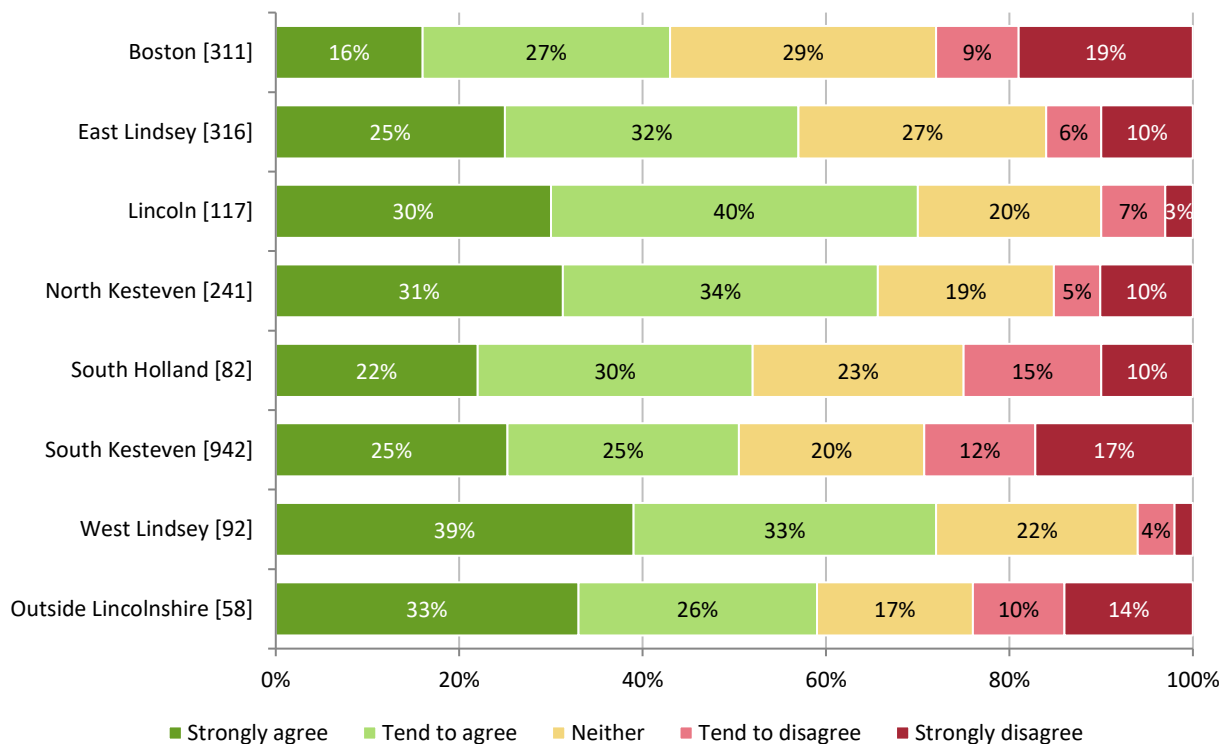
Figure 46: Views on the proposal concerning acute medical beds BY CLOSEST HOSPITAL (individuals only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

A similar pattern was evident when viewing the results by district of residence (Figure 47), with less than half (43%) of respondents living in Boston agreeing with the proposal. It should be noted, however, that very nearly three in ten (29%) respondents from the same area neither agreed nor disagreed, with a smaller proportion (27%) actively disagreeing with the proposed changes to the way that acute medical beds are managed.

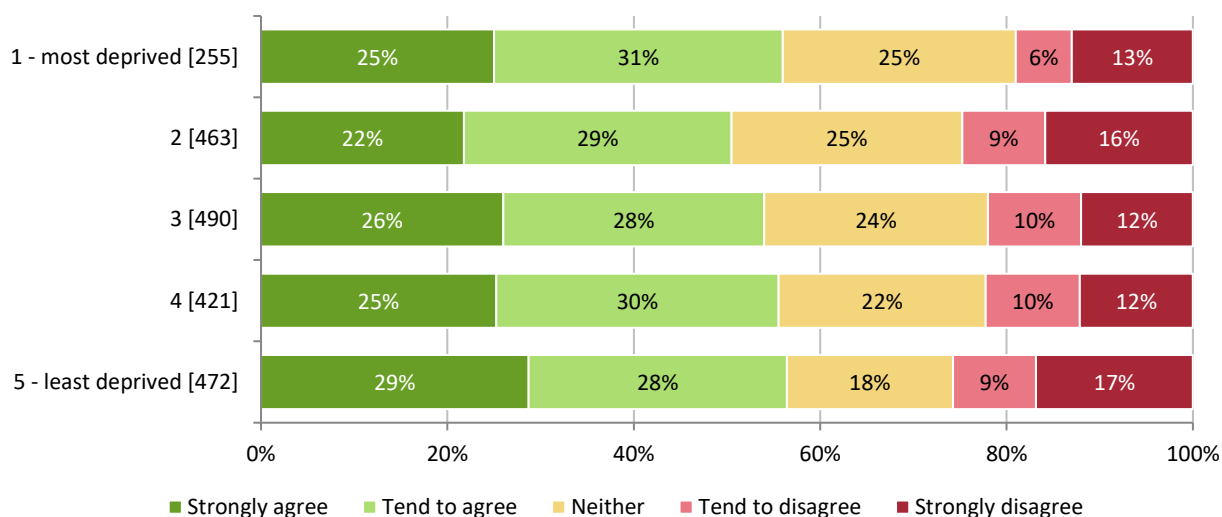
**Figure 47: Views on the proposal concerning acute medical beds BY DISTRICT (individuals only)**



**Base: Number of respondents shown in brackets (excludes 'don't know' responses)**

<sup>4.104</sup> Figure 48 presents all individual questionnaire respondents' views on the proposals for integrated community/acute medical beds at Grantham and District Hospital, broken down by IMD quintiles. It indicates that, while there are some small variations in views, the trends in terms of agreement and disagreement are similar across the results.

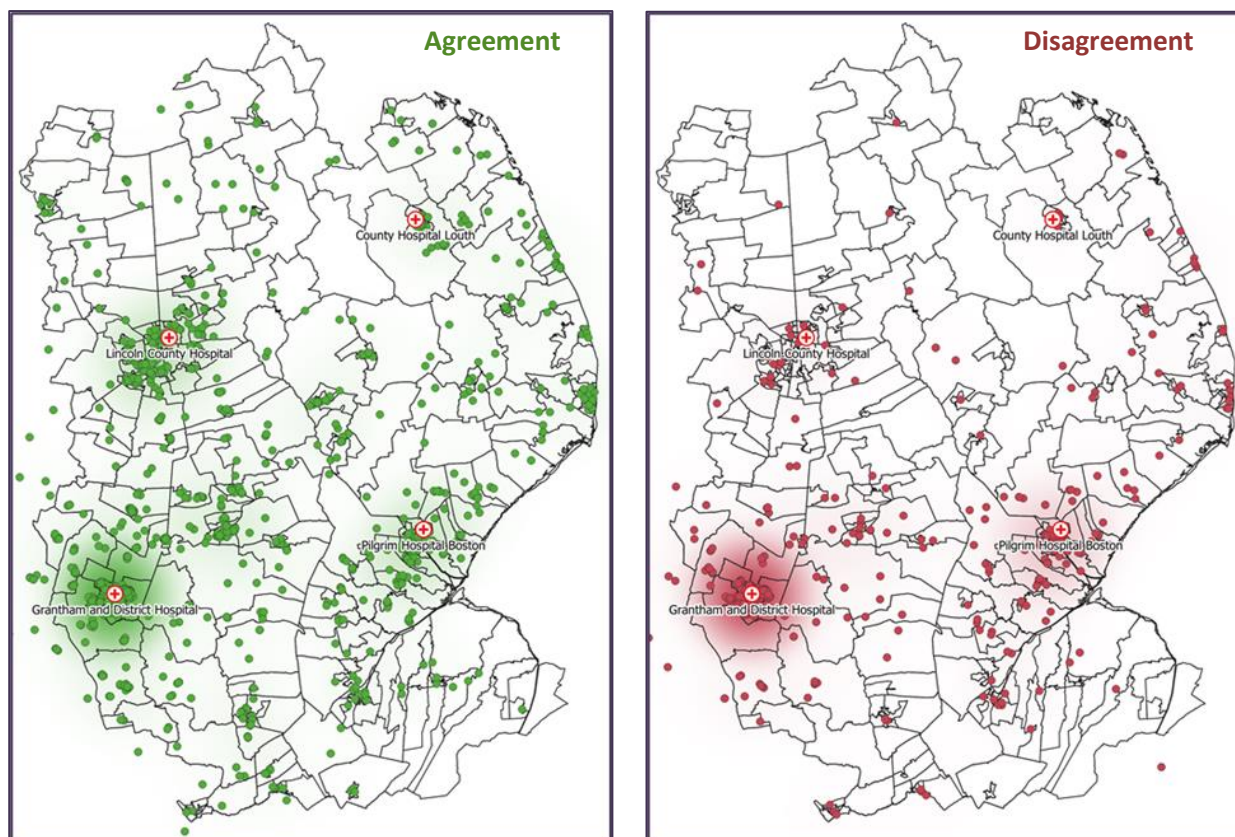
**Figure 48: Views on the proposal concerning acute medical beds BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only)**



**Base: Number of respondents shown in brackets (excludes 'don't know' responses)**

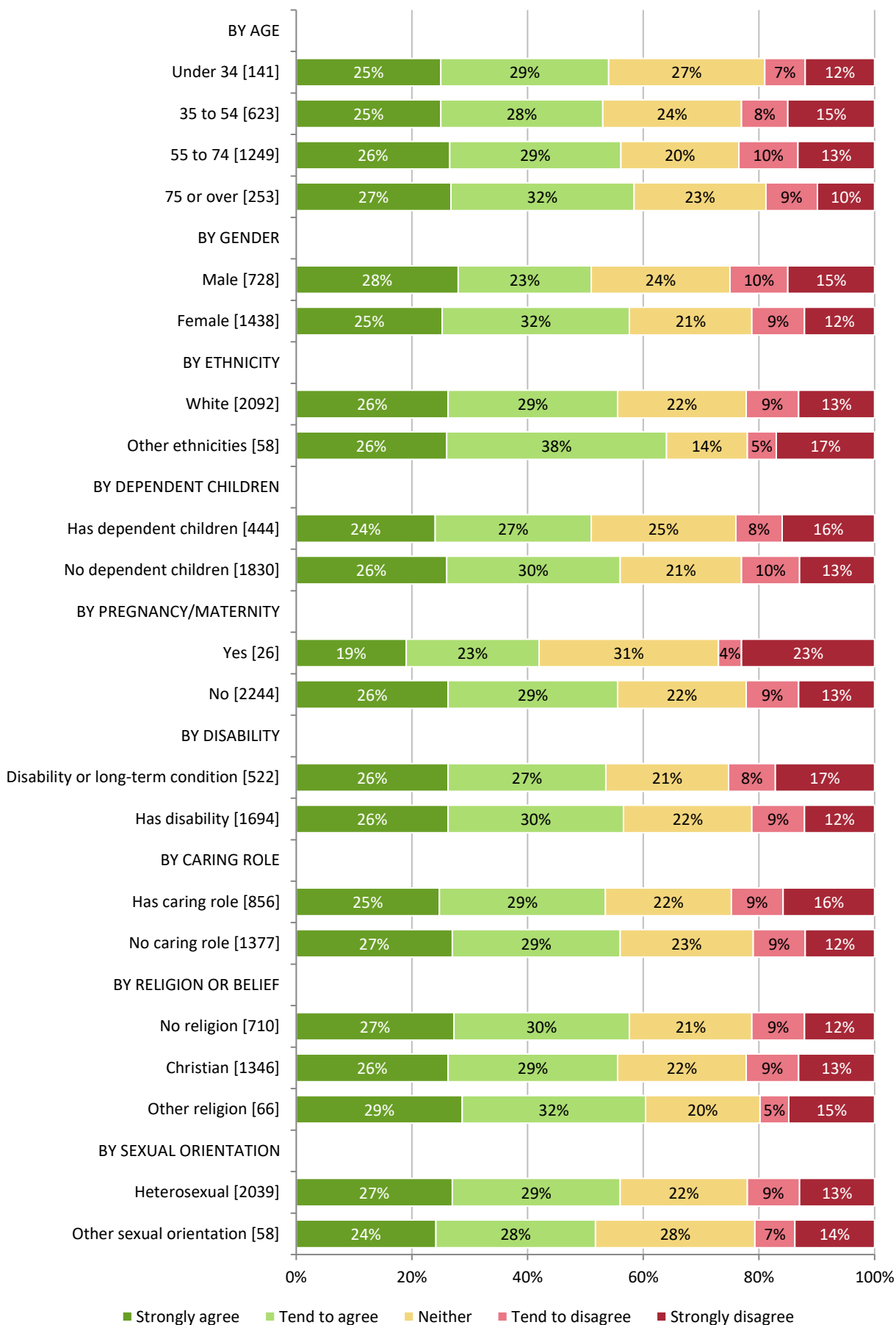
- 4.105 The maps in Figure 49 below illustrate that the most concentrated disagreement from questionnaire respondents around proposals to introduce community/acute medical beds at Grantham and District Hospital is among those living close to Grantham.
- 4.106 Agreement, by contrast, is more geographically widespread, including across South Kesteven more widely, and the proposals are also supported by many of those questionnaire respondents living near to Grantham and District Hospital.

**Figure 49: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for integrated community/acute medical beds at Grantham and District Hospital, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement**



- 4.107 Figure 50 overleaf breaks down questionnaire responses by key demographics and protected characteristics, with no indication of key differences in views on the proposal between different groups.

Figure 50: Views on the proposal concerning acute medical beds BY KEY DEMOGRAPHICS (individuals only)

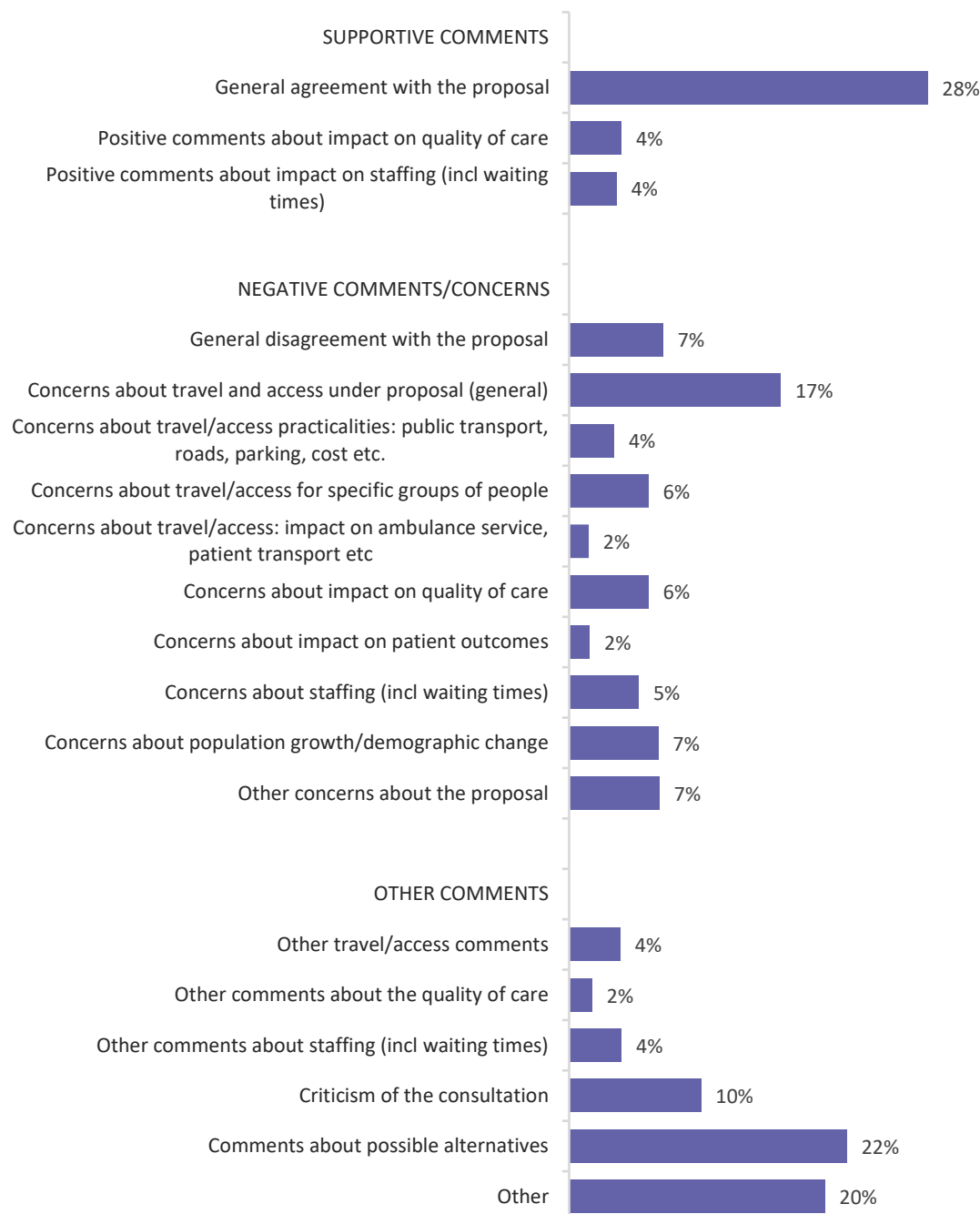


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

## Comments about the proposal concerning acute medical beds

<sup>4.108</sup> A high-level summary of the comments provided in relation to the text question concerning proposals for community/acute medical beds is shown in the figure below.

**Figure 51: High-level summary of the further comments made in response to the text question about the proposal for community/acute medical beds at Grantham and District Hospital.**



**Base: All individual respondents who provided comments (1,045)**

<sup>4.109</sup> Of those respondents who commented on the proposal concerning integrated community/ acute medical beds at Grantham, over a quarter made generally supportive comments, e.g., either explicitly supporting the proposal or agreeing generally with the principle of better integration between services in the community and in hospital. Small proportions commented about potentially positive impacts on the quality of care and on staffing and the efficiency of services.

- 4.110 There was nonetheless some disagreement with the proposal, e.g., some respondents thought that acute medical beds should remain available in all hospitals, and some had doubts that the proposal would improve quality of care, patient outcomes and staffing issues.
- 4.111 As with the questions about the previous proposals, there were various concerns expressed in terms of travel and access issues: either around the general principle of travelling further for care, various practicalities concerning travel/transport, and/or the impact on particular groups (in terms of this latter point, the ability for family and friends to visit patients was felt to be particularly important).
- 4.112 As with the previous proposal, some concerns were expressed about population growth and demographic change, and some respondents perceived that the proposal was part of a wider pattern of downgrading services at Grantham. As such, among the suggested alternatives were calls to restore services at Grantham (including emergency services) and to improve and invest in its facilities and services. Respondents also felt that consideration should be given to alternative ways to address staffing shortages.

### Individual respondents' views on potential equalities impacts of proposals for integrated acute/community medical beds at Grantham and District Hospital

- 4.113 There were few comments related to potential impacts on any specific demographic groups, with the exception of a small number of comments reiterating previously stated concerns about travel and access for groups without access to private transport.
- 4.114 Several respondents, including some NHS staff members, felt that the proposed move to community/acute medical beds would benefit older and more frail patients by better integrating acute and community care for those patients who need the latter.

### Alternative suggestions and other comments from individual respondents around acute medical beds

- 4.115 Several alternative suggestions or enhancements to the proposal were suggested as follows:
- » If acute and community beds are available at Grantham, blood tests should be too;
  - » That acute and rehabilitation pathways should be established:
    - An acute pathway (for acutely/medically unstable patients) consisting of an Emergency Assessment Unit (EAU) and one more medical ward to allow patient flow with multi-disciplinary team (MDT) discharge facilitation; and
    - A rehabilitation pathway including step down from acute beds and step up from community beds, to incorporate a rehabilitation ward with stroke and general rehabilitation beds for patients with any other conditions, including frail elderly and post-Covid patients. Establishing this at Grantham and District Hospital would allow service provision for patients closer to their home and access for visitors;
  - » That 'halfway house' care wards should be provided for those who are medically well but unable to cope with going home, offering convalescence and low dependency beds, and the potential for occupational therapy; and
  - » Hospital and ongoing social care should be staffed by fully integrated MDTs to facilitate seamless transfer of patients from hospital into the community. This would involve integrated social services and hospital financial structures to end delayed discharge.

- 4.116 One NHS staff respondent suggested that acute medical beds should be removed from Grantham and District Hospital completely, given the limited support and other services there, and that Grantham should be an elective surgery and community hospital, providing high quality care outside an acute setting.
- 4.117 It was also suggested that: mental health beds should be treated as a priority in future planning; and that patients with chronic health conditions and co-morbidities (e.g., obesity) should be centralised in one location in the county to allow staff to develop specialisms.
- 4.118 One NHS staff member raised specific concerns about lack of provision of Level 2 Respiratory beds at Grantham and District Hospital and suggested that respiratory ACPs could manage respiratory beds with support from anaesthetists and additional funding for recruitment and training.
- 4.119 Finally, there was some criticism of the consultation documents and the level of detail provided about the way that a community/acute medical beds model would work in practice.

## Views from organisations on proposals for integrated acute/community medical beds at Grantham and District Hospital

- 4.120 Seven of the sixteen organisations agreed with the proposals for integrated acute/community medical beds in Grantham, five strongly. Three organisations disagreed with the proposal, two neither agreed nor disagreed, and the remaining four either did not know or did not answer the question. The comments made by organisations about the proposals are below.

### Benefits of the proposals

- 4.121 Some general positive comments were made about the proposals, as well as more specific ones around the benefits of providing care closer to home, offering multi-disciplinary care to frail patients, and relieving pressure on acute medical beds for more complex patients at Lincoln County Hospital and Pilgrim Hospital, Boston.

*Should be good for people in that area.*

**Older People's Forum**

*The potential positive impacts of the proposals are clear in the document and the impact of integrated community and acute beds at Grantham hospital has been supported through stakeholder and public workshops.*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

*Having community hospital beds for step-up and step down will provide care close to home for these patients, whilst also providing a pressure valve for the acute beds at Lincoln.*

**Lincolnshire Local Medical Committee**

*Reducing pressure on acute hospital sites at Lincoln and Boston – specifically in relation to 'frail' population is sensible and the integrated multi-disciplinary care team for frail patients is positive.*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

*It makes sense to keep the acute medical beds local freeing up beds at larger hospitals for more complex patients.*

**Homecare**

- 4.122 Indeed, as suggested in the quotations above, Boston, East Lindsey, and South Holland Councils were particularly supportive of the prospect of multi-disciplinary care for frail patients and suggested widening this provision to other areas across Lincolnshire. They also advocated further discussions on preventative measures to avoid hospital admissions for such patients.

*Where else in the County will this specialism for frailty be available – particularly in rural ageing communities such as East Lindsey and South Holland? Although this consultation is specifically on the treatment services available, further discussion on interventions across the system to prevent frail patients needing hospital services in the first place would be beneficial.*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

Issues of concern: pressure on local acute medical beds

- 4.123 Skegness Town Council took a different view to that expressed above; they stated that acute medical beds would be lost from Grantham and District Hospital, placing additional pressure on hospitals elsewhere. It also reiterated others' concerns around the potential demand impact on EMAS, and raised worries around the ability of patients' loved ones to visit them, potentially impacting their recovery.

*Loss of acute medical beds at Grantham Hospital will put additional pressure on Pilgrim, Lincoln, Louth and any other hospital with acute beds in the area. There will also be an additional impact put onto East Midlands Ambulance Service to transfer people to the nearest hospital with an acute bed. Non urgent hospital transfer may also be affected, as people live further away from the hospital they are admitted to. Family and friends may not be able to visit, the positive impact on a patient's health and wellbeing from a visit from a loved one should not be underestimated.*

**Skegness Town Council**

- 4.124 The Council was also of the view that removing local services would most impact vulnerable residents.

*The most vulnerable people in Lincolnshire (elderly, disabled or anyone with additional needs) are likely to be negatively impacted by services being further away from their home.*

**Skegness Town Council**

Issues of concern: staffing and other resources

- 4.125 The Chartered Society of Physiotherapy, while agreeing with the proposal, caveated its support with a request for adequate staffing and resource across the whole pathway to provide a 'comprehensive' service.

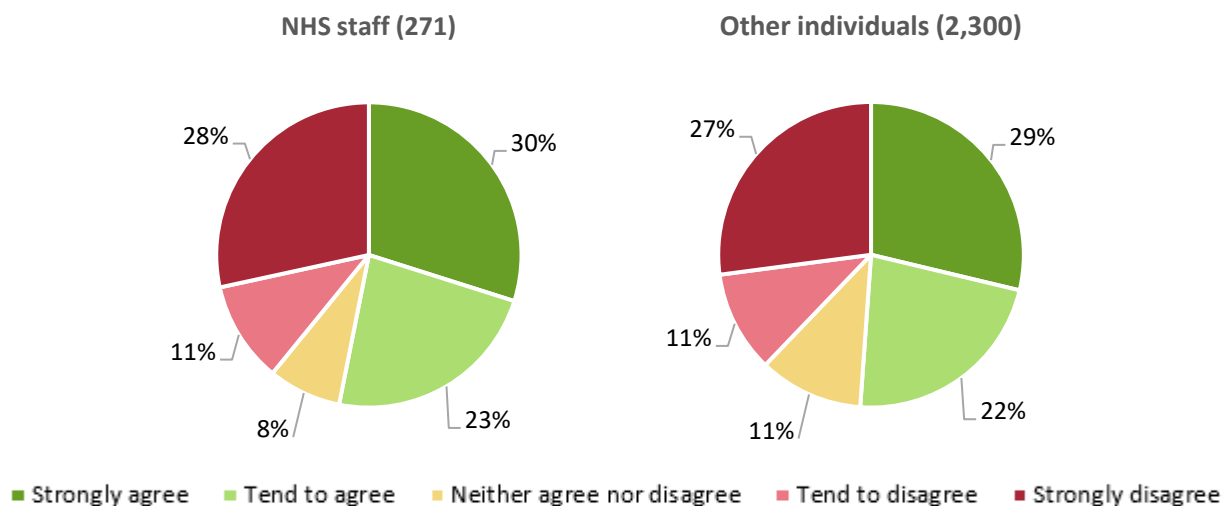
*The CSP would support the integration of acute/community medical beds at Grantham and District Hospital. This is with the proviso that the required workforce across the whole pathway can be attained, with any required training needs met prior to the service being provided. We would expect a meaningful consultation with all potential service users and staff. Adequate staffing and resources must be provided for a comprehensive seven-day service with all professions having the full resources they require to enable a high level of quality of care that facilitates better outcomes for the population of Lincolnshire.*

**The Chartered Society of Physiotherapy**

## Respondents' views on the proposal for stroke services in Lincolnshire

4.126 Just over half of NHS staff (53%) and other individuals (51%) agreed with the proposal for stroke services, while around two fifths (39% and 38% respectively) disagreed.

Figure 52: Views on the proposal for stroke services, by stakeholder type

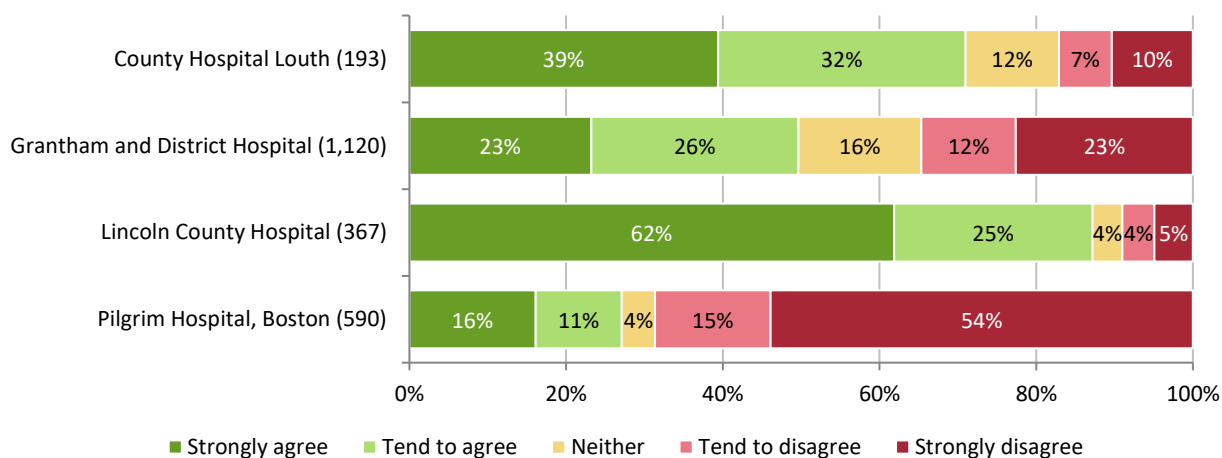


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.127 An analysis of results by individual respondents' closest hospital reveals clear geographical differences in views; only around a quarter (27%) of respondents whose nearest hospital is Pilgrim Hospital, Boston agreed with the proposal for stroke services, whereas over two thirds of these respondents (69%) disagreed (Figure 53).

4.128 On the other hand, the vast majority of respondents living closest to Lincoln County Hospital agreed with the proposal (87%), as did around seven in ten of those living closest to County Hospital Louth (71%). Views were more mixed among respondents living closest to Grantham and District Hospital, half of whom agreed with the proposals for stroke services (50%), whereas over a third disagreed (35%).

Figure 53: Views on the proposal for stroke services BY CLOSEST HOSPITAL (individuals only)

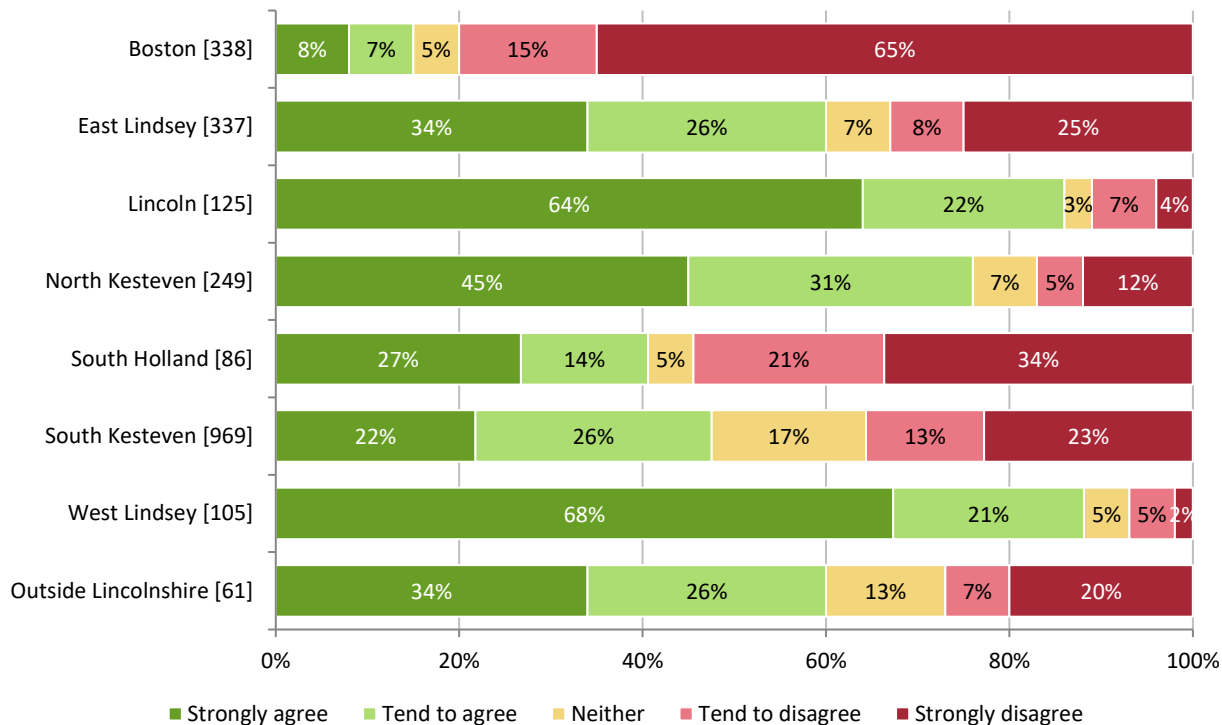


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.129

4.130 Figure 54 highlights these differences in views further, with eight in ten (80%) of respondents living in Boston and over half of respondents from South Holland (55%) disagreeing with the proposals. Views from respondents in South Kesteven were also mixed, with just under half (47%) agreeing with the proposals.

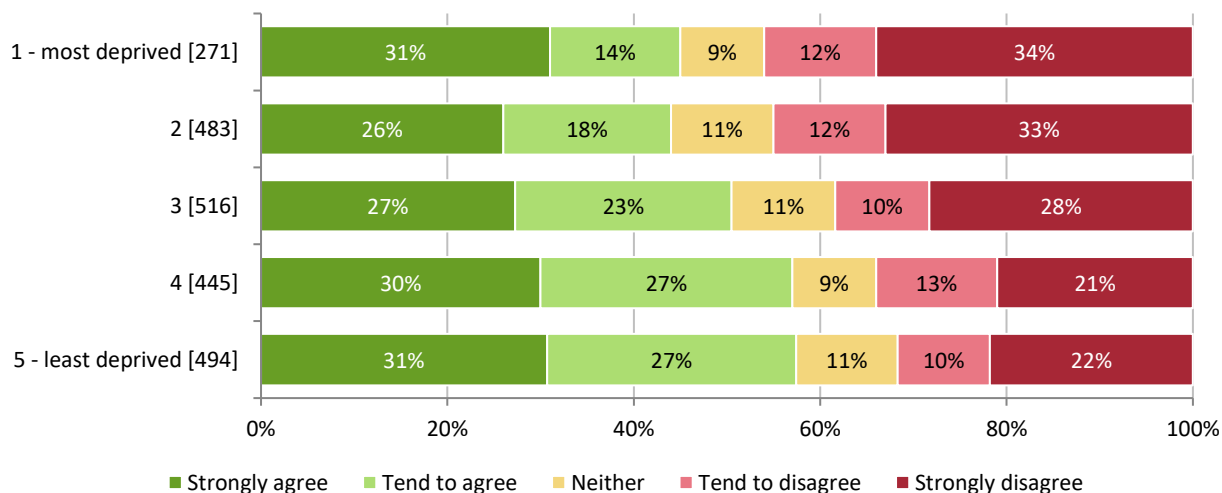
Figure 54: Views on the proposal for stroke services BY DISTRICT (individuals only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.131 A slightly greater proportion of respondents from deprived communities disagreed with proposals for stroke services than agreed (Figure 55). It is important to note, however, that further analysis indicated that this was almost certainly a result of the majority of questionnaire respondents from deprived communities living in Boston and East Lindsey, closest to Pilgrim Hospital, Boston. These are geographic areas in which the views among respondents from both deprived and more affluent communities were more negative than elsewhere; the implication, therefore, is that it is shared concerns about loss of local services in Boston driving disagreement, rather than a particular or separate concern from those experiencing deprivation.

Figure 55: Views on the proposal for stroke services beds BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only)

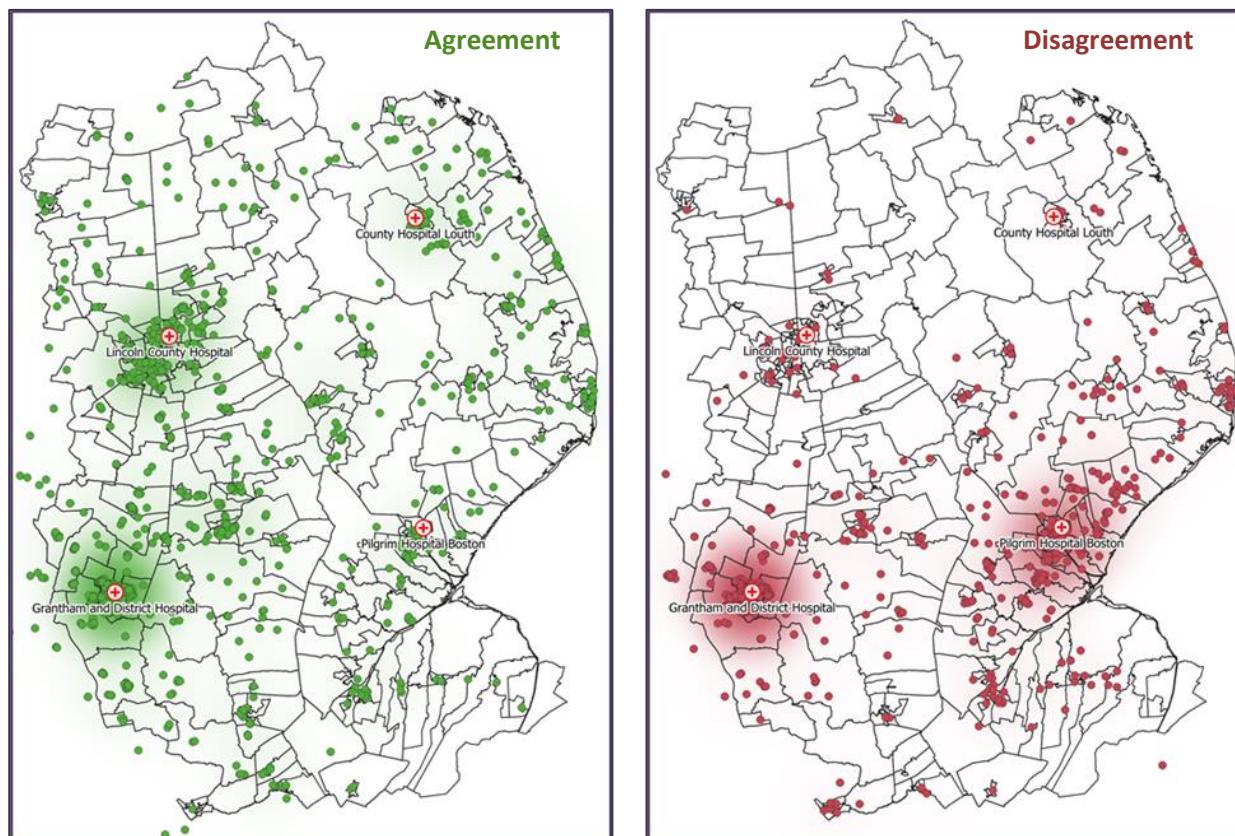


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.132 The maps in Figure 55 below illustrate that the most concentrated disagreement from questionnaire respondents around proposals for stroke services in Lincolnshire is among those in Boston and South Holland districts and, to a lesser extent, those living close to the town of Grantham.

4.133 Agreement, by contrast, is more prevalent across the west and north of Lincolnshire, including across South Kesteven more widely.

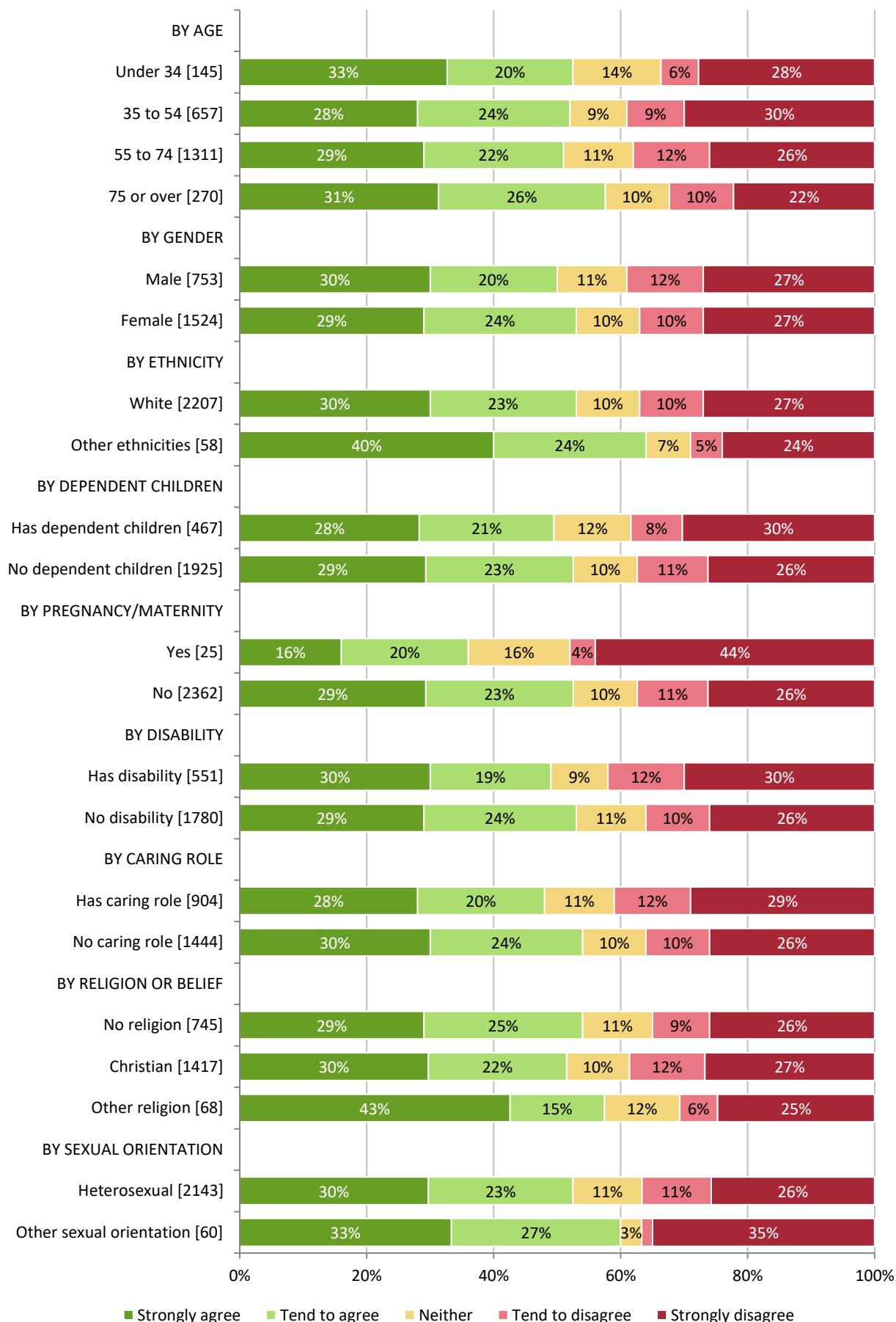
**Figure 56: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for stroke services in Lincolnshire, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement**



4.134 The results broken down by key demographics and protected characteristics (Figure 57, overleaf) indicate that fewer respondents who are pregnant or providing maternity care agreed with the proposals than disagreed.

4.135 As previously, however, further analysis indicated that this is because of the highest proportion of expectant or nursing mothers who responded to the questionnaire living closest in geographic areas where the proposals were viewed more negatively across all respondents.

Figure 57: Views on the proposal for stroke services BY KEY DEMOGRAPHICS (individuals only)

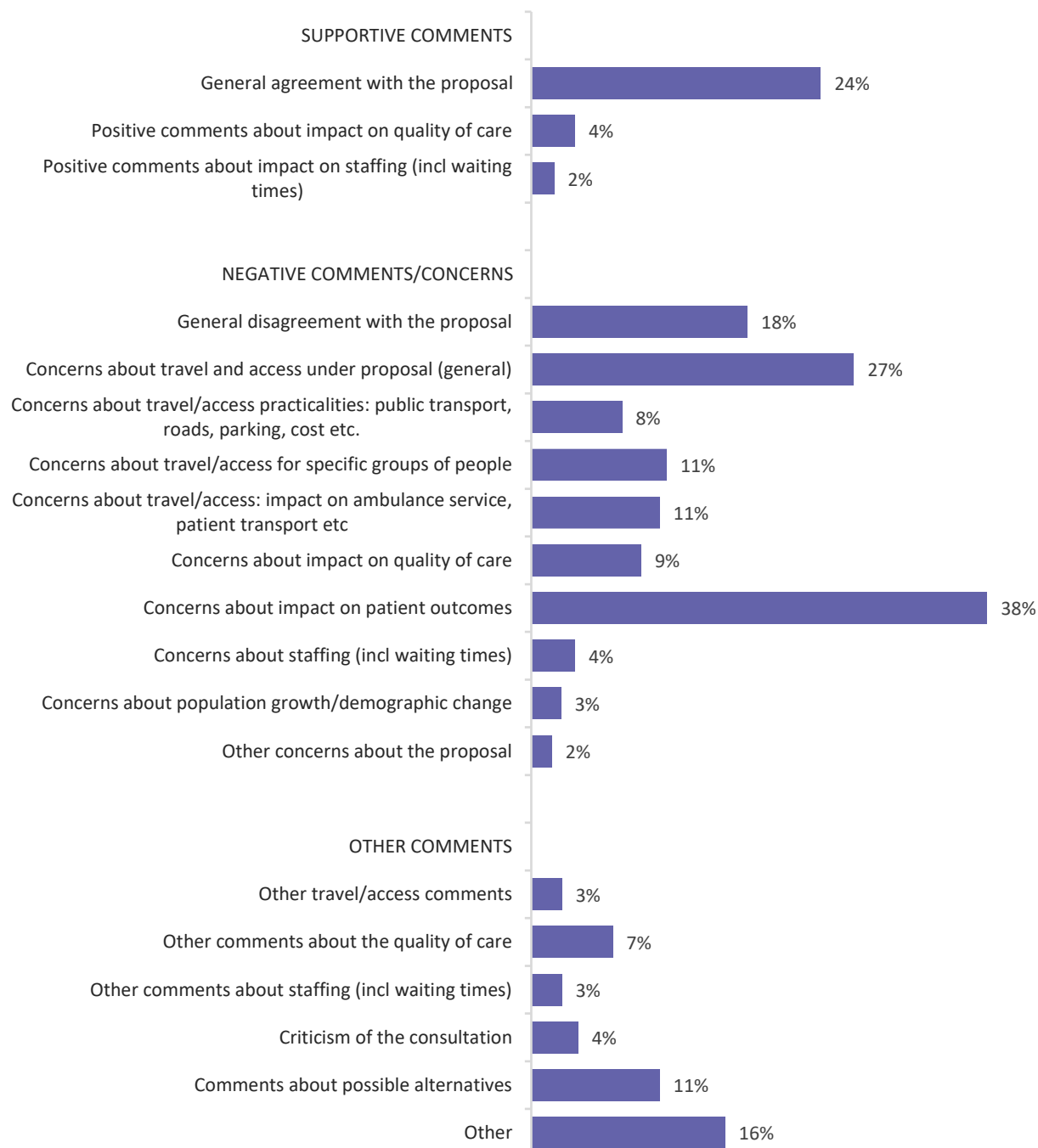


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

## Comments about the proposal for stroke services

4.136 A high-level summary of the comments provided in relation to the text question concerning stroke services is shown in the figure below.

**Figure 58: High-level summary of the further comments made in response to the text question about the proposal for stroke services.**



**Base: All individual respondents who provided comments (1,540)**

4.137 Around a quarter of individuals who commented were broadly supportive of the proposal in general and/or of the proposal for a dedicated centre for stroke/heart problems at Lincoln County Hospital. Smaller proportions foresaw specific potential benefits in terms of quality of care and staffing.

- 4.138 However, around a fifth expressed some sort of broad disagreement, for example, on the basis that stroke services should be available at all hospitals, or that they should also be available at Grantham and/or Boston specifically.
- 4.139 Several staff members were concerned that Pilgrim Hospital, Boston had previously been running a safe and high quality stroke service which outperformed Lincoln County Hospital; moving the service, they felt, could lead to experienced staff leaving and thereby put patients at risk.
- 4.140 Some doubted that the proposal would improve the quality of care provided, and there were significant concerns (expressed by nearly two fifths of all individual respondents who commented) about potential negative impacts on patient outcomes. Many feared travel times would lead to an increased number of patients failing to receive treatments such as thrombolysis or 'clot-busting' medication within the 'golden hour', and therefore to more deaths. Smaller proportions were concerned about the provision of follow-up care after a stroke.
- 4.141 As with the previous proposals, there were concerns about travel and access issues, with many of these focusing on the perceived inaccessibility of services at Lincoln specifically. Some felt there would be particular issues for service users (i.e., stroke patients), the elderly, people without access to vehicles, and patients' families and friends. Others were concerned about the impacts on ambulance response times and the ambulance service as a whole, as a result of high demand and longer journeys to hospital.
- 4.142 A number of respondents suggested that looking at other means to address staffing shortages (e.g., through increasing wages and other incentives, and by undertaking more training) and increasing investment in the current facilities might be alternative ways to address the issues.
- 4.143 Finally, there were a small number of comments expressing concern about the lack of information in the proposals around community rehabilitation beds within care homes or community hospitals. Additionally, a few respondents asked whether there might be a risk of patients with conditions such as dysphagia as a result of a stroke becoming 'stuck' in Lincoln County Hospital acute stroke beds?

## Individual respondents' views on equalities impacts of the proposal for stroke services in Lincolnshire

- 4.144 There were concerns expressed that the proposal could widen health inequalities and negatively impact patient access due to acute stroke services being moved from Pilgrim hospital, with some calls for a Centre of Excellence to be established in Boston as well as, or instead of, the proposed centre at Lincoln County Hospital.
- 4.145 As with the other proposals, feedback from and about protected characteristics groups and other key demographics tended to express some concerns about travel and transport. The potential impacts on patients' loved ones was also noted, particularly older family members and carers who may be unable to visit due to the increased travel distance. The impact of this on patients' mental health and recovery may, it was said, have been overlooked.
- 4.146 In the consultation questionnaire data, slightly more respondents from the most deprived communities disagreed with proposals for stroke services than agreed. It should be noted, however, that further analysis indicated that this was almost certainly a result of the *majority* of questionnaire respondents from deprived communities living in Boston and East Lindsey, closest to Pilgrim Hospital, Boston.

4.147 Boston and East Lindsey are geographic areas in which the views among respondents from both deprived *and* more affluent communities were more negative than elsewhere; the implication, therefore, is that it is shared concerns about loss of local services in Boston driving disagreement, rather than a particular or separate concern from those experiencing deprivation.

## Alternative suggestions and other comments from individual respondents around stroke services

4.148 Many of the detailed alternative or additional suggestions for improvements to stroke services, as well as possible mitigation for the potential impacts of changes, were raised by organisations in the more detailed questionnaire responses reported in the following section.

4.149 There were, however, some alternatives mentioned by individual respondents:

- » Social care provision should be strengthened to reduce the length of hospital stays;
- » An air ambulance should cover the east of the county;
- » More beds, staff (including staff with thrombolysis training) and other resources should be made available;
- » A telemedicine system should be introduced that matches some models used in Europe or other remote areas, whereby more junior staff members could be upskilled to initiate investigations and treatment plans with the help of consultants, to keep patient care local; and
- » Additional therapy staffing in the stroke unit and community stroke team to support more timely assessment and discharge planning, as well as discharges themselves.

4.150 As mentioned above, two more general alternative suggestions were made; firstly, that both Lincoln County Hospital and Pilgrim Hospital, Boston should be centres of excellence for stroke; and secondly, that specialist stroke services should be located in Boston to better suit the overall needs of the population.

4.151 More specifically, the following suggestions were made in relation to the hyper-acute and acute wards:

- » Train teams stepping into hyper acute care in a timely way; for example, specialist strokes and registrants stepping onto Advanced Clinical Practitioner (ACP) university courses using 'learning beyond registration' (LBR) funds or apprenticeship levies;
- » If there is to be a second ward at Lincoln, this should be a small hyper-acute ward (close to the stroke unit), and the current stroke unit should be used for acute care and rehabilitation as it already has several therapy rooms. Therapy teams should work across the two wards to provide consistency of care and help maintain cover during annual leave/staff absence etc.;
- » It would be beneficial to have a dedicated MDT/discharge co-ordinator(s);
- » Make consultants and ACPs work pan-trust and put money into ACP training for experienced stroke nurses; and
- » A standard operating procedure should be in place that allows thrombolysis to be given in the emergency department if the time to transfer to a hyper-acute stroke unit (HASU) is greater than 45 minutes. Patients should then be transferred to HASU post-thrombolysis. This, it was said, is supported by NICE and there are examples of it working in practice elsewhere in the country.

## Views from organisations on proposals for stroke services in Lincolnshire

4.152 Ten of the sixteen organisations agreed with the proposals for stroke services in Lincolnshire, four strongly. Four disagreed (three strongly) and two organisations did not answer the question. The comments made about the proposals are below.

### Issues of concern: travel and access

4.153 While there was support for a centre of excellence for stroke services, travel and access to the proposed site at Lincoln County Hospital was a concern for some organisations. The main worries were that: the additional travel time would mean more negative patient outcomes in the event of a time-critical incident like a stroke; it would be difficult for family and friends to visit, negatively impacting patients' recovery; and EMAS and non-urgent patient transport would be placed under considerable additional pressure.

*Skegness Town Council are very concerned that residents in Skegness would have to travel a significant further distance to access emergency treatment for a stroke. Especially when it is recognised that time is critical during a stroke. Patients have a much greater chance of surviving and avoiding long-term brain damage if they arrive at the hospital and receive treatment. The further distance will also put additional pressure onto East Midlands Ambulance Service and non-urgent hospital transport- to get people home. It may also mean that friends and family are unable to visit and that our most vulnerable residents are affected negatively by these changes the most.*

**Skegness Town Council**

*Visitors would not be able to go daily which in my experience is necessary to help recovery of those affected by strokes.*

**Organisation not named**

*It is acknowledged that TIA clinics at Pilgrim would be unaffected, however, the loss of hyper-acute and acute stroke services in the South of the county is causing concern. This is particularly concerning given the increased travel time required to access this treatment when time is critical for treating stroke patients. It is helpful that Peterborough City Hospital and Queen Elizabeth at King's Lynn are referenced in the document and it would be useful to understand the impact of travel time in practice to these hospitals – both for treatment and for public transport accessibility for visitors.*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

*Always good to specialise, however, it's a long way from many parts of Lincolnshire. I wonder if I could get transported there quick enough.*

**Homecare**

*I agree a better centre is needed, however, again I just think about the people with no transport.*

**Lincolnshire Traveller Initiative Health Champion**

*System does need to be mindful though that transport times to other neighbouring specialist centres may be less than to Lincoln, so this needs to be built into any plans.*

**Lincolnshire Local Medical Committee**

### Issues of concern: rehabilitation

4.154 The Chartered Society of Physiotherapy supported the proposed centre of excellence for stroke services, while also strongly advocating for the provision of local rehabilitation beds at Pilgrim Hospital, Boston within a 'hub and spoke' model. The Society also recommended meaningful consultation and engagement with all relevant patients, staff and community service providers prior to any implementation.

*The Chartered Society of Physiotherapy (CSP) would support a full review of stroke services which is meaningfully consulted upon with both patients that use the services as well as our members that support local service provision. Having a centre of excellence can in some cases be the appropriate way of providing high quality outcomes for patients that have had a stroke. With that said, there must be careful consideration ... given to ringfencing such beds at Boston, thus creating a hub and spoke stroke rehabilitation service across Lincolnshire. This would provide the ability for highly specialist stroke provision in a centre with ongoing rehabilitation and preparation for discharge to community to be supported in Boston. CSP members that work within the current service provision must be actively engaged and their views sought for how best to reconfigure high quality service provision that links the pathway for rehabilitation across the acute and community sector. The community service provider must also be engaged to see how a push or pull system that is appropriate for patient need be able to be created in any new pathway.*

***The Chartered Society of Physiotherapy (CSP)***

- 4.155 Boston, East Lindsey and South Holland Councils also agreed that providing and enhancing local rehabilitation services would be beneficial.

*The enhanced community stroke rehabilitation closer to homes is also welcome, particularly given Lincolnshire's geography.*

***Boston Borough Council, East Lindsey District Council, and South Holland District Council***

- 4.156 The Lincolnshire Neurological Alliance acknowledged the importance of stroke rehabilitation but felt that equal attention and resource must be given to other neurological conditions such as brain injury.

*Rehabilitation is everyone's business and it's acknowledged effective rehabilitation delivers better outcomes, improved quality of life and has potential to reduce health inequalities, making cost savings across the health and care system (NHS England Commissioning Guidance Rehabilitation March 2016). It is imperative to have a good rehabilitation service to go with the proposed stroke service, but it needs to be equally available for other neurological conditions - especially brain injury. Over the years neurology has been a priority with CCGs and has but never improved because it is claimed there is no money. A stroke is a neurological condition and patients with other neurological conditions should have access to services. Many brain injury patients have to go out of county to acute centres for life saving treatment to return to any bed available or sent home and miss out on vital steps to recovery. It is important to have step down/step up inpatient/outpatient units where patients can get help to regain lost skills suffered with their life-threatening condition e.g., relearn to walk, talk, eat, swallow and get limbs working again after paralysis. It is important to get the right care, at the right time, in the right place and patients could have shorter hospital stays, better recovery, better quality of life and save NHS money. Integrated pathways and care plans should start on day one of the onset of the condition. Sadly, some people are suffering from neurological problems after having Covid-19 and would benefit from specialised rehabilitation. It is time to take on board the commissioning recommendations in the JSNA for neurological conditions. Also, you should bear in mind the new National Rehabilitation Centre at Stanford Hall which is due to open for the East Midlands in 2024. Lincolnshire needs representation and a foot in the door to use the facilities for worthy cases.*

***Lincolnshire Neurological Alliance***

#### Issues of concern: links between hospital- and community-based teams

- 4.157 The United Lincolnshire Hospitals NHS Trust Orthoptic Service at Pilgrim hospital supported the proposals for stroke services, with the caveat that much closer links between its team and community-based stroke services must be developed to enable seamless patient care. The Service also suggested that its work patterns and the way it is commissioned will need to be considered.

*I tend to agree with the principal of consolidating the service at LCH, for the reasons given in the paper, however, our orthoptic team based at PHB provides excellent and seamless care and service to the stroke in-patients and the on-site medical and rehabilitation team. The patients have previously been seen on the ward within the acute phase so there will need to be a much greater link between our service and community teams for the patients to continue to benefit. Our current staffing levels are not sufficient to enable home visiting as currently the orthoptists attend the stroke unit to assess several patients in one session, so a change to the orthoptists work pattern, and possibly a change to who commissions our service would need to be considered.*

***The United Lincolnshire Hospitals NHS Trust Orthoptic Service at Pilgrim***

#### Issues of concern: prevention

- 4.158 Local councils also highlighted the importance of stroke prevention by tackling lifestyle issues such as smoking, poor diets and lack of exercise to avoid, where possible, contributory conditions such as high blood pressure and diabetes.

*Although this consultation is on treatment services there is a need to consider prevention. Smoking, high blood pressure, diabetes, heavy drinking, high salt and high fat diets and lack of exercise increase the risk of stroke. These are health concerns in Boston, South Holland and East Lindsey and we would welcome further discussion on addressing these challenges holistically across the system.*

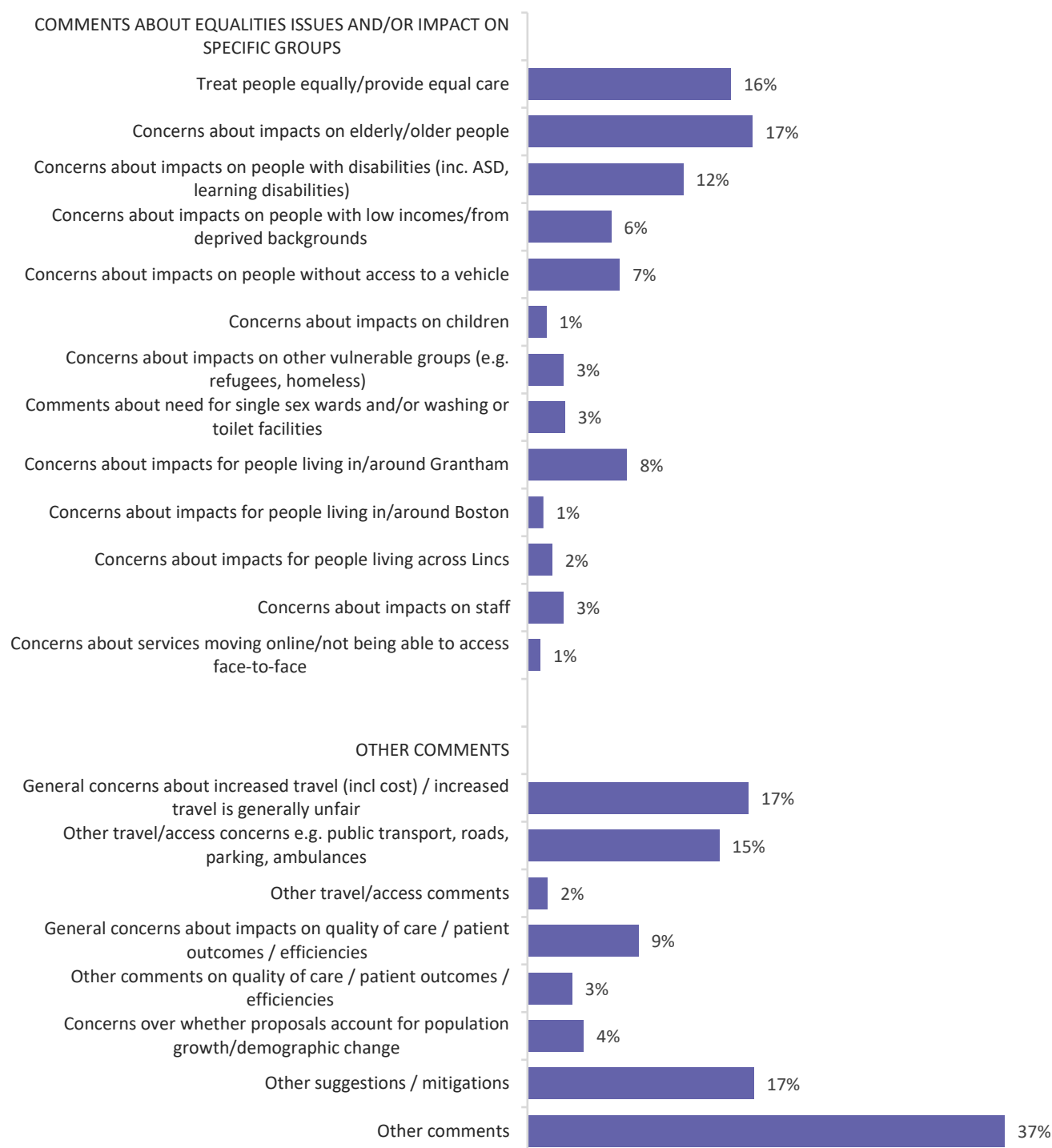
***Boston Borough Council, East Lindsey District Council, and South Holland District Council***

## Views on potential equalities impacts and mitigations (across the proposals generally)

4.159 A further question encouraged respondents to identify any potential positive or negative impacts in relation to specific equalities groups, and to suggest possible mitigations for any negative impacts.

4.160 A summary is provided below. Most of the comments related to concerns or negative impacts rather than positive ones.

**Figure 59: High-level summary of the further comments made in response to the text question about equalities impacts**



Base: All individual respondents who provided comments (899)

- 4.161 Nearly a fifth of individuals who commented mentioned potential impacts on older people, and over a tenth mentioned potential impacts for those with disabilities. Other potentially affected groups included people with low incomes and/or from deprived backgrounds, people with a range of other vulnerabilities (e.g., due to homelessness etc) and people without access to personal vehicles.
- 4.162 Where issues were raised in relation to specific groups, these tended to be a mixture of points relating to travel and access issues (e.g., suggestions that the increased travel would disproportionately affect a particular group in terms of greater difficulty accessing services, facing increased costs, etc) and concerns around quality of care and/or the risk of more adverse outcomes for certain groups as a result of them having to travel further to access care. Some respondents spoke about a general need to ensure a particular group is treated fairly.
- 4.163 Although not directly relating to the main proposals, another area of concern identified by small numbers of respondents was around services potentially moving online and/or face-to-face appointments becoming more difficult to access in the future, with potential impacts for those not having internet access or being unable to use IT. A small proportion also made comments about a need to provide single sex wards and toilet and/or washing facilities.
- 4.164 Some of the comments identified negative impacts on residents living in particular areas (as opposed to specific demographic groups etc) – most frequently in relation to Grantham and surrounding areas. There were also some concerns about staff and their treatment and wellbeing.
- 4.165 There were also some suggestions that the issues might be exacerbated by population growth or other demographic changes (e.g., an increasingly older population).
- 4.166 Most of the suggested mitigations involved investing in and/or maintaining current services across the various hospitals. A small proportion (around 3% of those who commented) suggested that staff should undergo training in relation to equalities issues. There were a few comments advocating the provision of free transport (e.g., a shuttle bus) between sites in order to mitigate travel impacts.

## Comments about equalities and health inequalities considerations from organisations responding to the consultation questionnaire

### Discrimination toward the Gypsy and Traveller community

- 4.167 The organisations representing the views of Gypsies and Travellers in Lincolnshire made some general comments around the discrimination and exclusion they continue to face.

*The society we live in today there should be no discrimination under any circumstances, however I have witnessed first-hand that gypsies/traveller do be discriminated against. So, it would probably be a good idea to get to know a race before you have an opinion and tell staff to talk quietly when having a chat.*

**Lincolnshire Traveller Initiative Health Champion**

*Some Travellers/Gyps[ies] feel left behind with things. Working forward, being online and are unable to access this and some can't read letters, they say it all seems so un personal.*

**Lincolnshire Traveller Initiative, Well Woman Group**

## Ensuring other groups are considered in decision-making

- 4.168 Other organisations commented on the importance of supporting and involving different communities across Lincolnshire. The elderly, disabled residents and the economically disadvantaged were considered a priority, as were those whose first language is not English, those who rely on public transport, and residents of particular geographical areas (in the east of the county for example).

*The most vulnerable people in Lincolnshire (elderly, disabled or anyone with additional needs) are likely to be negatively impacted by services being further away from their home.*

**Skegness Town Council**

*The consultation document highlights the consideration given to equalities impacts of the proposals. There is limited information about what mitigations can or will be put in place – or how addressing these concerns will be taken forward. Consideration and support to access services by older residents, lower income or economically disadvantaged residents, patients or families whose first language is not English, disabled residents and public transport challenges need to be clear. Support from partners across the system can assist with this.*

**Boston Borough Council, East Lindsey District Council, and South Holland District Council**

*The current climate is making the elderly feel extremely vulnerable. They do tend to think they are being neglected over the younger population.*

**Homecare**

*Lincolnshire East patients will be further away from the orthopaedic and stroke units, so transport and rehabilitation need to be adjusted to ensure these patients are not disadvantaged.*

**Lincolnshire Local Medical Committee**

## Other issues raised by organisations

### Importance of service user input

- 4.169 The Chartered Society of Physiotherapy commented on the importance of patient/service user and staff input in decision-making and implementation. They also note the need for transparency at all stages.

*The CSP would always agree to a consultation on changes to service delivery, where it is clear that improvements to the patient pathway could lead to better quality of care and outcomes for those that receive the service locally. Users of the services involved must be actively engaged with their thoughts gained through pro-active discussion and engagement in order to ensure that they are part of the ongoing process and their voices are heard and acted upon. The premise of “Nothing about me, without me” would always seem appropriate to any proposal with the potential to alter the availability and/or quality of care provided. The Chartered Society of Physiotherapy (CSP) would also expect that CSP members working within an effected service are consulted with in a meaningful way, with clear messages provided as to why proposals are being made, the intended effects of those outlined whilst their terms and conditions of employment are supported and any implications to those terms and conditions are clearly laid out.*

**The Chartered Society of Physiotherapy**

# 5. Focus groups and interviews with residents

## Introduction

- 5.1 In order to understand the views of local residents on NHS Lincolnshire's proposals, ORS was commissioned to organise and facilitate a number of focus groups and in-depth interviews. Participants were recruited by ORS' social research call centre using a mix of purchased and randomly generated telephone numbers for Lincolnshire residents<sup>6</sup>. The events/interviews lasted for between one and two hours and were successful in exploring and encouraging wide-ranging debate and discussion .
- 5.2 The focus groups and interviews were undertaken in early December 2021 and 14 residents took part: five from Grantham and District Hospital catchment area; four from Lincoln County Hospital catchment area; three from the Pilgrim hospital catchment area; and two from the County Hospital Louth catchment area.
- 5.3 ORS has sought – when reporting – to provide a faithful and thorough account of the feedback received during the sessions. The feedback is presented thematically in this chapter, with sections dedicated to each broad topic covered and commentary on the discussions supported by verbatim quotes. The inclusion of these quotes does not indicate that they are more or less important than what was said by other participants; rather, the quotes included are those which most vividly or clearly capture the views of several or all participants, or which relate to key aspects of the discussion around NHS Lincolnshire's proposals.
- 5.4 In addition to the above, quotes are included that identified differences of opinion and criticism or concern about the proposals, to ensure balance and provide NHS Lincolnshire with important insights to consider as part of the ongoing process of which this consultation is one part of. To aid this process of due consideration, we have summarised the main themes of the feedback shared at the focus groups and interviews below, before commencing the main body of the chapter.

## Summary of key findings

- 5.5 The main findings from the focus groups and interviews were as follows:
- » Residents agreed that there is a clear case for changing NHS services across Lincolnshire, expressing concern over the pressure current hospital sites are under and the negative impact of that on services and staff;
  - » Participants were largely supportive of the proposals, believing that they would help to tackle many of the challenges faced by NHS Lincolnshire. However, support for the proposals for acute stroke services was more mixed: in particular, residents from the Boston area were concerned about increased travel times to Lincoln for stroke patients;
  - » It was felt that staff would generally benefit from the proposals as a result of the relieved pressure on sites, potentially improving job satisfaction, recruitment and retention;

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<sup>6</sup> Calls made for the purpose of research are exempt from TPS (Telephone Preference Service) which only applies to sales and marketing calls, and ORS complies fully with regulations and guidelines from all relevant regulatory bodies

- » Most participants said that increased travel and transfers were minor drawbacks, outweighed by improvements to quality of care;
- » Some residents expressed concern over capacity and infrastructure at Lincoln County Hospital, and questioned whether the site would be able to deliver the proposed stroke services;
- » One Grantham participant rejected the proposal for an urgent treatment centre (UTC) locally, arguing that the area needs a 24/7 A&E department due to its growing population. However, the others supported the provision of a 24-hour UTC;
- » It was said that patients are visiting A&E and UTCs with minor issues because it has become too difficult to get a GP appointment, contributing unnecessary pressure to acute hospital sites. Addressing this issue may, it was felt, go some way to alleviating this pressure;
- » Participants suggested that the root causes of NHS Lincolnshire's difficulties are poor staff retention and/or funding issues. Therefore, while generally supporting the proposals as an appropriate response to the NHS' challenges, residents were of the view that they will not solve them completely.

## Views on the need for change

- 5.6 Participants felt there is a clear case for changing NHS services in Lincolnshire. Hospitals were said to be under substantial pressure, resulting in frequent appointment cancellations and reduction in quality of services.

*"I think it definitely needs to improve, just in general. I think if you can improve each hospital, like you've got Lincoln, and Boston, and Louth and Grantham... Because if everyone's trying to do everything it just makes everything a mess, doesn't it? You've got people running about all over the place, and appointments being cancelled, so I definitely think the change would be a good thing."*

- 5.7 In particular, Grantham participants suggested that demand for local NHS services has risen partly as a result of the area's increasing population. They agreed that there is a need to streamline services not only locally, but also across Lincolnshire, so that residents can access timely care.

*"The population is growing ridiculously, particularly in Grantham. We've all seen how many new houses are being built everywhere. So, we do need to find a way to streamline the NHS and the services in Lincolnshire to make sure that people can get the right access to care and they're not waiting months and months and months. Also making sure the care is in the right place as well"*

- 5.8 Staff retention was also said to be an issue across Lincolnshire, with waiting times worsening as a result. This was of particular concern in relation to continuation of care.

*"Obviously it does help if you have a continuation of staff... my mum was taken from Boston to Lincoln, and I carried her letter related to a vascular incident ... and I must've shown it to about 15 different people who all went to photocopy it and put it in files. But when I took it next time, they'd never seen it and wanted to take it again which is a bit odd."*

*"It's the retaining of staff and trying to reduce waiting times. It's an awful lot of time. I've waited weeks and my problem reduced itself naturally, but it would've been nice to have had some help."*

## Views on the proposals for orthopaedic services

- 5.9 In summary, participants were largely supportive of the proposals for orthopaedic services, believing that the services suggested for the Louth and Grantham sites would reduce pressure on those at Lincoln and Boston, and improve the quality of orthopaedic services overall. Staff were also said to likely benefit from these improvements through a reduction in stress.
- 5.10 Some concern was expressed around the increased distance patients may have to travel for orthopaedic services at Louth and Grantham, but it was generally felt that the benefits to service quality would offset this.

### Potential to improve orthopaedic care and reduce pressure at Boston and Lincoln

- 5.11 Most participants supported the provision of a centre of excellence for planned orthopaedic surgery at Grantham and District Hospital and a day case centre at County Hospital Louth. This, they felt, would reduce pressure on unplanned care at the Lincoln and Boston sites.
- 5.12 It was also said that the proposals would improve orthopaedic services across Lincolnshire overall through likely reductions in appointment cancellations.

*"I think the principle of the idea is fantastic, to be honest. Prioritising planned and acute at different hospitals... will actually be a very positive step because obviously we want to reduce waiting times."*

*"I think it's a brilliant idea, to be honest. I think if Lincoln and Boston don't do the day cases anymore it will ... release a bit of pressure ... If Grantham and Louth do the day hospitals, and people are not getting cancelled, I would much rather travel a little bit further and not have my appointment cancelled than travelling to a nearer hospital."*

### Potential to improve job satisfaction & staff retention

- 5.13 Some participants suggested that job satisfaction and staff retention would improve as a result of the proposed changes to orthopaedic services, since separating planned and emergency surgery would allow each site to specialise, and ease pressure on staff as a result of not having to 'do everything'.

*"It might help with retention of staff as well because... you'll get then hopefully them actually just being able to do it and not be affected by emergencies, and actually ... doing what they're supposed to be doing and being specialists in that area. So, there might be more job satisfaction and it might be less hairy, shall we say, if it's all planned and stuff."*

- 5.14 A reduction in appointment cancellations was also said to be potentially beneficial to administrative staff, who may be less stressed as a result of not having to deal with as many angry patients.

*"I think another positive might be for people in the admin teams as well, just because if things aren't being cancelled, I imagine it's very stressful having to explain to people that things have been cancelled, and that something else has taken priority."*

## Concern over access/travel to County Hospital Louth

- 5.15 The rural location of County Hospital Louth was a concern for a few participants, who felt that some patients may struggle to reach the site. Additionally, one person said that the cost of transferring orthopaedic patients to and between hospital sites could be expensive.

*“Grantham is more accessible; you can get a bus right outside the hospital, there’s train stations. But I know Louth is quite in the sticks.”*

*“... I have no problems about making special centres, what concerns me is that Lincolnshire is a highly rural area and the cost of transporting someone because they’ve got a hip problem and won’t be able to drive perhaps.”*

- 5.16 Although travel concerns were raised numerous times throughout the focus groups and interviews, most participants felt that impacts would be relatively minor, and certainly offset by increases in service quality, reduced cancellations and timely interventions.

*“The thing is, you’re not going to be able to please everybody, there’s always different scenarios. But if you can release some pressure from certain services, and it means people don’t get their appointment cancelled, then in the long run... People are getting those appointments that aren’t being cancelled, and they aren’t living with lifelong pain that probably makes them a lot worse... it’s just weighing all that up.”*

*“... People will moan because of the travel. We know they will, because they don’t want to travel a bit further to get things sorted... But at the end of the day, having the emergencies in Lincoln and Boston will then release them, which will then put Grantham and Louth at ease as well, because then they don’t have to deal with the emergency ones. So, I think at the end of the day everyone’s going to be happy.”*

## Concern over spreading staff across sites

- 5.17 One interviewee expressed concern about spreading staff between sites. They said that staff have been moved from one site to the other because of shortages in the past and sought assurance that this would not be the case in future.

*“The only thing that I would be curious about is the spread of the staff. Something that has happened several times in the past is staff being called from Grantham to Lincoln or Boston because they are short staffed. So, I wonder if we would still end up in a similar position where they don’t have enough specialists in Lincoln, so they have to pull them from Grantham which means surgeries still being cancelled.”*

## Views on equalities impacts of the orthopaedic surgery proposal

- 5.18 It was said that any access and travel difficulties resulting from the proposals would impact certain groups more than others, especially in the absence of easily accessible patient transport. Elderly people, people on low incomes, people without cars, and people with disabilities were all mentioned in this context.

*“The elderly, I think it’s not as easy for them to hop on the train or hop on the bus. Are there services that offer to pick up for appointments if they can’t get there? I mean, not everybody wouldn’t be able to get there. Most people have grandchildren and kids that would be able to help them out. For the people that are isolated and maybe can’t, are there services offering that will pick them up and take them home?”*

*“Anyone who can’t drive would need to have a good service attached to it. You can’t do it on the buses, you can’t do it on the trains so it would need quite a complex, proper bus service to bring people in. My guess is that could be very expensive...”*

- 5.19 Once again however, it was stressed that the difficulties potentially experienced by certain groups would be outweighed by the overall benefit to service quality and timeliness – with the important caveat that those without transport options are offered assistance with accessibility.

*“Most people do have somebody that would help, so obviously as long as there are services [for] people who really don’t have another option then you can’t do anymore... you’re offering the best you can. And at the end of the day, if their appointment is not being cancelled, or they are receiving the best care, you can’t really put an argument against that.”*

## Views on the proposals for urgent and emergency care at Grantham and District Hospital

- 5.20 Overall, focus group and interview participants were positive about the proposals for a 24-hour Urgent Treatment Centre (UTC) at Grantham District Hospital. They stressed the importance of having a 24/7 unit in Grantham because of the area’s growing population, and therefore felt that a round-the-clock UTC would be better than an A&E that is closed overnight as has been the case.
- 5.21 It was also felt that the proposals would relieve pressure on services in Lincoln and therefore improve the quality of urgent and emergency services overall.

### Support from Grantham residents and other participants

- 5.22 Most participants, including those from Grantham, were supportive of the proposals, stating that while they may have preferred a full A&E service in the past, they were now more realistic about what is possible and so would be happy with a 24-hour UTC.
- 5.23 Indeed, residents stressed the importance of having 24/7 access to urgent care, and therefore felt that a UTC would be of more benefit than an A&E that is closed overnight as is currently the case. In addition, it was felt that whilst more serious cases would likely be moved to Lincoln, Grantham’s UTC would be effective in caring for such patients prior to transfer.

*“I always used to think we need an A&E. 100% Grantham cannot survive without an A&E. However, my views recently have changed... I’d rather have somewhere where you can go at two o’clock in the morning to get treatment. And yes, very serious cases may well have to go on to Lincoln and Boston or wherever, but they will be able to provide a decent level of care at Grantham.”*

*"If we can get a 24-hour UTC in Grantham instead of an A&E, so be it. It's better than having one that's only open from 8:00am until 6:30pm."*

### Potential to alleviate pressure on Lincoln A&E and improve service quality

- 5.24 Most participants were very positive about the proposed introduction of a 24-hour UTC at Grantham and District Hospital. Generally, participants were hopeful that the facility would ease pressure on Lincoln's A&E department and other 24-hour sites and services, improving the quality and sustainability of NHS services, as well as staff retention rates, across Lincolnshire.

*"I think it would put less stress on the surrounding hospitals who are doing it 24/7 as it stands because they've just been under so much strain. So, if that's the case, that's going to help with staff retention, waiting times, quality of care, I suppose. And it would be more sustainable."*

*"... anything to alleviate that stress on A&E is good because Lincoln isn't coping."*

- 5.25 Participants also raised concern over the ability of Grantham's current A&E to meet the demands of the area's increasing population. The proposals for a 24-hour UTC were seen as an appropriate response to this.

*"I think it's just one of those things that it's a good thing to do, because it [overnight services] should've never been taken away in the first place. All the residential areas that are growing, there's new plans for new houses all over the place, especially Grantham as well. So that's good..."*

- 5.26 Meanwhile, the conversion of Skegness' A&E department into an UTC some years ago was mentioned, with one participant stating that they had not noticed a significant change to either the nature or quality of care there. They were thus comfortable with the proposals for a similar centre at Grantham.

*"... we had something similar in Skegness. Our A&E changed to an urgent treatment centre, probably for the same reasons ... because they had to limit their hours. As far as I'm aware, I've not noticed really any difference from it changing from an A&E to urgent care. You still get seen, you still get the same kind of care, the same kind of stuff. So, I can't see it being much of an issue. I think when it first happened people were panicking that we're not going to have an A&E anymore."*

### Defining the difference between UTCs and A&E

- 5.27 While Grantham residents supported a 24-hour UTC, they also said it would be important to explain the difference between UTCs and A&E to ensure others have a proper understanding of what services are provided where.

*"I think as long as people know what it's for it will be a real benefit. But I do think there's a big disconnect between what people [...] go to A&E and Urgent Treatment Centres for."*

## Concern over the capacity of a UTC to meet the needs of Grantham

- 5.28 Although participants were mostly supportive, one interviewee argued that an UTC would be insufficient to meet the demands of Grantham and district's large population and geographical footprint. Therefore, they suggested that their local hospital should retain its A&E with support from staff at Lincoln.

*"Grantham actually covers quite a large geographical input area for accidents, and where it's located of course there are a number of major roads just outside Grantham. So, my personal view is that they should consider an A&E service if it's possible, maybe supported by Lincoln... it seems to me that geographically, Grantham does need a bigger service than a UTC."*

## Views on equalities impacts of the urgent and emergency care proposal

- 5.29 It was suggested that the proposal could have a positive impact on access for elderly people in the Grantham area, as a local 24-hour service would mean less travelling for urgent care during the 'overnight' period.

*"I think elderly [people] especially would be one of the most affected in a positive way because they wouldn't have far to travel. It would be easily accessible, and they'd be getting as much treatment as they could closer to home. So, there's no worry about if people could accompany them, or family going with them, because you know they'd only be five or ten minutes down the road..."*

## Views on community/acute medical beds at Grantham and District Hospital

- 5.30 Proposals to establish combined acute/community medical beds at Grantham and District Hospital were supported by participants, who felt that services would become more efficient, with patients being treated and discharged back into their communities more quickly as a result. Increased travel and transfers were discussed but considered a small price to pay for improvements to care quality.
- 5.31 Participants also discussed how difficult it has become to get a GP appointment, meaning minor illnesses are not treated at an early stage, leading in some cases to increased severity and eventual hospitalisation. Therefore, it was suggested that the NHS could reduce the demand for hospital beds by ensuring that residents can more easily access primary care.

## Potential for services to run more efficiently

- 5.32 Participants were generally positive about the proposal for combined acute/community medical beds at Grantham and District Hospital. They hoped that patients' needs would be clearer at an earlier stage, thereby improving patient flow.

*"I suppose that does make sense... it's not reducing the number of beds but hopefully just making it more of a process..."*

*"I think it will definitely make it easier to pinpoint exactly where a patient needs to go and the exact kind of treatment they will be given, which will then make it quicker to deal with patients and keep the flow going..."*

- 5.33 It was also said that if the proposal does result in staff being more aware of patients' needs at an earlier stage, there will be far less potential for patients to "fall through the gaps".

*"If it runs more smoothly and they have all the information they need and it's not... people falling through the gaps then obviously it would be beneficial. It's just hoping that would run to the best and there aren't people being forgotten."*

### Potential increase in transfers is a concern, but one that would be offset by service improvements

- 5.34 It was noted that increased transfers as a result of the proposed changes would be seen as an inconvenience to patients. However, this inconvenience would, it was felt, be minor relative to the improvements in patient care as a result of being treated for serious illness at a specialist facility .

*"... I think even though it might be quite frustrating if you're being transferred somewhere else... on the other hand, if I knew I was going to a hospital which was specialising in whatever I was suffering with, I think that would make me feel a little bit more at ease with it because you know that you're going to get a slightly better level of care."*

### Concern that difficulty accessing GP services is resulting in increased demand for hospital beds

- 5.35 When discussing the proposals for integrated community/acute medical beds at Grantham and District Hospital, several participants expressed concern over how difficult it has become to access GP appointments in Lincolnshire. This, they felt, has resulted in minor illnesses going untreated and occasionally developing in seriousness, requiring hospitalisation. Therefore, participants suggested that to reduce pressure on hospital beds, the NHS must consider means of facilitating easier access to primary care.

*"Where I am it's so hard to get into the doctors. And then say that you had a chest infection that then turned into pneumonia... you are then having to go into hospital in Grantham because you've got pneumonia when it could've been solved at a GP surgery... If you could get the course of antibiotics a little bit quicker then maybe you wouldn't need to go to a hospital. That takes pressure off the hospitals as well, it's all linked, isn't it? If it could be sorted earlier on then that pressure wouldn't be on the hospital, then that wouldn't back them up."*

### Views on equalities impacts of the community/acute medical beds proposal

- 5.36 Participants said that if patients (especially elderly patients) are seen in a timely and efficient manner, they would benefit by being discharged back into their communities more quickly.

*"It might get elderly patients out of hospital quicker and back into the community and ideally close to home as well. So, I think if this helps that discharge process, that's much better and the time to return for people to go home, that would be the main focus for me."*

## Views on the proposals for stroke services in Lincolnshire

- 5.37 Participants expressed mixed views on this proposal. They were mostly positive, suggesting that stroke services would improve as a result of increased and concentrated expertise within a centre of excellence. It was also said that the proposed centre could lead to further future investment into NHS Lincolnshire.
- 5.38 Some residents, especially those from the Boston area, were concerned about travel times to Lincoln in an emergency. They worried about both the time taken from the patient perspective, and the potential negative impact on ambulance availability as a result of having to travel between sites more frequently.
- 5.39 Residents from Grantham were concerned about infrastructure and capacity at Lincoln County Hospital, questioning the site's ability to cope with increased service provision.

### Potential to improve stroke services in Lincolnshire and free up staff at other hospitals

- 5.40 Participants generally anticipated that the proposal for a centre of excellence for hyper-acute and acute stroke services at Lincoln County Hospital would significantly improve the quality of care offered to stroke patients, who would benefit from specialists' expertise being concentrated in one place.

*"I like the proposal... In my opinion it's about providing the best care for patients. And if you've got all of the specialists in one place, regardless of where that is... Whether it's at Boston, Lincoln, Grantham, Louth, that doesn't really matter, to be honest. To me it's about the standard of treatment that can be provided."*

*"... having them all in one place means you could give them all the attention that they need by a specific team there. So, they're not being jolted off to a different department each time, they will be there 24/7, getting the care they need."*

*"I do honestly believe that [with] specialist services brought in... you actually bring in the best expertise available in the area. It is absolutely excellent."*

- 5.41 The next most common reason for supporting the proposal to centralise hyper-acute and acute stroke services at Lincoln was that it would relieve some pressure at other Lincolnshire hospitals as a result of no longer having to provide them.

*"I personally think it would free up more staff in other hospitals, and they could deal with other patients like A&E or operations..."*

### Potential to attract future funding to NHS services in the area

- 5.42 There was also hope that establishing a centre of excellence in Lincoln would attract specialists and lead to further investment into the NHS in Lincolnshire in future, which could be of further benefit to patients.

*"The centre of excellence, I think that would hopefully attract funding and ... specialists. It could even get to a point where we could do the specialist thrombectomy. I imagine a lot of money would be ploughed into it as well, and they could handle a lot of high demand."*

## Concern over travel from Boston to access stroke services in Lincoln

- 5.43 Although most participants were positive about the proposals for stroke services, those from Boston were generally more reserved, with increased travel distance to Lincoln of concern because of the time-sensitive nature of stroke. It was also said that, in certain circumstances, patients might be unnecessarily taken from Boston to Lincoln - if their condition was mistaken for a stroke - potentially leading to a delay in their assessment and care.

*"... it's obviously good to have everything in one place, but sometimes in an ambulance you're not actually sure the person has had a stroke, which means that people might be taken further than necessary and then still be in the waiting room to be assessed."*

- 5.44 Boston residents were also worried that ambulances transferring patients from Boston to Lincoln for stroke treatment would be unavailable for extended time periods – and that this would happen far more frequently than it does currently. They sought reassurance that mitigations would be put in place to ensure the Boston area has sufficient ambulance cover in future.

*"If the ambulance picks somebody up from our area and they're taking them all the way to Lincoln because they suspect they've had a stroke, that takes an ambulance off the road from this area for the best part of four hours. Is there any sort of contingency to cover that, or is somebody going to have to be sitting around with another illness waiting to get picked up? Because you could wait a long time now for an ambulance."*

- 5.45 Participants from other areas, however, generally felt that they would be happy to travel further for better quality of care and specialist expertise – both as patients and as visitors to loved ones.

*"I do think it's worthwhile. You can't have specialised equipment everywhere, so if you have to travel a little bit to make sure that family member gets the best care they'll get, in the long run it is better"*

*"It weighs up, would you have a family member in the right place with the right specialists and equipment and sacrifice the travelling and travel longer, or would you go to the closest hospital where they might not be as experienced or well-equipped but then be able to see them every day? ... I think the pros outweigh the cons really."*

## Concerns over existing capacity and infrastructure at Lincoln County Hospital

- 5.46 Some participants (particularly those from Grantham) were concerned about existing capacity and infrastructure at Lincoln County Hospital. It was said that, from their understanding, the hospital is already very busy, raising questions as to whether it would be equipped to deal with the proposed changes. Parking was also said to be difficult because of how busy the site is.

*"Lincoln is really busy, it's very, very difficult to park. If you've got a loved one there it's not an easy hospital to get to either because the traffic in Lincoln is horrific like most towns ..."*

*"You always get the impression here in Grantham that Lincoln is exceptionally busy, so why put even more on them? It doesn't make sense to me."*

## Views on equalities impacts of the stroke services proposal

- 5.47 Participants did not raise concerns about any specific equalities and health inequalities impacts as a result of the proposal for stroke services in Lincolnshire.

## Additional comments and issues raised

- 5.48 A lack of funding was thought to be the main contributor to NHS Lincolnshire's resourcing difficulties. Therefore, whilst participants tended to support the consultation proposals as an attempt to address these difficulties, this support was tinged with concern that they will never be fully overcome without more financial investment.

*"I think overall most of the proposals have some legitimacy and sense behind them... although I'd rather see things growing, and more investment and more staff, I understand that isn't really possible at the moment under the circumstances so it's about making best of what we've got. It seems like those first three proposals are designed to do that... And the point I keep making again about investment in staff and capacity, that's the solution."*

- 5.49 Poor staff retention was also said to be a significant challenge that the proposals may not fully address.

*"It feels like we're responding incorrectly, rather than dealing with the root cause [of] a lack of resource and a lack of capacity and staffing [...] I would rather the staffing problem and the community issues [were] focused on, rather than just splitting it off like this"*

- 5.50 Finally, the importance of ensuring that staff have easy access to patient information was stressed by one participant, so that decisions on their care and needs can be made more quickly. An NHS app for staff that stores patient data was suggested for this purpose.

*"Do they have access to all of the information? Is it on a file or is it something the patient would have to have? Maybe there could be like an app or something that they can access, and you can only access it by NHS numbers, and it's individually protected. Obviously, I know it's confidentiality as well, isn't it?"*

# 6. Public meetings and other engagement activities

## Introduction

- 6.1 Between September and December 2021, NHS Lincolnshire CCG hosted a series of meetings for members of the public. To ensure that as many people as possible were able to attend, particularly within the context of ongoing restrictions due to COVID-19, there was a mixture of online (virtual) meetings and in-person (face-to-face) events; the latter were organised in line with UK government guidelines at the time.
- 6.2 In addition, NHS Lincolnshire CCG met with the Countywide Patient Participation Group (PPG) and ULHT Patient Panel, and three organisations working with groups with protected characteristics under the Equalities Act 2010.
- 6.3 Finally, ULHT Hosted briefings and discussions, face-to-face and online, for NHS staff members to be informed and updated about the consultation, and to give their own feedback.

## Promotion of the consultation and public engagement activities

- 6.4 The public consultation was widely advertised and promoted across Lincolnshire<sup>7</sup>, including:
- » Delivery of a consultation leaflet was commissioned, targeting 374,193 households across Lincolnshire;
  - » Paper copies of consultation documents distributed to hospitals, GP surgeries, pharmacies, shops, cafes, businesses, places of worship and libraries and at events across the county;
  - » Posters displayed at Lincolnshire NHS buildings and distributed to 'Involvement Champions' to display in their local communities;
  - » Press and publicity activity which generated 93 media articles during the consultation period in over 300 separate locations across TV, print, radio and online;
  - » 25 advertisements were placed in county newspapers; and
  - » 431 social media posts and tweets by NHS Lincolnshire CCG's communications team, seen by over 260,000 people of whom over 7700 directly engaged and 784 clicked through to the consultation website, which itself attracted over 12,000 unique visitors<sup>8</sup>.
- 6.5 Posters, flyers and consultation documents contained links and QR codes to guide readers to the consultation website where they could find out about the upcoming events, an email address and a telephone helpline.
- 6.6 During the consultation there were 2290 visits to the consultation events page; by email and telephone, there were 62 requests for information about consultation live and virtual events, including 49 booking requests.

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<sup>7</sup> Full details of the communications programme can be found in NHS Lincolnshire CCG's Public Consultation Communications Activity and Engagement Report

<sup>8</sup> Social media posts were shared with partner organisations across the county, requesting that they be shared on their accounts. Examples include other NHS organisations, the local authority, and relevant voluntary and campaign groups.

## Format of meetings and engagement activities

- 6.7 Events and meetings were hosted by senior NHS managers and clinicians, with clinicians describing the proposals either in person or via video presentations; depending on the format of the event, attendees could ask questions and give feedback in several ways: verbally; using paper feedback forms, 'Q&A cards' or paper consultation questionnaires; via text chat functions (e.g., SLIDO); by email; or via the online questionnaire
- 6.8 Online events were run in the same format as the face-to-face events, via Microsoft Teams. Additionally, a 24/7 'virtual event' was hosted on the consultation website which contained the same information and video presentations used at the scheduled events and enabled visitors to access the same feedback channels.
- 6.9 ORS provided a structured template for staff at each event to use to capture and record the feedback raised. At the close of consultation, completed forms from 28 meetings and engagement activities were returned to ORS for analysis and reporting and are summarised in this chapter.

**Table 7: Public meetings and events from which feedback is reported in this chapter by location, date and attendees**

Type of Event	Location	Stakeholders	Date	Approximate No. of attendees
Face-to face event	Boston	Members of the public	12/10/21	5
Face-to face event	Boston	Members of the public	18/12/21	12
Public Consultation Briefing (PCN)	Boston	Members of the public	09/12/21	12
Face-to face event	Grantham	Members of the public	14/10/21	42
Face-to face event	Grantham	Members of the public	12/12/21	13
Face-to face event	Lincoln	Members of the public	14/12/21	1
Face-to face event	Louth	Members of the public	14/12/21	3
Face-to face event	Skegness	Members of the public	11/11/21	5
Face-to face event	Skegness	Members of the public	1/12/21	19
Face-to face event	Sleaford	Members of the public	14/11/21	2
Face-to face event	Spalding	Members of the public	16/11/21	8
Virtual Event	Virtual	Members of the public	18/10/21	2
Virtual Event	Virtual	Members of the public	20/10/21	2
Virtual Event	Virtual	Members of the public	22/10/21	2
Virtual Event	Virtual	Members of the public	18/11/21	2
Virtual Event	Virtual	Members of the public	20/11/21	1
Virtual Event	Virtual	Members of the public	20/12/21	1
Staff Briefing	Virtual	NHS Staff	30/09/21	25
Staff Briefing	Virtual	NHS Staff	30/09/21	27
Staff Discussion	Grantham	NHS Staff	04/10/21	27
Staff Discussion	Virtual	NHS Staff	05/10/21	35
1 to 1 meeting	Virtual	NHS Staff	21/12/21	1
Staff Discussion	Virtual	NHS Staff	14/12/21	8

Type of Event	Location	Stakeholders	Date	Approximate No. of attendees
Virtual Event	Virtual	Countywide PPG meeting	01/11/21	26
Virtual Event	Virtual	ULHT Patient Panel	06/12/21	14
Virtual Event	Virtual	Voices for All (learning disabilities group)	01/12/21	15
Virtual Event	Virtual	Lincolnshire Sensory Service	07/12/21	18
1 to 1 meeting	Virtual	Grantham Senior Citizens Club	13/12/21	1

## Feedback from public meetings and other engagement activities

- 6.10 As noted above, the public meetings and other engagement activities organised by NHS Lincolnshire CCG and ULHT served a dual purpose: to offer an opportunity for attendees to hear about the proposals and ask questions; and to provide some initial feedback. In contrast to the independently facilitated research activities undertaken by ORS on behalf of NHS Lincolnshire CCG, however, the meetings were not structured in such a way as to elicit feedback on each part of the proposals in turn. The questions and feedback were therefore typically focused on only those elements of the proposals which were of most interest to the particular attendees or participants at any given meeting.
- 6.11 This is perhaps most clearly demonstrated by the fact that the meetings held for Grantham, Boston and Skegness residents (the population centres located closest to Grantham and District Hospital and Pilgrim Hospital, Boston) had more attendees than the events in areas of Lincolnshire where residents may feel less directly impacted by the proposals. Furthermore, many attendees did not ask questions or give feedback directly, preferring to listen to those of others in the meetings.
- 6.12 In light of the above, it is important to bear in mind that the comments and questions summarised in this chapter cannot necessarily be viewed as representative of the population of Lincolnshire, nor even of any particular geography or demographic; they should therefore be considered alongside the feedback from other research strands contained in this report such as the consultation questionnaire - the route by which some of those attending the meetings may have submitted their considered feedback.
- 6.13 ORS approach to this chapter, therefore, is to represent the broad themes arising, rather than to attempt to draw definitive conclusions about any balance of opinions. For ease of reading, we have collated the comments and questions according to which proposal they related to. We recommend that readers refer to Appendix III of this report, which contains full lists of questions and comments arising from all the meetings.
- 6.14 Finally, it should be noted that many of the questions asked during meetings were answered by NHS managers and clinicians either during or after the meetings. ORS has not included these answers, as the purpose of this report is to focus on the views of members of the public, NHS staff and other stakeholders.

## Comments on the need for change

- 6.15 Attendees gave some feedback relating to the challenges facing health services in Lincolnshire, including waiting times, cancelled operations, recruitment, and retention of staff, and spending on locum and temporary staff. Comments were also forthcoming around the opportunities for improvement around urgent and emergency care, care and length of hospital stays for stroke patients, quicker access to specialist clinicians, integration of acute and community care and sustainability of services.

### Accessibility of the consultation document

- 6.16 In making comments around the need for change, a local senior citizens group commented that they felt that the consultation information provided was too lengthy for an older person. They described it as 'information overload' and said that it would be easier to understand and digest if it was 'less wordy' and clearer in general.

### Orthopaedic surgery and the need for change

- 6.17 Members of the public commented that a challenge facing orthopaedic surgery is delays due to lack of beds. It was felt that dedicating Grantham and District Hospital to planned surgery would improve the situation. One member of the public asked whether the pilot phase for orthopaedics had made a difference to staffing levels in terms of recruitment and retention, which they felt should be a consideration going forward.

### Urgent and emergency care and the need for change

- 6.18 The key challenge noted by members of the public in relation to urgent and emergency care is not recruiting staff, but rather retaining staff. Several from the Grantham area felt that there are opportunities to improve staff morale by increasing wages to encourage them to stay in post and, that in general, staff are 'badly treated'. One felt that uncertainties around the result of the consultation is contributing to poor staff morale.
- 6.19 A member of the public in Skegness stated that the Grantham area is fairly well served in terms of urgent and emergency care due to its proximity to A&Es in Nottingham, Peterborough and Lincoln; a contributor in Grantham said that, as a walk-in patient, the current services are fine but that the NHS 111 service tends to direct people away from A&E.

### Acute medical beds and the need for change

- 6.20 No comments were made on the challenges and opportunities related to this proposal.

### Stroke services and the need for change

- 6.21 Members of the public in Boston highlighted a number of challenges relating to stroke services in their area. The key concern was around ambulance response times which were said to not have met challenges for category one and two calls as they are seen queued outside A&E 'in large numbers'. There was also a concern that response times from near Boston to Lincoln by emergency ambulance had produced 'horror stories'.
- 6.22 This view was echoed by an individual in Grantham who said that '*people are dying in the back of an ambulance*', adding there is an opportunity to put a process in place where those in waiting ambulance are reviewed every 15 minutes in order of need. It was not felt that documents published on ambulance response times are sufficiently reassuring and 'pay lip service' to concerns. An individual in Skegness also felt that the pilot had not provided sufficient evidence of quicker discharge times.
- 6.23 There was also a concern that the Pilgrim hospital does not have 'vital' emergency services like other hospitals in the area, or indeed will not have if the proposals are implemented. An individual questioned why Boston doesn't have specialist ambulances seen in other areas and why brain and head injury rehabilitation are kept separate to stroke rehab as the two would align.
- 6.24 Members of the public across several locations in the county mentioned staffing of stroke services. Several said they do not feel that working for ULHT is an attractive offer at present. It was felt that unattractive contracts are being offered to staff, for example offering fixed term contracts to locums or consultants. One attendee said that Boston has had 'bad press' as a result and that this doesn't help in attracting consultants.

- 6.25 Some felt that although the recruitment and retention of staff is a national issue, it has been historically difficult to recruit stroke consultants and nurses in the area. A respondent from a local Sensory Service added that those with medical degrees may prefer to live in larger cities with 'more opportunities and things going on', so that recruitment will continue to be a challenge despite changes made following the consultation.
- 6.26 Moreover, an individual in Grantham said that many are being deterred from training as a nurse due to a lack of bursary and low wages, another national issue. Finally, a member of the public in Lincoln said that in the context of staff-related challenges, temporary staff are an expensive option and that there are opportunities to encourage people to come and live and work in the area.

## Proposals for orthopaedic surgery in Lincolnshire

- 6.27 Some attendees gave their views on the proposed changes to orthopaedic surgery in Lincolnshire, thinking about any possible benefits and positive impacts as well as any concerns or negative impacts.

### Developing a 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District hospital

- 6.28 Several participants at the open public meetings recognised that the pilot to trial locating all planned orthopaedic surgery at Grantham and District Hospital is working well. Coupled with good feedback from clinicians, it was felt by many, including councillors, this was a positive step. A reduction in waiting times and fewer cancellations was seen to be the key potential success of this change.
- 6.29 Some members of the public also felt that these changes would make the services at Grantham and District Hospital more accessible. One from Sleaford felt it had preferable road links to the area than other hospitals and a representative of a local Sensory Service said that it is not too far for people from Boston to travel either, particularly as there is a direct train route.
- 6.30 Several participants from the ULHT Patient Panel shared positive experiences of the care they received by the orthopaedic team at Grantham and said that hospital stays are generally short following operations, these participants supported the planned changes as a result.

*I went to Grantham hospital in August for a full knee replacement and I cannot fault them. The service was marvellous, and I only had to spend one night in hospital. I'm going back in tomorrow to have my second one done.*

**ULHT Patient Panel participant**

- 6.31 However, there were also some concerns expressed other meetings, most focused on travel and access. Members of the public gave examples where travel times are a concern in the county: bus journeys from Boston to Louth takes 2.5 hours, for example and one questioned whether there is transport available from Skegness to Grantham. A representative from the Voices for All group was concerned about lack of transport options to Grantham from anywhere on the East coast and another member of the public was concerned that people in Lincoln and Boston will not be willing to travel to Grantham for a planned operation at all.

*A decentralised service better serves the population. Some people struggle to travel all the way from the east coast for planned care.*

**Virtual meeting participant**

- 6.32 Others expressed concern that the transport infrastructure in Grantham is not good enough to support people who cannot drive pre- and post-procedure. Representatives from the Voices for All group said that increased travel times could cause anxiety for patients and that the location of Grantham may make it difficult for visitors to travel to see patients following their operation.
- 6.33 A member of the public in Grantham felt more clarity was needed on how patients with broken limbs will be transported to and from Lincoln and another, from Spalding, asked had there been more cancellations of operations during the pilot stage because of patients having to travel further for their care?
- 6.34 Although there were concerns, a few potential opportunities and solutions were offered. A representative from the Sensory Service suggested that follow-up appointments should be done in the local community to bring them closer to people and a representative from the senior citizens group said that it would be more effective for a consultant to travel around the county than making the patients travel. A Voices for All representative said that, in the case of planned procedures, transport options are detailed in the patient letter and so anyone eligible can use it, as well as access volunteer and community care schemes.
- 6.35 On the potential impact of changes on the availability and quality of care, some questions were asked about possible scenarios; some felt that more clarity was needed on the finer details of the plans:
- » What if a child breaks a limb, will they be treated at Grantham?
  - » If you are under a consultant at Lincoln, will you still be operated on at Grantham and stay with the same consultant?
  - » If you have an operation at Grantham, will your aftercare and physiotherapy be offered locally or have to travel back to Grantham?
  - » Can pre-ops happen at Skegness and other locations?
  - » Does centralising planned services at Grantham and Louth mean they will not happen elsewhere?
  - » Where will elective surgery patients who do not meet the criteria for Grantham be placed after surgery? (Staff question)
- 6.36 More generally, there was a feeling that orthopaedic patients have received a good quality of care in the past and a concern that any changes may jeopardise this quality of care.

*I know of two people who have had to have 'unplanned' emergency surgery at Grantham Hospital - hip and wrist. Both received excellent care. If they had been taken to Boston or Lincoln, what guarantee can you give that they would receive the same level and quality of care?*

**Member of the public, Grantham**

- 6.37 There were some concerns about impacts on staffing. A member of the public in Spalding would have liked more information on how staffing levels would be impacted in general by the changes; another in Grantham said that they thought consultants were happy with the proposals, but that other staff are not so happy. This is due, they said, to a need for the service to run 7-days per week with staff working at weekends. It is also felt that this change during the pilot has had a knock-on effect on other services within the hospital.

*This has meant an increase in waiting times for other services as these staff were deployed. The loss of those was never back filled, leaving other areas short.*

**Member of the public, Grantham**

- 6.38 Some participants felt there was a high level of risk associated with this proposal. A member of the public taking part in a virtual meeting said that creating a 'centre of excellence' comes with a significant level of risk and a chance of failing.

*Wouldn't it be better to have a de-centralised model spreading the expertise across the county?*

**Virtual meeting participant**

- 6.39 A ULHT Patient Panel member asked whether, by creating an orthopaedic centre of excellence at Grantham and District Hospital, there would be a lack of suitable staff left to treat emergency and unplanned cases elsewhere in the county. Finally, a member of staff said that for Grantham to become a 'centre of excellence', there would need to be some investment into the quality of the buildings on the site.

#### Developing a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery

- 6.40 Very few participants across the meetings chaired by NHS Lincolnshire had an opinion on the proposals for a dedicated day case centre at County Hospital Louth. A positive point raised by a Sensory Service representative was that it would be 'easy' for a family member to take a patient and wait for them to complete their procedure before taking them home, given they will be seeing day cases only at Louth.
- 6.41 However, another representative from the Sensory Service felt that Louth isn't so easy to travel to and from Boston with very few buses and poor roads. A member of the public at Louth questioned whether pre-assessments would still take place in a location local to the patient or would those happen at Louth also?

#### Mitigations and other comments around proposals for orthopaedic surgery

- 6.42 In other comments on the proposal, transport was again the most talked about issue. A ULHT Patient Panel member said that, although the group was largely in favour of the proposals, more consideration must be given to transport issues, with the CCG working in collaboration with the local authority to alleviate concerns.

*We would not allow services to change without the CCG getting together with Lincolnshire County Council to ensure there is a transport plan in place that works. To ensure that people living in outlying areas are not disadvantaged by any changes.*

**ULHT Patient Panel member**

- 6.43 A member of the public in Skegness mentioned a transport model that they had seen work in Leicestershire, where a roving bus was provided to take patients to hospitals across the county. There was also a flat rate for taxi journeys taken to access healthcare, something that they would support in Lincolnshire. A representative from the Voices for All group stated that there must be a plan to ensure carers can get to Grantham to support vulnerable patients.
- 6.44 Another factor mentioned was the ongoing bed pressures at Lincoln. Some participants felt that Lincoln hospital is still too busy to justify these proposed changes with the senior citizens group sharing an example of an elderly lady waiting over 10 hours for a bed there. The increased pressure of the proposals on other services was also a concern, a participant in one of the virtual meetings said that transferring more emergency patients to Lincoln must be increasing the strain on the ambulance service.
- 6.45 Finally, a member of the public at Grantham said that a bigger picture view is needed and that only with better investment in the NHS from Westminster will positive change be seen.

## Proposal for urgent and emergency care in Grantham

- 6.46 Meeting attendees shared views on the specifics of the planned changes to urgent and emergency care at Grantham and District Hospital, including possible benefits as well as any concerns or negative impacts.

### Provision of a 24/7 walk-in UTC at Grantham and District Hospital

- 6.47 Many participants in meetings recognised the challenges to providing a full A&E service at Grantham and District Hospital and were therefore supportive of offering an UTC on a 24/7 basis. The ability to access the service at any hour was considered a positive and widely supported. It was said that this allows people to access services locally which would largely meet their needs.

*This is brilliant – I can take my child up there in the middle of the night. We need to know what is available.*

**Member of the public, Grantham**

- 6.48 Although several said that ultimately, they would prefer an A&E department, it was felt that the proposed 24/7 UTC was the 'best prospect' given the challenges. A member of the public said that a good offering would include a 24/7 walk-in with doctors, advanced practitioners and diagnostics available, and another said that a UTC would need to be promoted to improve public understanding of what can be treated there.
- 6.49 A member of the public taking part in a virtual meeting shared a previous positive experience:

*When Grantham was an Urgent Treatment Centre, I used it on a number of occasions and was happy with it - the wait [time] was very low.*

**Virtual meeting participant**

- 6.50 Another said they had used the A&E at Grantham in the past and had a good experience there. However, they recognised that a UTC would have met their needs in the same way. A few members of the public from Lincoln and those taking part in virtual meetings felt that a UTC at Grantham could reduce pressure from other A&Es at night.
- 6.51 Also in support of this proposal was the local senior citizens group who said they want to access as many services as possible locally and the fact it will be a walk-in was also considered positive. Several participants in different groups also recognised that, if an emergency required an ambulance, the patient would be taken to the most appropriate treatment centre; the status of emergency and urgent care at Grantham and District Hospital is therefore less important in those circumstances.

*I understand that it's better to travel to a centre where patient will receive the best care leading to the best outcomes.*

**Member of the public, Lincoln**

- 6.52 Despite many positive views on the availability of the service over a 24-hour basis, there was also a significant volume of concerns about the proposal. The most prominent concern was the potential impact on ambulance response and journey times for trauma patients. A few members of the public who had suffered heart attacks in the past shared their concerns that if they were to suffer another one, their chances of survival would be reduced by having to travel 45-60 minutes from Grantham to Lincoln.

- 6.53 There was a view that ambulance response times would be increased by the proposal and that it would also increase the burden on the ambulance service due to longer journey times. There was also a concern among members of the public from different areas that there is poor public transport in the south of the county, meaning that anyone discharged from Lincoln may have difficulties travelling home.
- 6.54 Many meeting participants felt there are several factors making it difficult to justify a change from an A&E to a UTC. The first is the potential growth in population in Grantham due to a proposal to build 8,000 homes over the next 20 years. For some, it was felt this would justify a demand for a full A&E.

*Has this proposal considered the estimated population growth in Grantham and surrounding areas? There are lots of building works and new housing springing up so anticipate larger number of people in the community that will then need to access local services. Has this been considered?*

**Virtual meeting participant**

- 6.55 The second was a feeling that Grantham residents want a full A&E service and are being left without emergency care. This proposed change is not seen to be leading to improved patient outcomes and there is a view among members of the public in Grantham that A&E services have been allowed to 'run down' to the point they are no longer available. A participant in a virtual meeting did not feel this proposal reflects strategic thinking and that it puts the area's population at risk.

*Car crashes happen anytime & anywhere. I need to see the strategic thinking across the trust to demonstrate this risk is being considered. I understand that more people live in Lincoln but it's important to the people in South Lincs to have A&E. The level of risk to the public doesn't seem to be considered in this conversation. Why does the trust consider the current level of cover to be safe?*

**Virtual meeting participant**

- 6.56 There was also concern from a member of staff that they have not been given an option to put forward an alternative proposal to keep the current A&E provision as it is, or indeed make it a 24/7 A&E.
- 6.57 There are also concerns that issues with other services would need to be addressed in order to make this proposal successful. GP surgeries were described as 'swamped', with members of the public feeling residents may start using the UTC instead of visiting their GP which would increase waiting times. It was also felt demand might increase on other hospitals, with those in Lincoln, Boston and Peterborough all mentioned.
- 6.58 NHS staff also shared concerns about issues with other services that would need to be addressed. One was a potential increase in ambulance handover times, and another was an impact on communication with other hospitals that had happened when a UTC was trialled at Grantham previously.

*When we had the temporary UTC in place at Grantham, there was a disconnect between LCHS and ULHT in terms of safeguarding oversight and IT systems not working together. How will that be resolved in a permanent model?*

**Member of staff**

- 6.59 Several members of the public mentioned a 'lack of trust' between the public and NHS Lincolnshire caused by loss of services in the past and a feeling that these proposals will lead to a 'continual drain' and further downgrading of Grantham and District Hospital, e.g., dropping to a 12-hour UTC at a later date. It is felt there needs to be a 'show of faith' to ensure that the proposed services remain in place for many years.

- 6.60 Some other members of the public felt that what is being proposed is not different to what has been available in the past; some were unsure what is currently available, and others felt the proposal does not reflect the wishes of the people of Grantham. A member of the public in Sleaford asked why a service like the UTC is not available there, as there is a smaller-scale service happening in a local GP surgery with good levels of demand.
- 6.61 A small number of participants also expressed concern about staff retention and recruitment, with one member of ULHT staff saying they were concerned that they would have to move employer as a result.
- 6.62 Finally, some questions were asked, and comments made about what services would be at a UTC:
- » What care is given at an Urgent Treatment Centre?
  - » Can you categorically state that the UTC will treat an emergency stroke victim?
  - » What is the exact difference between a UTC and an A&E? Can you give an example or cases of each?
  - » Would the proposed model have blood tests in the UTC, rather than referring to Lincoln A&E?
  - » Will there still be middle grade doctors, and will it be 24/7 walk-in permanently?
  - » Is anything else changing – fracture clinic? Do we lose anything else?

### Mitigations and other comments around proposals for urgent and emergency care

- 6.63 Travel and access was raised in meetings with members of the public. At Grantham, a participant said that Lincolnshire is a large county with a poor transport infrastructure and that A&Es must be spread out. Another participant mentioned a vulnerable 70-year-old who was taken to Lincoln in an ambulance and discharged in the early hours of the morning. As there were no transport options, a taxi had cost £50.
- 6.64 Other participants at Sleaford agreed there should be some kind of shuttle bus available and said that there used to be a voluntary transport option in the area run by an individual, but this is no longer running meaning there are not transport options available. At Skegness, there was a concern that there is no contingency plan in place if there is an accident on the railway line which allows people to travel to Grantham.
- 6.65 It is considered important that the UTC works on a walk-in basis as members of the public in Grantham reported issues with the previous 'talk before you walk' system run by 111. They felt the service was turning patients away that could have been treated effectively at Grantham and District Hospital.
- 6.66 Members of the public, patients representatives and the senior citizens group felt that there needs to be more clarity provided to the public on the purpose of the UTC and who can be treated there. The senior citizens group in particular mentioned that older people are concerned they are putting pressure on services by using them and are concerned about the pressures at Lincoln, more explanation about the benefits of this proposal may alleviate some of this worry.

*We need to speak much more clearly to the public – terminology is difficult. People would use it if they knew what was there. This service looks fantastic, but people of GDH are being talked down to.*

**Member of the public, Grantham**

## Proposal for acute medical beds at Grantham and District Hospital

- 6.67 Some attendees shared their views on the specifics of the planned changes to acute medical beds at Grantham and District Hospital, thinking about any possible benefits and positive impacts as well as any concerns or negative impacts. It is worth noting that less feedback was provided on this proposal than the other three, suggesting there may be less strength of feeling around this proposal.

### Introducing integrated community/acute medical beds at Grantham and District Hospital

- 6.68 Any positive comments made were quite general, with members of the public feeling the proposal was a 'good idea' and a positive step to getting people rehabilitated close to home. Senior citizens group representatives felt that retaining services at Grantham is good for the elderly population in the area as many will be familiar with the surroundings and indeed the staff.

*Lincoln and Boston are too impersonal and do not receive the same attention. They can be intimidating.*

*Senior citizens group*

- 6.69 For representatives of the Voices for All group, keep some acute medical beds open and services working together to allow follow-up appointments in the community were viewed positively.
- 6.70 In terms of concerns or potential negative impacts, the feedback largely focused on needing clarity on the proposal and how it will be carried out. Several members of the public asked about the numbers of beds overall in Grantham, they felt more information was needed on whether there will be a reduction or increase in the number of beds currently at Grantham and District Hospital.
- 6.71 Another concern was that different services would need to work together to realise this proposal and how this would happen. A member of the public at Grantham asked whether, in integrating community and acute beds, adult social care services provided by the local authority would be involved? A meeting attendee in Spalding echoed this and was concerned that there is not enough capacity in social care to support this move.
- 6.72 Indeed, several participants in the various groups were concerned about how this change would impact on other services that are already overstretched. A member of the public in Spalding shared a story of a family member who had spent 10 days unnecessarily in a home while waiting for discharge, but support wasn't there from either the NHS or the local authority.
- 6.73 ULHT Patient Panel members felt that this model would need more involvement from primary care but felt that GPs are already under too much pressure; they felt strongly that GPs should be given the opportunity to give feedback on the proposal. They also felt that there is a lack of support available in the area for patients post-discharge and this proposed model could increase the demand for these services further.
- 6.74 Crucially, it was felt that for this proposal to be successful, services would have to work collaboratively, with concerns that wider pressures could be a barrier to this.

*They need to make sure it is all joined up properly – a lot of the time patient notes cannot be accessed.*

*Sensory Service*

- 6.75 Another concern for members of the public was logistics; one asked how will the 'expensive' logistical challenge of delivering acute care in the community be realised? And another questioned why someone would travel to Lincoln to be treated and then moved back to Grantham for acute care?
- 6.76 Other members of the public shared concerns about staffing. One, from Grantham, was concerned that not enough staff with the skills to provide high dependency care would be available and another, from Spalding, asked where the number of community nurses needed to staff the model would come from?
- 6.77 There were some questions from the various groups around whether the model was suitable. Representatives from the senior citizens groups felt that there are not enough beds for geriatrics in Grantham at the moment and said three wards, used for other purposes, are underutilised. They also felt that paramedics are being told not to take patients to Grantham and District Hospital, which concerned them.
- 6.78 It was felt by a member of the public in Grantham that some strategic thinking is needed around the types of services that coexist in the hospital, to ensure they complement each other.

*As Grantham has no higher dependency beds, it is important that patients are cared for in the most appropriate setting, unless these higher dependency service are reinstated then acute beds are not appropriate at Grantham – these plans must work hand in hand.*

**Member of the public, Grantham**

- 6.79 At one of the NHS staff briefings, questions were asked about what specialists would be available to Grantham inpatients under the proposed model, with one staff member expressing alarm that the proposal seems to suggest that the frail elderly service at Grantham is going to be a 'glamourised nursing home'. Another said that there needs to be assurance that some specialists will remain at Grantham, with a focus on acute and geriatric medicine as specialisms in their own right.

#### Mitigations and other comments around proposals for community/acute medical beds

- 6.80 A few meeting participants shared factors they consider to be important considerations for decision makers. For the senior citizens group, these were practical considerations. They suggested that blood tests should always be offered at Grantham and gave an example of someone taken from Grantham to Lincoln for a blood test late in the evening, then discharged in their pyjamas with no money or phone to find their way home.
- 6.81 The Voices for All group said that NHS 111 need to be well informed and clear on the proposals to ensure that patients who can be appropriately treated are sent to Grantham, as opposed to one of the A&E departments at Pilgrim Hospital, Boston or Lincoln County Hospital. A member of the public at Grantham felt it was important to consider how food and drinks would be supplied for any increase in patients.
- 6.82 Staff participants and ULHT Patient Panel members would support extending this model to other hospitals in the trust. It was felt that a whole-system approach would bring an effective solution to 'bed blocking' issues. Staff asked whether there would be similar integrated models at Lincoln and Boston to avoid admissions there, and a patient representative asked whether the model might be extended.

*As those people using these acute medical beds are those who often end up blocking beds in the system for those with other medical requirements. Is there a strategy to work across the county with other agencies to provide money and assets for these beds as a countywide stream across the area?*

**ULHT Patient Panel member**

- 6.83 Finally, another of the ULHT Patient Panel members suggested that a district nurse type-role should be introduced to do things such as go into people's homes and administer daily injections they cannot do themselves, to ease the pressure on hospital services.

## Views on the proposal for stroke services in Lincolnshire

- 6.84 Some meeting attendees shared views on the proposed changes to stroke services in Lincolnshire, thinking about possible benefits as well as any concerns or negative impacts.

### A 'centre of excellence' for hyper-acute and acute stroke services at Lincoln County Hospital

- 6.85 Positive comments on this proposal were supportive of the creation of a centre of excellence with members of the public in Grantham, Skegness and in one of the virtual groups saying they now better understand the reasons behind the proposed changes. However, a participant from Louth felt that there should be better communication of the proposal to members of the public, despite feeling it is a 'fantastic development'.
- 6.86 Representatives of the senior citizens group feel that a good quality of care is given at Lincoln Council Hospital and those representing the Sensory Service said that Deaf people in particular, are given good care there. They are also eligible for free NHS transport meaning that the travel distance isn't an issue.

*I would much rather travel to a centre of excellence and get the best care possible.*

**Sensory Service representative**

- 6.87 In terms of benefits to staffing, a representative from the senior citizen group acknowledged that because procedures are becoming increasingly advanced, it makes sense to keep staff trained in a central location and a member of the public in Lincoln recognised that temporary staff are expensive, so this procedure could encourage more long-term staff to live and work in Lincoln.
- 6.88 However, there were some concerns raised far, the biggest area of concern was travel time to Lincoln from other parts of the county. Participants said that with stroke services, 'time is of the essence' and that people living outside the 'Golden hour' of travel time to Lincoln, will be disadvantaged by these proposals.

*Lincoln is too far and not easy to get to in a timely manner. TIME is crucial for stroke patients.*

**Member of the public, Grantham**

- 6.89 A key area of concern was ambulance response times. Several attendees said that response time targets are not consistently met in the area, with several factors making the situation worse at certain times of year.

*The poor roads in Lincolnshire, and rurality will not help with the response times, examples given of journeys from the coast to Lincoln can take up to 2 hours in winter.*

**Countywide PPG representative**

- 6.90 Members of the public, patients and special interest group representatives all shared examples of long ambulance waiting times in the area and felt that Lincoln was not geographically ideal as a location for the centre of excellence due to its distance from the more rural parts of the county and the east coast.

*Pilgrim in better position to centralise services for the county. No one talks about the Centre of excellence that used to be at Boston.*

**Member of the public, Boston**

- 6.91 Participants also explained the difficulties locating the centre in Lincoln would cause for families and carers of patients. A participant in one of the staff meetings said that patients had told them they were worried about travelling from Boston to Lincoln and a patient representative said that those who depend on their family members to support their rehabilitation could find the Lincoln location difficult.

*When we are talking about travel and transport and communication across the county we need to think about family as well. I don't drive, and if my husband was unwell, I wouldn't be able to get to Lincoln.*

**ULHT Patient Panel member**

- 6.92 Representatives of the senior citizens group and the Sensory Service felt the need to travel to Lincoln would cause a lot of anxiety for elderly patients and felt it could be costly for family members to visit their loved ones. A member of the public in Skegness felt that being in hospital further from home would have a negative impact on patients' mental health.
- 6.93 Apart from specific concerns around ambulance response times and travel distance to Lincoln, many of the comments focused on general public opinion and the viability of the proposals. Participants in several groups said there was public unease about the changes proposed with many questioning why locating the centre of excellence in Boston was not an option?

*Why can't we have the centre of excellence at Boston, especially as the data shows most strokes happen on the East Coast?*

**Member of the public, Skegness**

- 6.94 In terms of viability, a Countywide PPG representative felt that Lincoln hospital is already under too much pressure to facilitate this change and staff echoed the fact that there is public unease about having to travel to Lincoln for this kind of treatment, even though that is what currently happens.
- 6.95 A member of the public at Louth felt that there is poor communication with the public around stroke care in the area, meaning that people do not generally understand what kind of treatment is offered where.
- 6.96 Another member of staff felt that Boston is being put at a disadvantage by the developments at Lincoln.

*For too long Boston has been held back by the development of Lincoln. This is clearly leading to a postcode lottery of care...*

**Staff representative**

- 6.97 A member of the public in Spalding felt that these changes were being proposed because they benefit the trust and its staff but not the patients, and asked why are nurses not able to do extra hours instead of employing agency staff?

6.98 Finally, a number of comments and questions were raised about the specific details of the proposals, with requests for a little more detail around the following issues:

- » Will there be mechanical thrombectomy provided at Lincoln 24/7?
- » Will there be follow-up services required after the acute episode has concluded available in the community, e.g., OT, Physio support?
- » Does the change that is being proposed mean the closure of stroke services at Boston?
- » Does this mean that there will continue to be no acute stroke service available for local people including inpatients who are unfortunate enough to suffer a stroke? A phone call to LCH is clearly not the same level of care as a physician seeing the Patient. (NHS Staff question/comment)
- » Do we have any figures for how many 'strokes' are missing the 1st vital 48hr care? Why close an 'A' rated on SSNSP (which is the standard for stroke care) performing ward? Surely if we are to move forward pan-trust, we owe it to patients in our catchment area to share stroke services across the county. (NHS Staff question/comment)

### Views on the removal of hyper-acute and acute stroke services from Pilgrim Hospital, Boston

6.99 Only two comments around positive impacts or opportunities from this aspect of the proposal were offered. The first was from a member of the public in Boston, suggesting it could be an opportunity to open mobile stroke units across the county. The second, from a Sensory Service representative, was that because 'ambulances are always queuing up at Boston', the proposal could alleviate some of this pressure.

6.100 A key concern was the impact of removing hyper-acute and acute stroke services from Boston on ambulance response times and travel distance for those living in the area.

6.101 Several members of the public said that having a centralised model is a risk in England's second largest county where there are infrastructure issues, particularly when treatment time is so crucial for stroke patients. A member of the public in Skegness said that concern about travel times to hospitals in an emergency situation could have a negative impact on the mental health of patients.

6.102 Members of the public in Skegness felt that locating stroke services in Boston would suit the overall needs of the population better than Lincoln. It was said that residents in Boston feel their services are under threat and that they are not supported as a result – they would appreciate clarity on what the future plans for Pilgrim hospital are. Another said that if Boston receives city status, it will need more services, not less. Finally, one participant in the Skegness meeting suggested the proposals are not based on the data.

*The data suggests the status quo would be better. It would be better to be closer to home in local hospital.*

**Member of the public, Skegness**

6.103 A member of the public at Boston felt that the proposal would widen health inequalities and patient access as services would be taken away from a deprived area; with a participant at Skegness suggesting that to combat some of these issues, an air ambulance should be deployed to cover the East coast of the county.

6.104 As with the other proposals, a few participants across the various meetings had questions on the exact details of the proposals, which were:

- » What happens if someone presents at Boston while having a stroke?

- » Is vital stroke medication administered in the ambulance?
- » Will a UTC treat a stroke patient? If not, how can an additional 28 mile journey to Lincoln be justified?

### Factors and impacts and/or mitigation measures that decision makers should consider

6.105 A key factor members of the public felt should be considered by decision makers are the impact of these plans on the carers and family members of patients accessing stroke services. With the difficulties already mentioned with poor road infrastructures, and a lack of public transport in many parts of the county, there is a concern that they are being disadvantaged by concentrating services in Lincoln. This was echoed by a representative from the Voices for All group.

*Patients need support from their families and need to demonstrate that the community model will support that – maybe utilise cottage hospitals as a step-down to get patients out of hospital quicker.*

**Member of the public, Skegness**

6.106 Members of the public in Boston were concerned that the population is set to increase there – it has increased by 30% in the last three years. Removing stroke services from the area is a concern given that retirees account for some of the population increase.

6.107 Another factor suggested was staffing and recruitment issues. Members of the public in Grantham felt that low staff wages are a factor in recruitment struggles, coupled with a feeling they are not valued. They also said that many are put off nurse training due to a lack of bursary and the pay prospects once they qualify.

6.108 As mentioned previously, the impact of the proposals on ambulance response times were a key concern across all groups. Several people said that the ambulance service is not routinely meeting targets, and that this would further increase the pressure.

*Given the Geography and transport problems we cannot meet the NICE guidelines of 1 hour to get acute stroke scanned and, if indicated, administered treatment. Outcomes will be poor. This area has seen great advances; I don't see how your proposal complies to guidelines.*

**Member of the public, Grantham**

6.109 There were also other concerns about the potential implications of the proposals on the ambulance service. It was felt that the costs associated with ambulance maintenance would increase if these changes were implemented. A member of the public in Louth questioned whether East Midlands Ambulance Service are equipped to stabilise stroke patients and a member of the Countywide PPG felt that representatives from the ambulance service ought to have been present to answer questions and respond to concerns.

6.110 Finally, several wider issues were flagged as important considerations:

- » A member of the public in Boston said that a lack of social care resource in the county would lead to difficulties in putting the proposals in place;
- » A member of the public in Skegness questioned what would be done to combat the environmental issues potentially caused by the proposals, e.g., due to further journeys being taken to hospitals further away); and
- » It was felt by a ULHT Patient Panel member that a transport plan is needed, particularly as 30% of Lincolnshire residents do not have access to a car.

## Equalities and health inequalities impacts

- 6.111 A Grantham senior citizens group representative said they were pleased overall with the plans for orthopaedic care and acute and community beds at Grantham hospital as, historically, older people have been treated well there.
- 6.112 However, there were some concerns about how the other elements of the proposals could negatively impact older people. The same representative from the senior citizens group was concerned that ambulances are now 'allowed' to drop patients at Grantham hospital on some occasions and questioned why older patients from the Grantham area would be taken to Lincoln, Boston or Peterborough to be treated when there is a hospital that is familiar to them on their doorstep?
- 6.113 At the Voices for All group, concern was also raised about people with mental health issues or disabilities who might need support to travel and might find it harder to deal with longer journeys.

## Other comments and feedback

- 6.114 Some participants shared specific comments relating to experiences of using the services in Lincolnshire, thinking about things such as waiting times and cancelled operations.
- 6.115 Most feedback on planned orthopaedic surgery was positive, with patients having experienced a good service. A ULHT Patient Panel member said they volunteer in a surgical unit in the county and regularly observe patients having a good experience of treatment and aftercare, with most sent home the next day.
- 6.116 However, one member of the public from Louth shared their experience of being an orthopaedic patient where they had some communication issues when attempting to make an appointment:

*When I called to arrange another appointment with the consultant, the appointment service called me back to offer me an appointment with another consultant. When I explained my need to see the original consultant, I was put through to another person at Lincoln who said exactly the same as the first person I spoke to. Again, I wasn't given the option of making an appointment with my original consultant. I still haven't managed to arrange the appointment with this consultant, and I am deeply concerned as I am on medication for conditions relating to cancer I have suffered. He knows my history and medication needs and I'm worried that another consultant won't.*

**Member of the public (patient), Louth**

- 6.117 A few experiences were also shared in relation to stroke services. A member of the public in Boston was concerned that when you call 999, you don't get given an ETA for the ambulance; another from Louth said that when they took their daughter to Grimsby Hospital with a suspected stroke, they were told they had to wait for an ambulance to take her to Lincoln. Finally, a member of the public in Skegness shared their concern about those who are discharged without access to transport:

*My husband was blue lighted to Lincoln – he was able to be collected at 9pm on a December evening. Luckily, our daughter was able to support to collect him but what about those without support and transport?*

**Member of the public, Skegness**

6.118 At the public meetings, several individuals made comments and asking questions about the cost of the consultation programme itself.

### Other questions asked during public meetings and other engagement events organised by NHS Lincolnshire CCG

6.119 As described earlier in this chapter, a large number of questions, comments and request for information were made at the public meetings and other engagement activities undertaken by NHS Lincolnshire CCG during the course of the consultation, with many being responded to by NHS managers and clinicians during the meetings.

6.120 While not necessarily constituting feedback on the proposals, these questions and comments are helpful in highlighting more general concerns and points of interest around acute health services in Lincolnshire. Therefore, in addition to the summary in this chapter, full lists of questions and comments have been included in Appendix III for reference.

# 7. Written submissions

## Introduction

- 7.1 In addition to the organisational responses to the consultation questionnaire covered in Chapter 4 of this report, 18 written or emailed submissions were received from residents, staff, organisations and stakeholders. The table below shows the breakdown of contributors by type.

Figure 60: Summary of written submissions received

<b>NHS TRUSTS AND PROFESSIONAL GROUPS</b>	
Stroke Therapy Services, Pilgrim Hospital, Boston	
<b>LOCAL AUTHORITIES AND POLITICAL GROUPS</b>	
Health Scrutiny Committee for Lincolnshire	South Kesteven District Council
<b>CHARITIES AND SPECIAL INTEREST/COMMUNITY GROUPS</b>	
Healthwatch Lincolnshire	Fulbeck Over 60s Club
<b>INDIVIDUAL RESIDENTS</b>	
13 individual responses from residents	

- 7.2 ORS has read all the written submissions and reported them in this chapter. Most have been reviewed in a thematic, summary format in order to identify the range of views and issues as well as common themes, though some that have presented unique or distinctive arguments, that refer to different evidence or were submitted on behalf of organisations and individuals representing groups of people, have been summarised individually for accessibility and to highlight their main arguments and any alternative proposals.
- 7.3 It is important to note that the views expressed by submission contributors may, in some cases, run contrary to available evidence. Nonetheless, ORS has not sought to highlight or correct any potentially incorrect statements or assumptions when summarising the views expressed; nonetheless, this should be borne in mind when considering the submissions.
- 7.4 The detailed written submissions in particular do not lend themselves to easy summary and so readers are encouraged to consult the remainder of the chapter below for an account of the views expressed. However, the following overview gives a sense of the types of issues raised: a 'summary of the summaries'.

## Summary of main findings

- 7.5 Much of the feedback received (from individual residents, Kesteven District Council and the Fulbeck Over 60s Club) related to the proposals for, and service provision more generally at, Grantham and District Hospital. The main issues raised were that:
- » The hospital has suffered from under-investment and service reductions for many years despite its strategic location, and the proposals represent further 'downgrading';
  - » Service provision should be at least maintained at Grantham: respondents particularly wished to see the retention of unplanned orthopaedic services, and the restoration of a full 24/7 A&E department;

- » Consideration could be given to providing acute stroke services in the area, for patients must currently travel significant distances for specialist care;
- » Increasing stroke rehabilitative provision and offering it locally (not just in Grantham and District, but in all areas) is essential;
- » The distance from the Grantham area to other hospitals is a concern, particularly in terms of access to full A&E services;
- » Travel difficulties (and costs) are particularly acute for the elderly, those on low incomes and those without access to a private car, especially if they are having to access follow-up care and/or rehabilitation some distance from home;
- » Patients being treated away from their local areas is challenging and expensive for visitors, adding to patients' stress and hindering their recovery;
- » Housing growth in Grantham means that health provision is a material planning consideration;
- » There are climate change implications when patients have to travel to and from hospitals; and
- » A lack of local hospital-based facilities may affect tourism.

7.6 The Stroke Therapy Team at Pilgrim Hospital, Boston wrote to say it understands the reasoning for developing a centre of excellence at Lincoln, but has concerns around:

- » An increase in the number of patients at Lincoln;
- » The lack of additional specialist staffing proposed for the Lincoln site;
- » An increase in stroke patients out-<sup>9</sup>lied to non-specialist wards who do not receive timely and effective specialised rehabilitation;
- » The management of more complex patients who require more intensive input; and
- » The availability (or lack thereof) of community beds and specialist stroke management within community hospitals.

7.7 Healthwatch Lincolnshire raised wider concerns around the impact of service changes on what it saw as the 'most affected' groups, namely: people living in rural and isolated communities; people living with disabilities and co-morbidities; public transport users; and people who are geographically impacted because of changes to current provision.

7.8 Healthwatch strongly urged the CCG to fully consider all negative and positive impacts on people and communities when reviewing the results of the public consultation and its Equality Impact Assessments.

### Response from the Health Scrutiny Committee for Lincolnshire

7.9 The Health Scrutiny Committee for Lincolnshire submitted a wide-ranging response to the consultation which combined feedback on the proposals with suggestions and requests to Lincolnshire CCG and ULHT.

7.10 Given the level of detail of this submission, it has not been included in this brief 'summary of summaries' It has, however, been précised at the end of this chapter and is included in full in Appendix IV of this report alongside the written submissions from the other four organisations.

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<sup>9</sup> Being placed on a non-stroke ward

## Summary tables of themes from residents' written submissions

<sup>7.11</sup> To ensure anonymity, submissions from individuals are summarised rather than reported verbatim. Below and overleaf are summary tables of the main themes emerging from these submissions received from residents. All of the feedback related to the proposed service changes at Grantham and District Hospital.

**Figure 61: Summary of main themes raised in written submissions – service provision at Grantham and District Hospital**

Sub-Theme	Example Comments/Points made
Grantham and District Hospital needs more investment	<i>"My views are it's about time they stopped these idiots from trying to close Grantham hospital and took some of the money from Boston and Lincoln and spent it in our hospital"</i>
Grantham and District Hospital should have a full A&E department	<i>"We need an A&amp;E"</i> <i>"Please get a 24-hour A&amp;E, just as it used to be. Your temporary measures were supposed to be just that (not six years)"</i> <i>"I am particularly concerned about A&amp;E provision for Grantham, a rapidly growing town with a major railway line. It takes time to get to Lincoln or Boston and much is demanded of the ambulance service"</i> <i>"... we had five hours to wait for an Ambulance then had to go all the way to Lincoln from Grantham so [my mum] died because we are all aware it's that first hour. Maybe if we'd had A&amp;E at Grantham, she might have been alright"</i>
Orthopaedic services should remain at Grantham and District Hospital	<i>"I do think that orthopaedic surgery should stay at Grantham Hospital"</i> <i>"In the 20 years that we have lived in Grantham, both of us have suffered fractures due to falls, which required theatre surgery. The treatment we received was outstanding at Grantham"</i> <i>"With the size of our local population, it is essential that Grantham retains a comprehensive orthopaedic service ..."</i>
Acute stroke services should be provided at Grantham and District Hospital	<i>"Stroke services should take place at Grantham and District Hospital. After having a stroke myself, it really is not in order to be taken to Nottingham"</i> <i>"Does this mean that there will continue to be no acute stroke service available for local people including inpatients who are unfortunate enough to suffer a stroke? A phone call to LCH is clearly not the same level of care as a physician seeing the patient"</i> <i>"As a healthcare worker, I find it difficult to explain to myself how acute stroke care can be denied to this area. As the nearest provider is at least one hour away with the decision-making being done about which patient to be shifted to Lincoln and which not, it appears like a lottery system. I feel that if I or a family member or friend requires the acute stroke services, it would not be of the standard expected as the time to thrombolysis will be a struggle to achieve"</i>
Stroke rehabilitation provision must be enhanced	<i>"It is important that when reconfiguration is implemented, there is significant additional investment in inpatient rehabilitation (including speech and language therapy, physiotherapy, occupational therapy, psychological and emotional support, orthoptist services and dieticians) to ensure that people affected by stroke have the support they need to rebuild their lives. It's also important that inpatient rehabilitation beds are protected so that patients requiring longer hospital stays are cared for in an appropriate therapeutic setting"</i>

<sup>7.12</sup> There was a shared view that overall service provision should be at least maintained at Grantham and District Hospital, and that investment is needed in local health services. Those submitting written feedback wished to see unplanned orthopaedic services retained, and a full 24/7 A&E department restored.

- 7.13 There was also some support for the provision of acute stroke services in the area, as patients must currently travel significant distances for specialist care. The importance of increasing rehabilitative provision and offering it locally (not just in Grantham and District, but in all areas) was also stressed.
- 7.14 The distance from the Grantham area to other hospitals was a concern, particularly in terms of access to full A&E services. Travel difficulties (and costs) were said to be particularly acute for the elderly and those without access to a private car, especially if they are having to access follow-up care and/or rehabilitation some distance from home.
- 7.15 Patients being treated away from their local areas was also said to be challenging and expensive for visitors, adding to patients' stress and hindering their recovery.

Figure 62: Summary of main themes raised in written submissions – distances to alternative hospitals

Sub-Theme	Example Comments/Points made
Distance to other hospitals could be detrimental to the patient experience	<p><i>"The distances patients will have to travel when they need urgent care are totally unacceptable"</i></p> <p><i>"You make people travel an hour away from villages taking them further on red routes. Over 50 people a year have lost their lives, could they have been saved if they had been allowed to go to Grantham Hospital, a fraction of the travel time?"</i></p> <p><i>"... one aspect that does worry and frighten me is when I do need medical attention, will I have to travel to Lincoln, Boston, Nottingham or Peterborough to get it?"</i></p> <p><i>"Lincoln, Boston and Peterborough are far away. When you are not well, then you have to stay in the ambulance for a long time until they can take you in"</i></p> <p><i>"Follow up to acute care involving travelling to centralised acute care outpatient appointments is difficult and increasingly unaffordable to some without cars"</i></p> <p><i>"It ... ignores travel problems for the 15%-25% without cars, whether to acute centres or for rehabilitation. You need to solve this"</i></p>
Distance to other hospitals is challenging for visitors	<p><i>"... Longer travel times for families and carers which could place a financial burden on them and restrict how often they can visit their loved one in hospital"</i></p> <p><i>"It also adds stress to the person who is being visited, because their family have to make such a long journey to come as see them, not helping their recovery"</i></p> <p><i>"I'm a frequent user of NHS services [and am] concerned for my wife visiting. We're both in our 80s, both still drive, but I'm worried about having to go to hospital in Lincoln and the travel involved. The travel from Grantham to Lincoln; not good roads"</i></p>
Distance to other hospitals is challenging for elderly residents	<p><i>"Elderly people along the coast are getting very frightened as they feel they are losing services closer to home and ambulances are taking longer to get to them"</i></p> <p><i>"The few occasions we have sought hospital treatment as OAPs have regrettably necessitated the most awful of journeys to Lincoln County Hospital (and back) ..."</i></p>
Travel to other hospitals is particularly challenging and costly by public transport	<p><i>"When you can't drive yourself, and there's not buses in the middle of the night, by the time you get to Boston (which doesn't have a good rep), or Lincoln, you are dead"</i></p> <p><i>"Public transport as it is does not facilitate 60-mile round trips"</i></p> <p><i>"Public transport is a real issue along the coast ..."</i></p> <p><i>"Patients discharged in the early hours having to pay £60 for a taxi home"</i></p>

- 7.16 Other issues raised by individual residents were that: Grantham and District is a growing area that requires appropriate levels of healthcare provision locally; and that centralised services do not fit with the Government's 'zero carbon' aims.

Figure 63: Summary of main themes raised in written submissions – other issues

Sub-Theme	Example Comments/Points made
A growing population requires appropriate healthcare services	<i>“Grantham is a massively growing town”</i> <i>“Not only are more homes going up in Grantham, the villages are growing in size as well. When you phone for an ambulance, you can wait for two hours”</i>
Centralised services do not fit with the Government’s emissions policy	<i>“Centralisation undermines government policy on ‘zero-carbon’ transport which will mean that fewer of the poor and vulnerable will have electric cars”</i>

## Summaries of submissions from stakeholder organisations

<sup>7.17</sup> Response from organisations have been summarised individually as they are more detailed than the shorter responses from individual residents, or have been written to represent the views of larger groups of people. Some of the submissions point to additional or alternative sources of evidence. As noted above, it is not ORS role to assess the validity this evidence or the accuracy of the statements made. We recommend that readers also refer to Appendix IV of this report, which contains the full verbatim submissions.

### The Stroke Therapy Team, Pilgrim Hospital, Boston

The team understands the reasoning for developing a centre of excellence at Lincoln but feels that the full pathway has not been considered in terms of the wide range of complex patients’ needs. Their main concerns are around:

- » An increase in the number of patients at Lincoln;
- » An increase in stroke patients out-ried<sup>10</sup> to non-specialist wards who do not receive timely and effective specialised rehabilitation;
- » The lack of additional specialist staffing at the Lincoln Site; and
- » The management of slower stream, more complex patients who require more intensive input.

The team accepts that patients need to be discharged home quickly and receive stroke support from the Lincolnshire Stroke Service. However, it says that a percentage of patients are unable to go home, requiring more specialist rehabilitation on their sitting ability and/or having non-oral feeding requirements – and that there is evidence to suggest that these patients would benefit from further multi-disciplinary team (MDT) input to prevent longer-term seating problems, contractures, pressure sore development, reduced mobility, management of swallowing problems and, possibly, risk of death. This group of patients also need expert input including the use of special equipment which is not available in the community.

The team feels that beds in community hospitals are rarely available and there is lack of specialist stroke management, meaning patients do not reach their full potential/outcomes. When working with the Lincolnshire Stroke Service on best discharge outcomes, the Service often advises that referring to a community bed will not provide the necessary specialist rehabilitation for these patients. This apparently results in patients being referred to a new placement despite the fact that if they had further rehabilitation, they could have returned home in certain cases.

<sup>10</sup> Being placed on a non-stroke ward

The team recommends that funding is maintained for the number of beds at Pilgrim Hospital, Boston to enable patient flow. It also believes that stroke-specific inpatient rehabilitation beds are key to the success of the proposal should it be taken forward.

## South Kesteven District Council

South Kesteven District Council supports a fully-functioning, 24/7 A&E Department for Grantham and District Hospital.

At a recent meeting, Members highlighted concern over continued service reductions at Grantham and District Hospital and the consultation itself, which, it was felt, is *“not a meaningful consultation but a tick box exercise with a bias against Grantham Hospital”*.

Furthermore, an individual councillor made the following points:

- » Previous consultations have recognised Grantham as a strategic location, and proposals have changed accordingly;
- » The services offered at Grantham and District Hospital affect every single resident, as no-one is immune to accidents and the need for urgent treatment at A&E or a UTC;
- » Housing growth in Grantham means that health provision is a material planning consideration;
- » There are climate change implications when patients have to travel to and from hospitals; and
- » A lack of local hospital-based facilities may affect tourism.

Reference was made to the closure of the hospital in June 2020, and the Judicial Review that had been brought in connection with the closure of the acute care services for a period of time, and how the level of services had been downgraded and eroded.

Members also stated that the information ULHT had given during the closure period due to Covid-19 was flawed, as they had failed to mention that 33,000 residents had signed a petition for the 24/7 restoration of emergency services at Grantham hospital under the Healthy Conversation 2019 engagement exercise.

## Healthwatch Lincolnshire

Healthwatch Lincolnshire acknowledges the significance of the four service areas as they *“affect so many patients across the county.”* It believes that any changes to these services will impact people in various ways, and that the most affected groups will be:

- » People living in rural and isolated communities;
- » People living with disabilities and co-morbidities;
- » Public transport users; and
- » People who are geographically impacted because of changes to current provision.

Healthwatch Lincolnshire strongly believes that the CCG must fully consider all negative as well as positive impact on people and communities when reviewing the results of the public consultation and its Equality Impact Assessments.

In terms of the consultation, Healthwatch Lincolnshire acknowledges the significant amount of effort the CCG has made to invite people to respond to their public consultation and is encouraged to note the large and diverse number of responses. It is also reassured by the fact that the CCG will be using Opinion Research Services to collate the feedback received.

## Fulbeck Over 60s Club

The Fulbeck Over 60s Club, which has 26 members, submitted a letter that did not refer specifically to the proposals under consultation, but did refer to concerns around travel and access to receive healthcare.

The submission stated that full ear and eye treatment should be available at Grantham and District Hospital. It notes that some of the club members are having to travel to Boston (70 miles) and Louth (100 miles) for cataract operations and appointments previously undertaken/held at Grantham, with transport costing up to £100.

The Club is concerned that, in future, the elderly and low-income residents will be unable to afford these transport costs due to the rise in the cost of living and will have no choice but to cancel appointments.

## Health Scrutiny Committee for Lincolnshire

- <sup>7.18</sup> Although the Health Scrutiny Committee (henceforth the HSC or the Committee) fully accepts the evidence underpinning the need for change, it is not completely convinced that the proposal is right for the people of Lincolnshire.

### The HSC's views on the proposal for Orthopaedic Surgery

The HSC tends to disagree with the proposal to introduce a centre of excellence for orthopaedic surgery. Although it understands the concept and intentions, the Committee disagrees for the following reasons:

- » Concerns around accessibility for patients across Lincolnshire, particularly those in the east where age, deprivation, and public transport usage is higher than average. The HSC requests further details on the support proposed for these patients;
- » It is not convinced that the proposal would improve the recruitment and retention of staff; and
- » It is not clear how many patients would choose to have their elective orthopaedic surgery at a hospital outside Lincolnshire. This could potentially impact on neighbouring healthcare systems, the continued use of the independent sector, and funding for the Lincolnshire healthcare system.

However, the Committee strongly supports the continuation and expansion of day case orthopaedic surgery at County Hospital, Louth.

### The HSC's views on the proposals for Urgent and Emergency Care

The HSC strongly disagrees with the proposal for an UTC at Grantham and District Hospital because:

- » Recruiting and retaining staff to the proposed UTC will not be straightforward, and there may be times in future whereby staff are re-allocated from the UTC to support A&E departments, thus reducing the capacity of the proposed Centre; and
- » It has not yet been assured that the 3% of patients who cannot be treated at the proposed UTC will not be discharged from another A&E department without transport or a means of returning home when public transport is unavailable.

The HSC recommends that:

- » There should be clear publicity around what is provided at the Grantham UTC, as the term is a relatively new concept within the NHS;
- » The modest capital investment for the expansion of the proposed UTC into unused parts of the hospital should be identified, and the development planned and implemented, immediately.

## The HSC's views on the proposals for Acute Medical Beds

The HSC tends to agree with the proposal to provide integrated community/acute medical beds at Grantham and District Hospital because:

- » It is likely to improve the recruitment and retention of consultants and middle-grade doctors; and
- » It supports the concept of integrating health and social care services, and the potential for Grantham to become a centre of excellence for multi-disciplinary care and a template for other similar centres.

The Committee also made the following additional comments:

- » There are concerns that if the proposed UTC is developed, with an extended range of services compared to other similar centres, there is a risk that withdrawing any of these services would impact on the arrangements for acute and community beds;
- » As the integration agenda develops, there may be discussions on where the funding for services is held. If budgets are to be held by local authorities, the Committee would wish to see the County Council receiving adequate funding to ensure high quality service provision; and would not wish to see it becoming a burden on the Council's finances; and
- » The HSC would wish to be made aware of any changes to the proposed community bed provision detailed in Chapter 11 of the pre-consultation business case.

## The HSC's views on Stroke Services

The Committee tends to disagree with the proposal for a Stroke centre of excellence at Lincoln County Hospital. It is not convinced by all the arguments put forward, and disagrees for the following reasons:

- » The proposal is another example of services being consolidated at Lincoln County Hospital and, in this case, the displacement of 497 patients each year. This leads to the perception that services at Pilgrim Hospital, Boston are gradually being downgraded;
- » The east coast of Lincolnshire has a large population with high levels of deprivation. Withdrawal of acute hospital services is likely to have a significant impact on wellbeing;
- » The pre-consultation business case does not consider the capacity of the North West Anglia NHS Foundation Trust to treat as many as an extra 250 stroke patients a year;
- » It is important to recognise how the proposed changes affect the availability of the East Midlands Ambulance Service; and
- » The Committee is not convinced that the proposals will lead to improvements in the recruitment and retention of staff.

The Committee also urges that clinics for the treatment and follow-up of transient ischaemic attacks should continue at Pilgrim hospital.

## Equalities impacts

The HSC urges the NHS in Lincolnshire to take full account of equalities assessments prior to making decisions on service changes.

## Travel and transport

The HSC does not believe it is the County Council's role to facilitate changes to public transport provision, solely and directly in response to changes to NHS services. Furthermore, the Committee has concerns over evening and overnight discharges when public transport does not operate.

The Committee notes the references in the pre-consultation business case to non-emergency patient transport services as means of mitigating the impact of the withdrawal of services from certain locations. It considers it important that patient transport not only continues to be offered to lessen the impacts of any service changes, but also any revisions arising from the implementation of the national criteria, including any flexibilities in those criteria, are used to the full for the benefit of patients in Lincolnshire.

### Staff recruitment and retention

The Committee is not convinced that the proposed service changes alone will address staffing challenges. They note that the supply of medical and nursing staff is a national issue, thus not solely the responsibility of the NHS in Lincolnshire. A difficulty is that many medical and nursing staff are more attracted to a flexible agency style of working.

### Links to neighbouring health systems

The HSC seeks reassurance that neighbouring health systems will be able to cope with any increased demand on their services from the displacement of Lincolnshire patients. Furthermore, there is concern that there may be proposals to withdraw some acute hospital services from either the Diana Princess of Wales Hospital in Grimsby or Scunthorpe General Hospital, which would in turn *“lead to increased pressures on the acute hospital services provided by United Lincolnshire Hospitals NHS Trust”*.

### The HSC’s views on the consultation

The HSC would like to see the full consultation report to provide an assessment on how well the delivery of leaflets to households has worked as *“anecdotal evidence suggests that many households did not receive a consultation leaflet”*.

The Committee understands that there has been some very low attendance at the in-person consultation events and feels that the pre-booking system *“might have deterred people from coming forward with their views”*.

The Committee feels that although there were 2,495 online responses at the time of writing, the reach of the consultation could have been *“more extensive and elicited more responses”*. It acknowledges, though, that this reach has been constrained in part by the Covid-19 pandemic.

## 8. Petitions and standardised submissions

### Introduction

- 8.1 Two petitions were submitted during the consultation period and are summarised below.

### Petition 1 (organised by SOS Grantham) – 1,302 signatures

- 8.2 SOS Grantham organised the petition below on behalf of 'United GDH Campaigners', which also includes two other groups: 'Is Anyone Listening? Lincolnshire' and 'Fighting 4 Life Lincolnshire'. ORS received **818** signed paper copies of the standardised letter and petition statement.
- 8.3 Although not notified by the petition organisers, ORS is also aware that **484** individuals supported the same petition online at the Care2 Petitions website; while it is not clear whether some of the same people may have also submitted paper copies, they have nonetheless been included to give a total of **1,302** signatures.
- 8.4 The petition statement can be seen overleaf. It was preceded by some contextual text in the form of an 'open letter', as summarised below and included verbatim in the appendices to this report.

### Petition introduction

- » Grantham and District Hospital is located on busy rail and road routes. The area attracts many visitors and is a Growth Town with plans for at least 7,000 more homes, new business parks and retail developments;
- » Grantham is approximately 45 minutes by car from the next nearest A&E Department. Downgrading acute care services at Grantham & District Hospital will put lives at risk, and cause pain, suffering and stress to patients and/or their visitors;
- » Grantham area patients will not have parity with those in the Lincoln or Boston areas;
- » The changes will not make services safer but less so. Local patient resuscitation, intubation and stabilisation will be undermined;
- » The plans will result in little more than a cottage hospital unable to handle emergency patients and non-planned surgery, or care for acutely ill elderly patients. Of particular concern are the low income, elderly and disabled residents likely to be most affected.

### Orthopaedic Services

- » Complex fractures require urgent specialist treatment, but those with less serious fractures could incur further injury on route to other hospitals via poor roads. As such, simple fractures should be treated at Grantham & District Hospital;
- » The majority of patients requiring surgery would prefer it to be completed locally, with the exception of complex cases.

### Stroke services county wide

- » Lincolnshire CCG has ignored Grantham and District residents in its emergency stroke plans, despite the significant distance to alternative provision;
- » A clear plan indicating how Grantham emergency stroke patients will be stabilised in the absence of a local A&E unit and without an emergency stroke unit or ACU is required.

### Urgent and emergency care at Grantham Hospital

- » Lincolnshire CCG's plans will result in 120,000 residents having to travel between 15-45 miles to their next alternative A&E units at Lincoln, Peterborough and Nottingham;
- » The plan puts lives at risk and will affect many patients;
- » Other A&E departments are too busy, and Grantham patients going elsewhere affects those hospitals too;
- » Grantham & District A&E staff had the skills and equipment, supported by consultants in the ACU, to be able to handle a wide range of acute medical conditions.

### Acute Medicine at Grantham Hospital

- » The CCG's proposal for integrated community/acute medical beds will result in fewer patients being admitted into Grantham and District Hospital;
- » The CCG proposes to remove elderly patients with complex needs from the secure and supportive hospital environment and move them to alternative hospital sites requiring risky journeys, or into community care which is known to be fragmented and where monitoring patient progress and outcomes will become much more challenging.

### Consultant training and staff

- » Grantham and District Hospital was popular among doctors training as specialist consultants and had training equipment available;
- » Proposals for consultants to work mainly between Lincoln and Boston will lead to dissatisfied staff and will make hospital services across the county less sustainable.

*In view of the concerns raised I OPPOSE the recommendations in the Lincolnshire Clinical Commissioning Group Acute Service Review 2021. I call for a full restoration of acute services at Grantham & District Hospital and consider if the changes are implemented that the CCG will not have fully reflected my concerns in their Public Consultation. I would also consider what is left of our District Hospital to be little more than a cottage hospital and that future development plans for the area should take this into consideration.*

### Earlier SOS Grantham petition

- <sup>8.5</sup> ORS was also notified that, prior to the development of proposals and the formal consultation period, SOS Grantham organised an online petition calling for the restoration of a full A&E department at Grantham and District Hospital. The petition, which was first established in 2016 and updated several times since, was signed by 63,507 people and has previously been submitted to NHS Lincolnshire CCG.

## Petition 2 (organiser unknown) - 517 signatures

- 8.6 The following petition, of unknown origin, was signed by **517** people and submitted to ORS.

*Do you think the residents of Grantham and surrounding villages need*

*a) An Urgent Treatment Centre*

*b) A 24/7 Level 1 Accident & Emergency Service (A&E)*

*Please sign below and tick your preference*

- 8.7 516 of the 517 signatories chose to support option b: a 24/7 'Level 1' A&E Service.

### Note on petitions

- 8.8 Petitions are clearly important in indicating public anxiety about important aspects of the 'Acute Services Review' (previously known as ASR) proposals, and so those leading the consultation must treat them seriously. Petitions should never be disregarded, for they indicate strong local feelings on specific issues. These observations are not included to undermine the sentiments expressed, but rather to provide a context within which petitions might be interpreted.
- 8.9 Nonetheless, it should also be noted that petitions seldom provide detailed information about the specific proposals under consultation; nor do they tend to direct potential signatories toward available sources of information to consider before deciding whether or not to sign. Petitions can therefore exaggerate general public sentiments if organised by motivated opponents to change.
- 8.10 It is also notable in this particular case, that neither petition submitted in response to the formal consultation opposes the proposals *in favour* of the status quo. Rather, they support *alternative proposals* for the full restoration of acute services, including a 24-hour A&E, which are not currently in place in Grantham. This is, of course, a viewpoint also expressed by some respondents in the other consultation strands and covered elsewhere in this report.

# Appendix I: Table of figures

Figure 1 - Views on the need for change to respond to challenges in delivering NHS services in Lincolnshire (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE) .....	11
Figure 2 - Views on the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day case orthopaedic surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE) .....	12
Figure 3 - Views on the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE) .....	15
Figure 4 - Views on the proposal to provide 24/7 walk-in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, BY CLOSEST HOSPITAL) .....	16
Figure 5 - Views on the proposal to provide integrated community/acute medical beds at Grantham and District Hospital (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE) .....	20
Figure 6 - Views on the proposal to provide a Centre of Excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service (from the consultation questionnaire and residents telephone survey, BY STAKEHOLDER TYPE) .....	23
Figure 7 - Views on the proposal to provide a Centre of Excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service (from the consultation questionnaire and residents telephone survey, BY CLOSEST HOSPITAL) .....	24
Figure 8: To what extent do you agree or disagree that Lincolnshire's NHS needs to make changes to respond to the challenges? OVERALL .....	38
Figure 9: To what extent do you agree or disagree that Lincolnshire's NHS needs to make changes to respond to the challenges? BY NEAREST HOSPITAL .....	38
Figure 10: Level of agreement that Lincolnshire's NHS needs to make changes to respond to the challenges, BY POPULATION CHARACTERISTICS .....	39
Figure 11: To what extent do you agree or disagree with this proposal for orthopaedic surgery? OVERALL .....	40
Figure 12: To what extent do you agree or disagree with this proposal for orthopaedic surgery? BY CLOSEST HOSPITAL .....	40
Figure 13: Level of agreement with the proposal for orthopaedic surgery, BY POPULATION CHARACTERISTICS .....	41
Figure 14: To what extent do you agree or disagree with this proposal for urgent and emergency care at Grantham Hospital? OVERALL .....	42
Figure 15: To what extent do you agree or disagree with this proposal for urgent and emergency care at Grantham Hospital? BY CLOSEST HOSPITAL .....	42
Figure 16: Level of agreement with the proposal for urgent and emergency care at Grantham Hospital, BY POPULATION CHARACTERISTICS .....	43
Figure 17: To what extent do you agree or disagree with this proposal for acute medical beds at Grantham and District Hospital? OVERALL .....	44
Figure 18: To what extent do you agree or disagree with this proposal for acute medical beds at Grantham and District Hospital? BY CLOSEST HOSPITAL .....	44
Figure 19: Level of agreement with the proposal for acute medical beds at Grantham Hospital, BY POPULATION CHARACTERISTICS .....	45
Figure 20: To what extent do you agree or disagree with the proposal for stroke services? OVERALL .....	46
Figure 21: To what extent do you agree or disagree with the proposal for stroke services? BY CLOSEST HOSPITAL .....	46

Figure 22: Level of agreement with the proposal for stroke services, BY POPULATION CHARACTERISTICS.....	47
Figure 23: Map showing number of responses per LSOA (for questionnaires where a postcode was provided) .....	54
Figure 24: Views on the need for change, BY STAKEHOLDER TYPE (individual questionnaire respondents only).....	55
Figure 25: Views on the need for change BY CLOSEST HOSPITAL (all individual respondents, where postcodes were provided) .....	56
Figure 26: Views on the need for change BY DISTRICT (individuals respondents only, where postcodes are provided) .....	56
Figure 27: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with the need for change, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement .....	57
Figure 28: Views on the need for change BY INDICES OF MULTIPLE DEPRIVATION (IMD) (all individual respondents living in Lincolnshire only, where postcodes were provided) .....	57
Figure 29: Views on the need for change BY KEY DEMOGRAPHICS (individuals only).....	58
Figure 30: Views on the proposals for acute services BY AGREEMENT OR DISAGREEMENT WITH THE NEED FOR CHANGE (individuals only).....	59
Figure 31: Views on the proposal for orthopaedic surgery, by stakeholder type.....	60
Figure 32: Views on the proposal for orthopaedic surgery BY CLOSEST HOSPITAL (individuals only) .....	60
Figure 33: Views on the proposal for orthopaedic surgery BY DISTRICT (all individual respondents only) .....	61
Figure 34: Views on the proposal for orthopaedic surgery BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only).....	61
Figure 35: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for orthopaedic surgery in Lincolnshire, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement.....	62
Figure 36: Views on the proposal for orthopaedic surgery BY KEY DEMOGRAPHICS (individuals only) .....	63
Figure 37: High-level summary of the further comments made in response to the text question about the proposal for orthopaedic services.....	64
Figure 38: Views on the proposal for urgent and emergency care, by stakeholder type .....	69
Figure 39: Views on the proposal for urgent and emergency care BY CLOSEST HOSPITAL (individuals only) .....	69
Figure 40: Views on the proposal for urgent and emergency care BY DISTRICT (individuals only) .....	70
Figure 41: Views on the proposal for urgent and emergency care BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only).....	70
Figure 42: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for a 24/7 Urgent Treatment Centre at Grantham and District Hospital, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement .....	71
Figure 43: Views on the proposal for urgent and emergency care BY KEY DEMOGRAPHICS (individuals only) .....	72
Figure 44: High-level summary of the further comments made in response to the text question about the proposal for urgent and emergency care.....	73
Figure 45: Views on the proposal concerning acute medical beds, by stakeholder type .....	78
Figure 46: Views on the proposal concerning acute medical beds BY CLOSEST HOSPITAL (individuals only) .....	78
Figure 47: Views on the proposal concerning acute medical beds BY DISTRICT (individuals only) .....	79
Figure 48: Views on the proposal concerning acute medical beds BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only).....	79
Figure 49: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for integrated community/acute medical beds at Grantham and District Hospital, with their location (based on	

individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement.....	80
Figure 50: Views on the proposal concerning acute medical beds BY KEY DEMOGRAPHICS (individuals only) .....	81
Figure 51: High-level summary of the further comments made in response to the text question about the proposal for community/acute medical beds at Grantham and District Hospital.....	82
Figure 52: Views on the proposal for stroke services, by stakeholder type .....	86
Figure 53: Views on the proposal for stroke services BY CLOSEST HOSPITAL (individuals only) .....	86
Figure 54: Views on the proposal for stroke services BY DISTRICT (individuals only).....	87
Figure 55: Views on the proposal for stroke services beds BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individuals only).....	87
Figure 56: Maps illustrating agreement (green) and disagreement (red) of questionnaire respondents with proposals for stroke services in Lincolnshire, with their location (based on individual respondents who provided their postcode); darker shading indicates the most concentrated areas of agreement or disagreement.....	88
Figure 57: Views on the proposal for stroke services BY KEY DEMOGRAPHICS (individuals only).....	89
Figure 58: High-level summary of the further comments made in response to the text question about the proposal for stroke services. ....	90
Figure 59: High-level summary of the further comments made in response to the text question about equalities impacts .....	96
Figure 60: Summary of written submissions received.....	128
Figure 61: Summary of main themes raised in written submissions – service provision at Grantham and District Hospital.....	130
Figure 62: Summary of main themes raised in written submissions – distances to alternative hospitals.....	131
Figure 63: Summary of main themes raised in written submissions – other issues .....	132

# Appendix II: Detailed tables of questionnaire text comments

The tables below provide a more detailed account of the text comments provided by individuals responding to the five open-ended questions in the consultation questionnaire (summarised in Figure 37, Figure 44, Figure 51, Figure 58 and Figure 59 in the main body of the report). It should be noted that some respondents made broader comments or raised concerns about other proposals than those address directly by each of the questions. Nonetheless, those responses are also included in the tables below for completeness.

## Comments in relation to the proposals for orthopaedic surgery

**Supportive/positive comments made in response to the proposals for orthopaedic surgery.**

**Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,684)**

Summary of supportive comments		Number of respondents	%
General agreement with the proposal	General agreement with proposal	271	16%
	Agree with centre of (orthopaedic) excellence (no location specified)	121	7%
	Agree with location of centre of (orthopaedic) excellence at Grantham Hospital	134	8%
Positive comments about quality of care	Will improve quality of care (general comment)	59	4%
	Will improve quality of urgent care/alleviate pressure	1	*
	Will improve quality of emergency care/alleviate pressure	10	1%
	Fewer cancellations of services	108	6%
	It will make sure services are future proofed/more sustainable	4	*
Positive comments about staffing / waiting times	Will have positive impact on efficiency of service/reduce waiting times	133	8%
	Will have positive impact on ability to attract/retain staff	24	1%

**Concerns/negative comments made in relation to the proposals for orthopaedic surgery.**

**Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,684)**

Summary of concerns		Number of respondents	%
General disagreement with the proposal	General disagreement with proposal	49	3%
	Disagree with location of centre of (orthopaedic) excellence (no location specified)	6	*
	Disagree with location of centre of (orthopaedic) excellence at Grantham Hospital	25	1%
	Centre of (orthopaedic) excellence should be at Lincoln County Hospital	10	1%
	Centre of (orthopaedic) excellence should be at Pilgrim Hospital, Boston	15	1%
	Maintain unplanned surgery at Grantham and District Hospital	51	3%
	Maintain planned surgery/services at Lincoln County Hospital/ Pilgrim Hospital, Boston	20	1%
	Maintain planned surgery/services at County Hospital Louth	13	1%

	Maintain emergency services at Grantham and District Hospital	23	1%
<b>General concerns about travel/access (incl access to specific hospitals)</b>	Concerns about access i.e., poor transport links/increased travel times/distance	320	19%
	Concerns about access to Lincoln County Hospital	67	4%
	Concerns about access to Grantham and District Hospital	124	7%
	Concerns about access to Pilgrim Hospital, Boston	29	2%
	Concerns about access to County Hospital Louth	138	8%
	People should not have to travel/keep services local	164	10%
	Too much travelling would be required/Travelling too far under difficult circumstances	32	2%
	<b>Concerns about travel/access practicalities</b>	Concerns about cost, i.e., too expensive, not having access to money at the time	73
Concerns about frequency i.e., not enough buses, not running at certain times of day		19	1%
Concerns about transport routes, i.e., not direct enough, doesn't cover all areas		60	4%
Concerns about state of public transport generally		83	5%
Concerns about road infrastructure/quality of roads (general comment)		9	1%
Concerns about road infrastructure/quality of roads to Lincoln County Hospital		5	*
Concerns about road infrastructure/quality of roads to Pilgrim Hospital, Boston		3	*
Concerns about road infrastructure/quality of roads to County Hospital Louth		8	*
Concerns about traffic congestion/road closures affecting travel times		4	*
Concerns about parking/need to improve/more parking (general comment)		5	*
Concerns about parking facilities at Grantham and District Hospital		1	*
Concerns about parking facilities at County Hospital Louth		1	*
<b>Concerns about access for particular groups</b>	Concerns about access for older people/the elderly	98	6%
	Concerns about access for people with disabilities (inc. ASD, learning disabilities)	14	1%
	Concerns about access for people from a deprived background/low income	11	1%
	Concerns about access for people without access to a vehicle	120	7%
	Concerns about access for people unable to drive, i.e., after surgery	29	2%
	Concerns about access for people who are in a lot of pain or discomfort/ unwell	21	1%
	Concerns about access for people who have had a stroke	1	*
	Concerns about access for children	2	*
	Concerns about people needing to get home afterwards	17	1%
	Concerns about other vulnerable groups e.g., refugees, experiencing homelessness	6	*
	Concerns about access for family members, e.g., to visit	97	6%
<b>Concerns about ambulances/PT</b>	Concerns about Patient Transport, i.e., not able to cope with demand	20	1%
	Concerns about impact on Ambulance service	19	1%
	Concerns about Ambulance response times, taking too long to reach patient/hospital.	9	1%
<b>Concerns about impact on quality of care</b>	Won't improve quality of care (general comment)	11	1%
	Concerned about negative impact on quality of care/additional pressure (general)	27	2%
	Concerned about negative impact on quality of care/additional pressure at Lincoln	2	*
	Concerned about negative impact on quality of care/additional pressure at Grantham	3	*
	Concerned about negative impact on quality of care/additional pressure at Pilgrim	3	*
	Concerned about negative impact on quality of care/additional pressure at Louth	1	*
	Concerned about negative impact on quality of emergency care	4	*
	Concerns about access to the right staff if at the wrong hospital in an emergency	1	*
	Concerns about time to transfer from one hospital to another in an emergency	1	*
	Poor quality of care provided/already under pressure/can't cope (general)	9	1%
	Poor quality of care provided/already under pressure/can't cope at Lincoln	18	1%
	Poor quality of care provided/already under pressure/can't cope at Grantham	6	*
	Poor quality of care provided/already under pressure/can't cope at Pilgrim	11	1%
	Poor quality of care provided/already under pressure/can't cope at Louth	5	*

<b>Concerns about patient outcomes</b>	Concerns about outcomes where time really matters/missing 'golden hour' (general)	1	*
	Concerns about outcomes where time really matters (for people in/around Grantham)	1	*
	Concerns about outcomes where time really matters (for people in/around Boston)	1	*
	Concerns about outcomes where time really matters (for people further from Lincoln)	1	*
	Concerns people will die as a result of having to travel further for care	11	1%
<b>Concerns about impact on staffing/waiting times</b>	Will have a negative impact on efficiency of service/increase waiting times	13	1%
	Won't improve ability to attract/retain staff	8	*
	Concerns about negative impact on ability to attract/retain staff/ staff shortages	14	1%
	Concerns about negative impact on ability to attract/retain staff at smaller sites	2	*
<b>Concerns about population growth / demographic change</b>	Does not take into account/properly address growing population (general)	6	*
	Does not take into account/properly address growing population in Grantham	22	1%
	Does not take into account/properly address growing population in Boston	1	*
	Does not take into account/properly address growing population across Lincolnshire	7	*
	Does not take into account/properly address aging population (general)	5	*
	Does not take into account/properly address aging population in Grantham	3	*
	Does not take into account/properly address aging population in Boston	1	*
	Does not take into account/properly address aging population across Lincolnshire	4	*
	There is a growing population (in general)	11	1%
	There is a growing population in Grantham	38	2%
	There is a growing population in Boston	5	*
	There is a growing population across Lincolnshire	7	*
	<b>Other concerns about the proposal</b>	Environmental impact due to increased journeys i.e., increased carbon footprint etc.	15
Will negatively affect local residents: more people in area/traffic/pollution/noise		2	*
Concerns given increasing number of accidents on the roads		2	*
Grantham is at high risk of a major incident due to location (A1, rail, flight paths)		5	*
This is very short sighted		3	*
This is about cutting costs/not about providing best service		23	1%
Not good value for money		5	*
Grantham and District Hospital is/has been downgrading over a period of time		15	1%
This will lead to Grantham and District Hospital closing		4	*

**Other comments made in relation to the proposals for orthopaedic surgery.**

**Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,684)**

Summary of other comments		Number of respondents	%
<b>Other travel/access comments</b>	Generally good access to services/facilities: good transport links/close/easy to reach	15	1%
	Good access to Lincoln County Hospital	7	*
	Good access to Grantham and District	26	2%
	Good access to Pilgrim hospital	9	1%
	Good access to County Hospital Louth	10	1%
	Pre- and post op appointments should be local	13	1%
	Free transport service between sites should be provided	11	1%
	Good road infrastructure/quality of roads (general comment)	4	*
	Good road infrastructure/quality of roads to Grantham and District Hospital	4	*
	Good road infrastructure/quality of roads to County Hospital Louth	2	*
	Good parking/easier to park at Grantham and District Hospital	1	*

<b>Other comments about quality of care</b>	Need facilities to stabilise patients/provide appropriate treatment before transfer	2	*
	Need facilities to stabilise patients/provide appropriate treatment during transit	1	*
	All hospitals should be able to provide initial care	10	1%
	There is good quality of care (general comment)	4	*
	There is good quality of care at Lincoln County Hospital	4	*
	There is good quality of care at Grantham and District Hospital	28	2%
	There is good quality of care at Pilgrim Hospital, Boston	5	*
	There is good quality of care at County Hospital Louth	8	*
<b>Other staffing /efficiency comments</b>	We need to improve efficiency/reduce waiting times	44	3
	It will be the same surgeons who work at all sites	4	*
	Need staff to meet a range of conditions (general comment)	8	*
	Need staff to deal with the medical condition admitted	1	*
<b>Comments about possible alternatives / other suggestions</b>	Improve/Invest in facilities/services (general comment)	29	2%
	Improve/Invest in facilities/services at Lincoln County Hospital	10	1%
	Improve/Invest in facilities/services at Grantham and District Hospital	41	2%
	Improve/Invest in facilities/services at Pilgrim Hospital, Boston	7	*
	Improve/Invest in facilities/services at County Hospital Louth	12	1%
	Restore Grantham and District Hospital to what it was before	4	*
	Make Grantham and District Hospital a fully serviced hospital	34	2%
	Restore the A&E at Grantham and District Hospital fully (24/7), to what it was before	39	2%
	Improve wages/benefits/think of innovative ways to recruit/retain staff e.g., housing	4	*
	Staffing issues need to be addressed at a national level	3	*
	Have teams of staff that move across sites	6	*
	Community nursing should be done in local centres such as nursing homes, hospices	2	*
	Other alternative/suggestion	22	1%
<b>Criticism of the consultation</b>	More information needed	20	1%
	Proposals aren't clear/are confusing	10	1%
	Minds already made up/this is a paper exercise	2	*
	Consultation is biased/flawed/leading questions	7	*
	Not enough ground level/on-site consultation/ask the people who live here	3	*
	Other criticism of consultation	14	1%
<b>Other comments</b>	Agree with provision of a 24/7 UTC at Grantham and District Hospital	5	*
	Agree with better integration between services in the community and hospital	1	*
	Agree with provision of Acute medical beds at Grantham and District Hospital	2	*
	Agree there should be a dedicated centre for Stroke/Heart problems at Lincoln	1	*
	Leave services as they are (general comment)	12	1%
	Leave services as they are at Lincoln County Hospital	4	*
	Leave services as they are at Pilgrim Hospital, Boston	9	1%
	Leave services as they are at Grantham and District Hospital	12	1%
	Leave services as they are at Lincoln County Hospital/ Pilgrim hospital	1	*
	Hospitals should be multi-purpose/no sites for a specific reason/reasons	27	2%
	Acute medical beds should be available at all hospitals	2	*
	Stroke services should be available at all hospitals	1	*
	Stroke services should be available at Grantham and District Hospital/Grantham	1	*
	Stroke services should be available at Pilgrim Hospital, Boston/Boston	2	*
	There needs to be follow up care	4	*
The NHS has been deteriorating over a period of time	4	*	

Having family and friends to visit/there as support is important	28	2%
Depends on where you live (general comment)	6	*
Depends on where you live (good for me/good for others)	3	*
Depends on where you live (not good for me/not good for others)	2	*
Understand the need to save money/improve finances	10	1%
This is what is happening in practice anyway	2	*
Professionals know best/take on board their opinion/judgement	3	*
Personal anecdote	32	2%
Don't reduce beds / more beds needed at Grantham and District Hospital	1	*
Specific comment about COVID-19	17	1%
Equality comment	2	*
Other	95	6%

## Comments in relation to the proposal for urgent and emergency care

Supportive/positive comments made in relation to the proposal for urgent and emergency care.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,829)

Summary of supportive comments		Number of respondents	%
General agreement with the proposal	General agreement with proposal	160	9%
	Agree with provision of a 24/7 UTC at Grantham and District Hospital	318	17%
Positive comments about quality of care	Will improve quality of care (general comment)	25	1%
	Will improve quality of urgent care/alleviate pressure	7	*
	Will improve quality of emergency care/alleviate pressure	23	1%
	It will make sure services are future proofed/more sustainable	5	*
Positive comments about staffing / waiting times	Will have positive impact on efficiency of service/reduce waiting times	55	3%
	Will have positive impact on ability to attract/retain staff	6	*

Concerns/negative comments in relation to the proposal for urgent and emergency care

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,829)

Summary of concerns		Number of respondents	%
General disagreement with the proposal	General disagreement with proposal	40	2%
	Maintain emergency services at Grantham and District Hospital	176	10%
	Leave services as they are (general comment)	9	*
	Leave services as they are at Grantham and District Hospital	3	*
General concerns about travel/access (incl access to specific hospitals)	Concerns about access i.e., poor transport links/increased travel times/distance	259	14%
	Concerns about access to Lincoln County Hospital	225	12%
	Concerns about access to Grantham and District Hospital	21	1%
	Concerns about access to Pilgrim Hospital, Boston	142	8%
	Concerns about access to County Hospital Louth	5	*
	People should not have to travel/keep services local	135	7%
	Too much travelling would be required/Travelling too far under difficult circumstances	41	2%

<b>Concerns about travel/access practicalities</b>	Concerns about cost, i.e., too expensive, not having access to money at the time	35	2%
	Concerns about frequency i.e., not enough buses, not running at certain times of day	12	1%
	Concerns about transport routes, i.e., not direct enough, doesn't cover all areas	34	2%
	Concerns about state of public transport generally	30	2%
	Concerns about road infrastructure/quality of roads (general comment)	32	2%
	Concerns about road infrastructure/quality of roads to Lincoln County Hospital	14	1%
	Concerns about road infrastructure/quality of roads to Grantham and District Hospital	5	*
	Concerns about road infrastructure/quality of roads to Pilgrim Hospital, Boston	10	1%
	Concerns about traffic congestion/road closures affecting travel times	3	*
	Concerns about parking/need to improve/more parking (general comment)	1	*
	Concerns about parking facilities at Lincoln County Hospital	1	*
	Concerns about parking facilities at Pilgrim Hospital, Boston	1	*
	<b>Concerns about access for particular groups</b>	Concerns about access for older people/the elderly	30
Concerns about access for people with disabilities (inc. ASD, learning disabilities)		3	*
Concerns about access for people from a deprived background/low income		3	*
Concerns about access for people without access to a vehicle		53	3%
Concerns about access for people unable to drive, i.e., after surgery		3	*
Concerns about access for people who are in a lot of pain or discomfort/ unwell		10	1%
Concerns about access for people who have had a stroke		1	*
Concerns about access for children		10	1%
Concerns about people needing to get home afterwards		17	1%
Concerns about other vulnerable groups e.g., refugees, experiencing homelessness		2	*
Concerns about access for family members, e.g., to visit		21	1%
<b>Concerns about ambulances/PT</b>	Concerns about Patient Transport, i.e., not able to cope with demand	2	*
	Concerns about impact on Ambulance service	77	4%
	Concerns about Ambulance response times, taking too long to reach patient/hospital.	128	7%
<b>Concerns about impact on quality of care</b>	Won't improve quality of care (general comment)	12	1%
	Concerned about negative impact on quality of care/additional pressure (general)	40	2%
	Concerned about negative impact on quality of care/additional pressure at Lincoln	36	2%
	Concerned about negative impact on quality of care/additional pressure at Grantham	4	*
	Concerned about negative impact on quality of care/additional pressure at Pilgrim	23	1%
	Concerned about negative impact on quality of care/additional pressure at Louth	3	*
	Concerned about negative impact on quality of emergency care	20	1%
	Concerns about access to the right staff if at the wrong hospital in an emergency	6	*
	Concerns about time to transfer from one hospital to another in an emergency	26	1%
	Poor quality of care provided/already under pressure/can't cope (general)	51	3%
	Poor quality of care provided/already under pressure/can't cope at Lincoln	85	5%
	Poor quality of care provided/already under pressure/can't cope at Grantham	9	*
	Poor quality of care provided/already under pressure/can't cope at Pilgrim	50	3%
	Poor quality of care provided/already under pressure/can't cope at Louth	2	*
	Will put additional pressure on GPs	5	*
<b>Concerns about patient outcomes</b>	Concerns about outcomes where time really matters/missing 'golden hour' (general)	63	3%
	Concerns about outcomes where time really matters (for people in/around Grantham)	19	1%
	Concerns about outcomes where time really matters (for people in/around Boston)	5	*
	Concerns about outcomes where time really matters (for people further from Lincoln)	13	1%
	Concerns people will die as a result of having to travel further for care	174	10%

<b>Concerns about impact on staffing/waiting times</b>	Will have a negative impact on efficiency of service/increase waiting times	38	2%
	Won't improve ability to attract/retain staff	5	*
	Concerns about negative impact on ability to attract/retain staff/ staff shortages	24	1%
	Concerns about negative impact on ability to attract/retain staff at smaller sites	1	*
<b>Concerns about population growth / demographic change</b>	Does not take into account/properly address growing population (in general)	7	*
	Does not take into account/properly address growing population in Grantham	108	6%
	Does not take into account/properly address growing population across Lincolnshire	7	*
	Does not take into account/properly address aging population (in general)	1	*
	Does not take into account/properly address aging population in Grantham	7	*
	Does not take into account/properly address aging population across Lincolnshire	2	*
	There is a growing population (in general)	55	3%
	There is a growing population in Grantham	234	13%
	There is a growing population in Boston	1	*
	There is a growing population across Lincolnshire	5	*
<b>Other concerns about the proposal</b>	Environmental impact due to increased journeys i.e., increased carbon footprint etc.	5	*
	Concerns given increasing number of accidents on the roads	13	1%
	Grantham is at high risk of a major incident due to location (A1, rail, flight paths)	180	10%
	This is very short sighted	13	1%
	This is about cutting costs/not about providing best service	20	1%
	Not good value for money	2	*
	Grantham and District Hospital is/has been downgrading over a period of time	49	3%
	This will lead to Grantham and District Hospital closing	4	*

#### Other comments made in relation to the proposal for urgent and emergency care

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,829)

Summary of other comments		Number of respondents	%
<b>Other travel/access comments</b>	Generally good access to services/facilities: good transport links/close/easy to reach	6	*
	Good access to Lincoln County Hospital	5	*
	Good access to Grantham and District Hospital	41	2%
	Good access to Pilgrim Hospital, Boston	3	*
	Free transport service between sites should be provided	3	*
	Good road infrastructure/quality of roads (general comment)	1	*
	Good road infrastructure/quality of roads to Lincoln County Hospital	2	*
	Good road infrastructure/quality of roads to Grantham and District Hospital	2	*
	Good road infrastructure/quality of roads to Pilgrim Hospital, Boston	2	*
	Good parking/easier to park at Grantham and District Hospital	1	*
<b>Other comments about quality of care</b>	Need facilities to stabilise patients/provide appropriate treatment before transfer	16	1%
	Need facilities to stabilise patients/provide appropriate treatment during transit	2	*
	All hospitals should be able to provide initial care	9	*
	There is good quality of care (general comment)	4	*
	There is good quality of care at Lincoln County Hospital	4	*
	There is good quality of care at Grantham and District Hospital	21	1%
	There is good quality of care at Pilgrim Hospital, Boston	2	*
There is good quality of care at County Hospital Louth	7	*	

<b>Other staffing /efficiency comments</b>	We need to improve efficiency/reduce waiting times	58	3%
	Need staff to meet a range of conditions (general comment)	16	1%
	Need staff to meet a range of conditions at Grantham and District Hospital	6	*
	Need staff to meet a range of conditions at County Hospital Louth	1	*
	Need staff to deal with the medical condition admitted	4	*
<b>Comments about possible alternatives / other suggestions</b>	Improve/Invest in facilities/services (general comment)	50	3%
	Improve/Invest in facilities/services at Lincoln County Hospital	7	*
	Improve/Invest in facilities/services at Grantham and District Hospital	54	3%
	Improve/Invest in facilities/services at Pilgrim Hospital, Boston	8	*
	Improve/Invest in facilities/services at County Hospital Louth	5	*
	Restore Grantham and District Hospital to what it was before	9	*
	Make Grantham and District Hospital a fully serviced hospital	14	1%
	Restore the A&E at Grantham and District Hospital fully (24/7), to what it was before	484	26%
	Improve wages/benefits/think of innovative ways to recruit/retain staff e.g., housing	41	2%
	Staffing issues need to be addressed at a national level	10	1%
	Have teams of staff that move across sites	3	*
	Other alternative/suggestion	12	1%
	<b>Criticism of the consultation</b>	More information needed	43
Proposals aren't clear/are confusing		19	1%
Minds already made up/this is a paper exercise		12	1%
Consultation is biased/flawed/leading questions		3	*
Not enough ground level/on-site consultation/ask the people who live here		5	*
Other criticism of consultation		7	*
<b>Other comments</b>	Agree with centre of (orthopaedic) excellence (no location specified)	1	*
	Agree with location of centre of (orthopaedic) excellence at Grantham	3	*
	Agree with better integration between services in the community and hospital	1	*
	Agree with provision of Acute medical beds at Grantham and District Hospital	1	*
	Agree there should be a dedicated centre for Stroke/Heart problems at Lincoln	1	*
	Disagree with location of centre of (orthopaedic) excellence at Grantham	1	*
	Centre of (orthopaedic) excellence should be at Lincoln County Hospital	1	*
	Centre of (orthopaedic) excellence should be at Pilgrim Hospital, Boston	1	*
	Maintain unplanned surgery at Grantham and District Hospital	1	*
	Maintain planned surgery/services at County Hospital Louth	1	*
	Leave services as they are at Pilgrim Hospital, Boston	2	*
	Hospitals should be multi-purpose/no sites for a specific reason/reasons	5	*
	Hospitals should not be used for community nursing	1	*
	Stroke services should be available at Grantham and District Hospital/Grantham	1	*
	The NHS has been deteriorating over a period of time	6	*
	Having family and friends to visit/there as support is important	1	*
	Depends on where you live (general comment)	12	1%
	Depends on where you live (good for me/good for others)	4	*
	Depends on where you live (not good for me/not good for others)	4	*
	Understand the need to save money/improve finances	3	*
	This is what is happening in practice anyway	11	1%
	Professionals know best/take on board their opinion/judgement	3	*
Personal anecdote	60	3%	
Comments about COVID-19	16	1%	

Other	135	7%
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## Comments in relation to the proposal for community/acute medical beds

Supportive/positive comments made in relation to the proposal for community/acute medical beds.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,045)

Summary of supportive comments		Number of respondents	%
General agreement with the proposal	General agreement with proposal	74	7%
	Agree with better integration between services in the community and hospital	29	3%
	Agree with provision of Acute medical beds at Grantham and District Hospital	201	19%
Positive comments about quality of care	Will improve quality of care (general comment)	29	3%
	Will improve quality of urgent care/alleviate pressure	3	*
	Will improve quality of emergency care/alleviate pressure	4	*
	Fewer cancellations of services	1	*
	Will improve integration between services in the community and hospital	5	*
	Quality of care: It will make sure services are future proofed/more sustainable	3	*
Positive comments about staffing / waiting times	Will have positive impact on efficiency of service/reduce waiting times	29	3%
	Availability of staff: Will have positive impact on ability to attract/retain staff	10	1%

Concerns/negative comments made in relation to the proposal for community/acute medical beds.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,045)

Summary of concerns		Number of respondents	%
General disagreement with the proposal	General disagreement with proposal	41	4%
	Leave services as they are (general comment)	5	*
	Leave services as they are at Grantham and District Hospital	17	2%
	Acute medical beds should be available at all hospitals	14	1%
General concerns about travel/access (incl access to specific hospitals)	Concerns about access i.e., poor transport links/increased travel times/distance	74	7%
	Concerns about access to Lincoln County Hospital	28	3%
	Concerns about access to Grantham and District Hospital	16	2%
	Concerns about access to Pilgrim Hospital, Boston	14	1%
	Concerns about access to County Hospital Louth	1	*
	People should not have to travel/keep services local	63	6%
	Too much travelling would be required/Travelling too far under difficult circumstances	2	*
Concerns about travel/access practicalities	Concerns about cost, i.e., too expensive, not having access to money at the time	14	1%
	Concerns about frequency i.e., not enough buses, not running at certain times of day	5	*
	Concerns about transport routes, i.e., not direct enough, doesn't cover all areas	3	*
	Concerns about state of public transport generally	11	1%
	Concerns about road infrastructure/quality of roads (general comment)	4	*
	Concerns about road infrastructure/quality of roads to Lincoln County Hospital	1	*
	Concerns about road infrastructure/quality of roads to Pilgrim Hospital, Boston	1	*
	Concerns about parking/need to improve/more parking (general comment)	1	*

	Concerns about parking facilities at Grantham and District Hospital	1	*
<b>Concerns about access for particular groups</b>	Concerns about access for older people/the elderly	15	1%
	Concerns about access for people with disabilities (inc. ASD, learning disabilities)	2	*
	Concerns about access for people from a deprived background/low income	2	*
	Concerns about access for people without access to a vehicle	15	1%
	Concerns about access for people unable to drive, i.e., after surgery	3	*
	Concerns about access for people who are in a lot of pain or discomfort/ unwell	2	*
	Concerns about access for children	2	*
	Concerns about people needing to get home afterwards	6	1%
	Concerns about other vulnerable groups e.g., refugees, experiencing homelessness	2	*
	Concerns about access for family members, e.g., to visit	38	4%
<b>Concerns about ambulances/PT</b>	Concerns about Patient Transport, i.e., not able to cope with demand	2	*
	Concerns about impact on Ambulance service	10	1%
	Concerns about Ambulance response times, taking too long to reach patient/hospital.	6	1%
<b>Concerns about impact on quality of care</b>	Won't improve quality of care (general comment)	6	1%
	Concerned about negative impact on quality of care/additional pressure (general)	16	2%
	Concerned about negative impact on quality of care/additional pressure at Lincoln	4	*
	Concerned about negative impact on quality of care/additional pressure at Grantham	4	*
	Concerned about negative impact on quality of care/additional pressure at Pilgrim	4	*
	Concerned about negative impact on quality of emergency care	1	*
	Concerns about access to the right staff if at the wrong hospital in an emergency	3	*
	Concerns about time to transfer from one hospital to another in an emergency	3	*
	Poor quality of care provided/already under pressure/can't cope (general)	8	1%
	Poor quality of care provided/already under pressure/can't cope at Lincoln	18	2%
	Poor quality of care provided/already under pressure/can't cope at Grantham	1	*
	Poor quality of care provided/already under pressure/can't cope at Pilgrim	18	2%
	Will put additional pressure on GPs	1	*
<b>Concerns about patient outcomes</b>	Concerns about outcomes where time really matters/missing 'golden hour' (general)	6	1%
	Concerns about outcomes where time really matters (for people in/around Boston)	1	*
	Concerns about outcomes where time really matters (for people further from Lincoln)	2	*
	Concerns people will die as a result of having to travel further for care	10	1%
<b>Concerns about impact on staffing/waiting times</b>	Will have a negative impact on efficiency of service/increase waiting times	14	1%
	Won't improve ability to attract/retain staff	14	1%
	Concerns about negative impact on ability to attract/retain staff/ staff shortages	28	3%
	Concerns about negative impact on ability to attract/retain staff at smaller sites	1	*
<b>Concerns about population growth / demographic change</b>	Does not take into account/properly address growing population (general comment)	4	*
	Does not take into account/properly address growing population in Grantham	22	2%
	Does not take into account/properly address growing population in Boston	1	*
	Does not take into account/properly address growing population across Lincolnshire	3	*
	Does not take into account/properly address aging population (general comment)	2	*
	Does not take into account/properly address aging population across Lincolnshire	2	*
	There is a growing population (general comment)	6	1%
	There is a growing population in Grantham	33	3%
There is a growing population across Lincolnshire	4	*	
<b>Other concerns about the proposal</b>	Environmental impact due to increased journeys i.e., increased carbon footprint etc.	2	*
	Grantham is at high risk of a major incident due to location (A1, rail, flight paths)	2	*
	This is very short sighted	3	*
	This is about cutting costs/not about providing best service	15	1%

	Not good value for money	6	1%
	Grantham and District Hospital is/has been downgrading over a period of time	41	4%
	This will lead to Grantham and District Hospital closing	10	1%

#### Other comments made in relation to the proposal for community/acute medical beds.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,045)

Summary of other comments		Number of respondents	%
Other travel/access comments	Generally good access to services/facilities: good transport links/close/easy to reach	12	1%
	Good access to Lincoln County Hospital	1	*
	Good access to Grantham and District Hospital	24	2%
	Good access to Pilgrim Hospital, Boston	2	*
	Free transport service between sites should be provided	2	*
	Good parking/easier to park at Grantham and District Hospital	2	*
Other comments about quality of care	Need facilities to stabilise patients/provide appropriate treatment before transfer	3	*
	All hospitals should be able to provide initial care	2	*
	There is good quality of care (general comment)	2	*
	There is good quality of care at Grantham and District Hospital	8	1%
	There is good quality of care at Pilgrim Hospital, Boston	3	*
	There is good quality of stroke care at Pilgrim Hospital, Boston	1	*
Concerns about staffing (incl waiting times)	We need to improve efficiency/reduce waiting times	16	2%
	Need staff to meet a range of conditions (general comment)	10	1%
	Need staff to meet a range of conditions at Grantham and District Hospital	9	1%
	Need staff to deal with the medical condition admitted	8	1%
Criticism of the consultation	More information needed	63	6%
	Proposals aren't clear/are confusing	26	2%
	Minds already made up/this is a paper exercise	8	1%
	Consultation is biased/flawed/leading questions	6	1%
	Not enough ground level/on-site consultation/ask the people who live here	6	1%
	Other criticism of consultation	8	1%
Comments about possible alternatives / other suggestions	Improve/Invest in facilities/services (general comment)	25	2%
	Improve/Invest in facilities/services at Grantham and District Hospital	28	3%
	Improve/Invest in facilities/services at Pilgrim Hospital, Boston	1	*
	Restore Grantham and District Hospital to what it was before	7	1%
	Make Grantham and District Hospital a fully serviced hospital	54	5%
	Restore medical beds at Grantham and District Hospital to what they were before	6	1%
	Restore the A&E at Grantham and District Hospital fully (24/7), to what it was before	44	4%
	Improve wages/benefits/think of innovative ways to recruit/retain staff e.g., housing	58	6%
	Staffing issues need to be addressed at a national level	7	1%
	Have teams of staff that move across sites	2	*
	Community nursing should be done in a local centres such as nursing homes, hospices	2	*
Other comments	Agree with centre of (orthopaedic) excellence (no location specified)	2	*
	Agree with location of centre of (orthopaedic) excellence at Grantham	2	*
	Agree with a dedicated centre for Stroke/Heart problems (no location specified)	1	*
	Agree with a dedicated centre for Stroke/Heart problems at Lincoln	1	*
	Maintain unplanned surgery at Grantham and District Hospital	1	*
	Maintain emergency services at Grantham and District Hospital	15	1%

Leave services as they are at Lincoln County Hospital	1	*
Leave services as they are at Pilgrim Hospital, Boston	1	*
Hospitals should be multi-purpose/no sites for a specific reason/reasons	9	*
Hospitals should not be used for community nursing	7	*
Stroke services should be available at Grantham and District Hospital/Grantham	1	*
There needs to be follow up care	2	*
The NHS has been deteriorating over a period of time	4	*
Having family and friends to visit/there as support is important	32	3%
Depends on where you live (general comment)	7	1%
Depends on where you live (good for me/good for others)	2	*
Depends on where you live (not good for me/not good for others)	1	*
Understand the need to save money/improve finances	5	*
This is what is happening in practice anyway	3	*
Professionals know best/take on board their opinion/judgement	3	*
Personal anecdote	12	1%
Don't reduce beds / more beds needed at Grantham and District Hospital	32	3%
Specific comment about COVID-19	6	1%
Equalities-related comment	1	*
Other	59	6%

## Comments in relation to the proposal for stroke services

Supportive/positive comments made in relation to the proposals for stroke services.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,540)

Summary of supportive comments		Number of respondents	%
General agreement with the proposal	General agreement with proposal	95	6%
	Agree with a dedicated centre for Stroke/Heart problems (no location specified)	193	13%
	Agree with a dedicated centre for response to Stroke/Heart problems at Lincoln	85	6%
Positive comments about quality of care	Will improve quality of care (general comment)	53	3%
	Will improve quality of emergency care/alleviate pressure	1	*
	It will make sure services are future proofed/more sustainable	2	*
Staffing (incl waiting times)	Will have positive impact on efficiency of service/reduce waiting times	9	1%
	Will have positive impact on ability to attract/retain staff	25	2%

Concerns/negative comments made in relation to the proposal for stroke services.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,540)

Summary of concerns		Number of respondents	%
General disagreement with the proposal	General disagreement with proposal	35	2%
	Leave services as they are (general comment)	4	*
	Leave services as they are at Pilgrim Hospital, Boston	7	*
	Leave services as they are at Lincoln County Hospital/ Pilgrim	1	*
	Stroke services should be available at all hospitals	53	3%

	Stroke services should be available at Grantham and District Hospital/Grantham	99	6%
	Stroke services should be available at Pilgrim Hospital, Boston/Boston	91	6%
<b>Concerns about travel and access (general)</b>	Concerns about access i.e., poor transport links/increased travel times/distance	152	10%
	Concerns about access to Lincoln County Hospital	187	12%
	Concerns about access to Grantham and District Hospital	4	*
	Concerns about access to Pilgrim Hospital, Boston	29	2%
	Concerns about access to County Hospital Louth	1	*
	People should not have to travel/keep services local	81	5%
	Too much travelling required/Travelling too far under difficult circumstances	3	*
	<b>Concerns about travel/access practicalities: public transport, roads, parking, cost etc.</b>	Concerns about cost, i.e., too expensive, not having access to money at the time	23
Concerns about frequency i.e., not enough buses, not running at certain times of day		3	*
Concerns about transport routes, i.e., not direct enough, doesn't cover all areas		15	1%
Concerns about state of public transport generally		33	2%
Concerns about road infrastructure/quality of roads (general comment)		31	2%
Concerns about road infrastructure/quality of roads to Lincoln County Hospital		14	1%
Concerns about road infrastructure/quality of roads to Grantham Hospital		1	*
Concerns about road infrastructure/quality of roads to Pilgrim Hospital, Boston		1	*
Concerns about traffic congestion/road closures affecting travel times		11	1%
Concerns about parking/need to improve/more parking (general comment)		3	*
Concerns about parking facilities at Lincoln County Hospital		4	*
Concerns about parking facilities at Grantham and District Hospital		1	*
<b>Concerns about travel/access for specific groups or people</b>	Concerns about access for older people/the elderly	32	2%
	Concerns about access for people with disabilities (inc. ASD, learning disabilities)	1	*
	Concerns about access for people from a deprived background/low income	6	*
	Concerns about access for people without access to a vehicle	28	2%
	Concerns about access for people unable to drive, i.e., after surgery	1	*
	Concerns about access for people who are in a lot of pain or discomfort/ unwell	1	*
	Concerns about access for people who have had a stroke	22	1%
	Concerns about getting home afterwards	2	*
	Concerns about other vulnerable groups e.g., refugees, experiencing homelessness	3	*
<b>Impact on ambulance service, patient transport etc</b>	Concerns about access for family members, e.g., to visit	120	8%
	Concerns about Patient Transport, i.e., not able to cope with demand	5	*
	Concerns about impact on Ambulance service	28	2%
<b>Concerns about impact on quality of care</b>	Concerns about Ambulance response times, taking too long to reach patient/hospital.	138	9%
	Won't improve quality of care (general comment)	8	1%
	Concerned about negative impact on quality of care/additional pressure (general)	16	1%
	Concerned about negative impact on quality of care/additional pressure at Lincoln	26	2%
	Concerned about negative impact on quality of care/additional pressure at Grantham	2	*
	Concerned about negative impact on quality of care/additional pressure at Pilgrim	4	*
	Concerns about access to the right staff if at the wrong hospital in an emergency	2	*
	Concerns about time to transfer from one hospital to another in an emergency	7	*
	Poor quality of care provided/already under pressure/can't cope (general)	18	1%
	Poor quality of care provided/already under pressure/can't cope at Lincoln	66	4%
<b>Concerns about impact on patient outcomes</b>	Poor quality of care provided/already under pressure/can't cope at Pilgrim	8	1%
	Concerns about outcomes where time really matters/missing 'golden hour' (general)	218	14%
	Concerns about outcomes where time really matters for people in/around Grantham	47	3%
	Concerns about outcomes where time really matters for people in/around Boston	58	4%
	Concerns about outcomes where time really matters for people further from Lincoln	169	11%

	Concerns people will die as a result of having to travel further for care	131	9%
	There needs to be follow up care	1	*
	There needs to be follow up care after a stroke	42	3%
<b>Concerns about staffing (incl waiting times)</b>	Will have a negative impact on efficiency of service/increase waiting times	12	1%
	Won't improve ability to attract/retain staff	9	1%
	Concerns about negative impact on ability to attract/retain staff/ staff shortages	33	2%
	Concerns about negative impact on ability to attract/retain staff at smaller sites	3	*
<b>Concerns over whether the proposals account for population growth/demographic change</b>	Does not take into account/properly address growing population (general comment)	2	*
	Does not take into account/properly address growing population in Grantham	10	1%
	Does not take into account/properly address growing population in Boston	3	*
	Does not take into account/properly address growing population across Lincolnshire	4	*
	Does not take into account/properly address aging population (general comment)	1	*
	Does not take into account/properly address aging population in Grantham	2	*
	Does not take into account/properly address aging population in Boston	4	*
	Does not take into account/properly address aging population across Lincolnshire	3	*
	There is a growing population (general comment)	2	*
	There is a growing population in Grantham	7	*
	There is a growing population in Boston	5	*
<b>Other concerns about the proposal</b>	Environmental impact due to increased journeys i.e., increased carbon footprint etc.	2	*
	Will negatively affect local residents: more people in area/traffic/pollution/noise	1	*
	Concerns given increasing number of accidents on the roads	3	*
	This is very short sighted	8	1%
	This is about cutting costs/not about providing best service	9	1%
	Not good value for money	4	*

#### Other comments made in relation to the proposal for stroke services.

Base: All individual respondents who provided comments in response to the question inviting views on this proposal (1,540)

Summary of other comments		Number of respondents	%
<b>Other travel/access comments</b>	Generally good access to services/facilities: good transport links/close/easy to reach	3	*
	Good access to Lincoln County Hospital	10	1%
	Good access to Grantham and District Hospital	4	*
	Good access to Pilgrim Hospital, Boston	16	1%
	Free transport service between sites should be provided	2	*
	Good road infrastructure/quality of roads (general comment)	4	*
	Good road infrastructure/quality of roads to Lincoln County Hospital	1	*
<b>Other comments about quality of care</b>	Need facilities to stabilise patients/provide appropriate treatment before transfer	26	2%
	Need facilities to stabilise patients/provide appropriate treatment during transit	16	1%
	All hospitals should be able to provide initial care	4	*
	There is good quality of care (general comment)	2	*
	There is good quality of care at Lincoln County Hospital	12	1%
	There is good quality of care at Grantham and District Hospital	3	*
	There is good quality of care at Pilgrim Hospital, Boston	12	1%
	There is good quality of stroke care at Lincoln County Hospital	5	*
	There is good quality of stroke care at Pilgrim Hospital, Boston	33	2%
We need to improve efficiency/reduce waiting times	21	1%	

<b>Other staffing /efficiency comments</b>	Need staff to meet a range of conditions (general comment)	8	1%
	Need staff to meet a range of conditions at Lincoln County Hospital	7	*
	Need staff to meet a range of conditions at Grantham and District Hospital	2	*
	Need staff to meet a range of conditions at Pilgrim Hospital, Boston	2	*
	Need staff to deal with the medical condition admitted	2	*
<b>Criticism of the consultation</b>	More information needed	37	2%
	Proposals aren't clear/are confusing	2	*
	Minds already made up/this is a paper exercise	8	1%
	Consultation is biased/flawed/leading questions	6	*
	Not enough ground level/on-site consultation/ask the people who live here	4	*
	Other criticism of consultation	8	1%
<b>Comments about possible alternatives / other suggestions</b>	Improve/Invest in facilities/services (general comment)	29	2%
	Improve/Invest in facilities/services at Lincoln County Hospital	13	1%
	Improve/Invest in facilities/services at Grantham and District Hospital	8	1%
	Improve/Invest in facilities/services at Pilgrim Hospital, Boston	11	1%
	Improve/Invest in facilities/services at County Hospital Louth	4	*
	Make Grantham and District Hospital a fully serviced hospital	14	1%
	Restore the A&E at Grantham and District Hospital fully (24/7), to what it was before	9	1%
	Improve wages/benefits/think of innovative ways to recruit/retain staff e.g., housing	57	4%
	Staffing issues need to be addressed at a national level	12	1%
	Have teams of staff that move across sites	8	1%
	Community nursing should be done in a local centres such as nursing homes, hospices	1	*
	Alternative proposal	11	1%
<b>Other comments</b>	Agree with centre of (orthopaedic) excellence (no location specified)	7	*
	Agree with provision of a 24/7 UTC at Grantham and District Hospital	1	*
	Agree with better integration between services in the community and hospital	12	1%
	Centre of (orthopaedic) excellence should be at Lincoln County Hospital	1	*
	Centre of (orthopaedic) excellence should be at Pilgrim Hospital, Boston	1	*
	Maintain emergency services at Grantham and District Hospital	2	*
	Leave services as they are at Grantham and District Hospital	1	*
	Hospitals should be multi-purpose/no sites for a specific reason/reasons	4	*
	Grantham is at high risk of a major incident due to location (A1, rail, flight paths)	1	*
	Grantham and District Hospital is/has been downgrading over a period of time	6	*
	This will lead to Grantham and District Hospital closing	4	*
	The NHS has been deteriorating over a period of time	2	*
	Having family and friends to visit/there as support is important	45	3%
	Depends on where you live (general comment)	14	1%
	Depends on where you live (good for me/good for others)	10	1%
	Depends on where you live (not good for me/not good for others)	24	2%
	Understand the need to save money/improve finances	5	*
	This is what is happening in practice anyway	4	*
	Professionals know best/take on board their opinion/judgement	2	*
	Personal anecdote	53	3%
	Don't reduce beds / more beds needed at Grantham and District Hospital	3	*
	Specific comment about COVID-19	16	1%
	Other	42	3%

## Comments in relation to equalities impacts of the proposals

As well as questions about each of the proposals, the consultation questionnaire gave respondents the opportunity to address any wider issues related to potential equalities and health inequalities impacts.

### Comments made in relation to equalities impacts of the proposals on particular groups

Base: All individual respondents who provided comments in response to the question inviting views on potential impacts and mitigation measures (899)

Summary of comments		Number of respondents	%
<b>General</b>	Generally important to treat people equally/provide equal care	141	16%
<b>Comments/concerns about impacts on elderly/older people</b>	Concerns about access for older people/the elderly	77	9%
	Older people/the elderly should not have to travel/travel so far	25	3%
	Travel costs would be unfair for older people/the elderly	3	*
	Concerns about cost, i.e., too expensive for older people/the elderly	7	1%
	Must treat all people equally including older people/the elderly	27	3%
	Concerns about patient outcomes for older people/the elderly	6	1%
	Concerns older people/the elderly will die as a result of travelling further for care	4	*
	Unfair to/discriminates against older people/the elderly (in general)	39	4%
<b>Comments/concerns about impacts on people with disabilities (inc. ASD, learning disabilities)</b>	Concerns about access for people with disabilities (inc. ASD, learning disabilities)	58	6%
	People with disabilities should not have to travel/travel so far	17	2%
	Concerns about cost, i.e., too expensive for people with disabilities	6	1%
	Travel costs would be unfair for people with disabilities	2	*
	Must treat all people equally including people with disabilities	21	2%
	Concerns about patient outcomes for people with disabilities	7	1%
	Unfair to/discriminates against people with disabilities (in general)	26	3%
<b>Comments/concerns about impacts on people with low incomes/from deprived backgrounds</b>	Concerns about access for people from a deprived background/low income	25	3%
	People from low-income backgrounds should not have to travel/travel so far	5	1%
	Travel costs would be unfair for people from a deprived background/low income	5	1%
	Concerns about cost for people from a deprived/low-income background	8	1%
	Must treat all people equally including people from a low-income background	1	*
	Concerns about outcomes for people from low income/ deprived backgrounds	3	*
	Concerns people from low-income backgrounds will die due to travelling further	1	*
	There are many on low incomes (in general)	4	*
	There are many on low incomes across Lincolnshire	1	*
	Unfair to/discriminates against people from a deprived background/low income (in general)	12	1%
<b>Comments/concerns about impacts on people without access to a vehicle</b>	Concerns about access for people without access to a vehicle	51	6%
	People without access to a vehicle should not have to travel/travel so far	4	*
	Must treat all people equally including people without access to a vehicle	2	*
	Unfair to/discriminates against people without access to a vehicle (in general)	9	1%
<b>Comments/concerns about impacts on children</b>	Concerns about access for children	3	*
	Children should not have to travel/travel so far	4	*
	Must treat all people equally including children	2	*
	Concerns about outcomes for children	1	*
	Concerns children will die as a result of having to travel further for care	1	*
	Unfair to/discriminates against children (general comment)	2	*

<b>Comments/concerns about impacts on other vulnerable groups (e.g., refugees, people experiencing homelessness/rough sleeping, other complex needs etc)</b>	Concerns about access for other vulnerable groups	7	1%
	Other vulnerable groups should not have to travel/travel so far	2	*
	Concerns about cost, i.e., too expensive for other vulnerable groups	2	*
	Must treat all people equally including other vulnerable groups	13	1%
	Concerns about outcomes for other vulnerable groups	1	*
	Concerns individuals from other vulnerable groups may die due to travelling further	1	*
	Unfair to /discriminates against other vulnerable groups	1	*
<b>Single-sex facilities</b>	Keep/there should be single sex areas on wards	26	3%
	Keep/there should be single sex toilets/washing facilities	6	1%
<b>Comments/concerns about impact on people in/around Grantham</b>	Travel time would be unfair for those living in Grantham	22	2%
	Travel costs would be unfair for those living in Grantham	7	1%
	Quality of care not fair for those living in Grantham	9	1%
	Concerns about outcomes where time really matters for people in/around Grantham	6	1%
	Unfair to/discriminates against those living in Grantham (in general)	41	5%
<b>Comments/concerns about impact on people in/around Boston</b>	Travel time would be unfair for those living in Boston	1	*
	Travel costs would be unfair for those living in Boston	1	*
	Quality of care not fair for those living in Boston	2	*
	Concerns about outcomes where time really matters (for people in/around Boston)	4	*
	Would be unfair /discriminate against those living in Boston (in general)	3	*
<b>Comments/concerns about impact on people across Lincs</b>	Travel time would be unfair for those living across Lincolnshire	4	*
	Travel costs would be unfair for those living across Lincolnshire	1	*
	Quality of care not fair for those living across Lincolnshire	1	*
	Unfair to/discriminates against those living across Lincolnshire (in general)	12	1%
<b>Comments/concerns about impact on NHS staff</b>	Proposals will have negative impact on wellbeing of staff	3	*
	There is poor wellbeing/staff are not treated well (general comment)	6	1%
	There is poor staff wellbeing /staff are not treated well at Grantham Hospital	2	*
	There is poor staff wellbeing /staff are not treated well at County Hospital Louth	1	*
	Need to listen to and support staff	17	2%
<b>Comments/concerns about services moving online, lack of face-to-face</b>	Face to face appointments should be available	5	1%
	Concerns about only having access to services/being able to contact hospitals and staff online	4	*
	Access is unfair for people without a computer/internet access	2	*

#### Other comments made in relation to equalities impacts of the proposals.

Base: All individual respondents who provided comments in response to the question inviting views on potential impacts and mitigation measures (899)

Summary of other comments		Number of respondents	%
<b>General concerns about increased travel (incl cost) / increased travel is generally unfair</b>	Concerns about access i.e., poor transport links/increased travel times/distance	76	8%
	People should not have to travel/keep services local	67	7%
	Travel times would be unfair in general	4	*
	Concerns about cost, i.e., too expensive, not having access to money at the time	25	3%
	Travel costs would be unfair	5	1%
<b>Other travel/access concerns e.g., public transport, roads, parking, ambulances</b>	Concerns about access to Lincoln County Hospital	41	5%
	Concerns about access to Grantham and District Hospital	4	*
	Concerns about access to Pilgrim Hospital, Boston	22	2%
	Concerns about access to County Hospital Louth	6	1%
	Concerns about frequency i.e., not enough buses, not running at certain times of day	11	1%

	Concerns about transport routes, i.e., not direct enough, doesn't cover all areas	5	1%
	Concerns about state of public transport generally	38	4%
	Concerns about Patient Transport, i.e., not able to cope with demand	6	1%
	Concerns about Ambulance service	13	1%
	Concerns about Ambulance response times, taking too long to reach patient/hospital	17	2%
	Concerns about road infrastructure/quality of roads	21	2%
	Concerns about parking/need to improve/more parking	4	*
	Concerns people will decide not to seek out treatment/services	10	1%
<b>Other travel/access comments</b>	Good access to services/facilities i.e., good transport links/close/easy to get to etc.	1	*
	Pre- and post op appointments should be local	2	*
	Free transport service between sites should be provided	12	1%
<b>General concerns about impacts on quality of care / patient outcomes / efficiencies</b>	Poor quality of care provided/already under pressure/can't cope	30	3%
	Won't improve quality of care	2	*
	Concerned about negative impact on quality of care provided/ additional pressure	5	1%
	Concerns about outcomes where time really matters/missing 'golden hour' (general)	15	2%
	Concerns about outcomes where time really matters for people too far from Lincoln	6	1%
	Concerns people will die as a result of having to travel further for care	27	3%
	Will have a negative impact on efficiency of service/increase waiting times	2	*
<b>Other comments on quality of care / patient outcomes / efficiencies</b>	Quality of care would be better at Grantham Hospital (than somewhere else)	4	*
	Quality of care would be better at Pilgrim Hospital, Boston (than somewhere else)	2	*
	Quality of care will not be as good at Lincoln County Hospital (than somewhere else)	2	*
	There is good quality of care	8	1%
	Will improve quality of care	5	1%
	There needs to be follow up care	3	*
	There needs to be follow up care after a stroke	1	*
	Will have positive impact on efficiency of service/reduce waiting times	3	*
	Efficiency of services: We need to improve efficiency/reduce waiting times	9	1%
<b>Concerns over whether proposals account for population growth/demographic change</b>	Does not take into account/properly address growing population	15	2%
	Does not take into account/properly address aging population (general comment)	10	1%
	Does not take into account/properly address aging population in Grantham	5	1%
	Does not take into account/properly address aging population in Boston	3	*
	Does not take into account/properly address aging population across Lincolnshire	3	*
	Other comments: There is a growing population	3	*
<b>Other suggestions / mitigations</b>	Improve/Invest in facilities/services	46	5%
	Restore/Maintain services at Lincoln County Hospital	1	*
	Restore/Maintain services at Grantham and District Hospital	69	8%
	Restore/Maintain services at Pilgrim Hospital, Boston	12	1%
	Restore/Maintain services at County Hospital Louth	3	*
	Services should be available at all hospitals	9	1%
	Staff should undergo equality training	25	3%
<b>Other comments</b>	Environmental impact due to increased journeys i.e., increased carbon footprint etc.	1	*
	Having family and friends to visit/there as support is important	42	5%
	Depends on where you live	30	3%
	I don't think there is any discrimination	42	5%
	Personal anecdote	48	5%
	Criticism of consultation incl. issues with this question (equalities or human rights)	80	9%
	Specific comment about COVID-19	14	2%
Other	89	10%	

# Appendix III - Additional comments and questions from meetings

In addition to the feedback covered in Chapter 6 of this report, a number of other questions, comments and request for information were made at the public meetings and other engagement activities undertaken by NHS Lincolnshire CCG during the course of the consultation. While not necessarily constituting feedback on the proposals, these questions and comments are helpful in highlighting more general concerns and points of interest around acute health services in Lincolnshire and they have therefore been included below.

Abbreviations used:

PPG	Countywide Patient Participation Group
PP	ULHT Patient Panel

## Changes to orthopaedic surgery in Lincolnshire

The following clarification questions were asked by attendees of the various meetings having considered the proposed changes to orthopaedic care:

	Question / comment	Group
1	How is a service that only offers level 1 (minor) surgery, a "Centre of Excellence?"	Grantham 1
2	Where do orthopaedic spinal cases get managed, currently most seem to be moved out of county to be managed?	Grantham 1
3	Is this going to set up Grantham to never be able to have an A&E in the future?	Grantham 2
4	What were the levels of cancellations pre pilot?	Grantham 2
5	What about BMI Hospital?	Grantham 2
6	Can we promote GDH as centre of excellence to other areas?	Grantham 2
7	How can we encourage patients to choose Grantham for elective surgery when the NHS is still buying services from the private sector?	Grantham 2
8	What is happening to the planned orthopaedic surgery already currently offered at Lincoln County Hospital?	Louth
9	What if I break my arm (and live in or around Louth)?	Louth
10	Does Louth becoming a centre for orthopaedic surgery day cases mean that there will be changes to other surgery provision at the hospital?	Louth
11	How many beds will be available at Grantham and what is the current number available for planned operations across the system?	Skegness 1
12	Will it be unchanged in Boston? Can you have the choice to have your operation in Boston?	Skegness 1
13	What is the relationship with hot and cold surgery at Louth Hospital?	Skegness 1
14	Where is the money coming from?	Skegness 1
15	Will planned ortho all go to Grantham?	Skegness 2
16	Grantham for orthopaedics = 2 hrs, no public transport VS. Boston = 1 hr – how can we expect people to go?	Skegness 2
17	For the options being considered, is there any data of those people who would be travelling for operations from Sleaford?	Sleaford

	<b>Question / comment</b>	<b>Group</b>
18	Before you did the pilot, what was the situation for unplanned at Grantham or would it be a new service?	Sleaford
19	What is the lead time for current surgery?	Spalding
20	Why can't we build a bigger, better facility in the South of the county?	Spalding
21	What are the best times for successful orthopaedic treatment?	Virtual 1
22	What is 'joined up' between unplanned operations and social care, regarding discharges and how they are handled?	Virtual 1
23	How has the service been improved?	PPG
24	How has the pilot shortened hospital length of stay for planned orthopaedics at Grantham?	PPG
25	Will the day case unit at Louth be for planned or unplanned surgery? What is the situation if I break a bone in the Louth area, where will I go?	PP
26	How long did the pilot run? And was it impacted by the COVID pandemic?	PP
27	Will Grantham have the capacity to cope with this influx of patients?	Voices for All
28	Will patients get follow up appointments in the local community or have to go to Grantham?	Voices for All

## Changes to urgent and emergency care at Grantham and District Hospital

The following clarification questions were asked, and general comments made by attendees of the various meetings having considered the proposed changes to urgent and emergency care at Grantham:

	<b>Question / comment</b>	<b>Group</b>
1	How can you consult on a temporary closure? You should be consulting on the service we had prior to the overnight closure	Grantham 1
2	At the Health Scrutiny meeting yesterday, it stated that if patients attend a UTC and was found to be ill, they would be transferred to another hospital?	Grantham 1
3	What is a UTC +? - no such thing nationally but will still accept ambulance / trauma.	Grantham 2
4	We have had a campaign for years – seems like you are not listening to our comments. Is that fair?	Grantham 2
5	Simple UTI – patient was sent to Stamford not Grantham – why not happening?	Grantham 2
6	Will a CT scan etc will be available? And why are people from Grantham being sent to Lincoln for simple bloods?	Grantham 2
7	Would a leaflet through every door at point of decision being made help?	Grantham 2
8	How long will it take to implement? When do we get 24/7 UTC?	Grantham 2
9	Low staff morale is because of this uncertainty.	Grantham 2
10	You've made the case for Grantham A&E – can present with anything then	Grantham 2
11	There are over 60k signatures on a petition – you aren't listening to these people / comments	Grantham 2
12	We need reassurance about what we are going to get - Too much mis-information / rumours	Grantham 2
13	The community wants an A&E due to growing town, major road links however it would need the back up of the acute services within the hospital.	Grantham 2
14	Grantham are fairly well served in their local area as there are other A&Es nearby in Nottingham, Peterborough and Lincoln	Skegness
15	Is Sleaford seen as part of the Grantham area?	Sleaford

16	It does seem that if you cut down the service from A&E, once you start losing services in hospital, the recruitment of doctors etc tend to go down	Sleaford
17	Why is the UTC at Grantham proposed to be open 24/7 and this is not at Spalding? This is discrimination.	Spalding
18	Consultant oversight - what does it meant at the UTC?	Virtual 1
19	There is uncertainty around A&E services in Grantham!	Staff 3
20	Are there any planned age restrictions for the UTC?	Staff 3
21	If the new Grantham UTC staff are going to be employed by a community health service provider, and not ULHT, will they still have a ULHT computer login username/password as they need these to open the blood fridge, which they may still require access to?	Staff 4
22	Will Grantham staff have the option whether they are employed by LCHS or ULHT?	Staff 5
23	This is the first Grantham staff have heard of any changes, even though campaigners seem to know already. Were ULHT aware that a consultation was being launched?	Staff 6
24	People were concerned about having to travel to outpatient appointments	PPG
25	A question was asked as to why an Urgent Treatment Centre was not being considered in the South of the county	PPG
26	You gave one example of a heart attack, what other ambulance cases would not go to Grantham now and be transferred to Peterborough or Nottingham?	PP
27	As far as the UTC is concerned, will ambulances go there ever? Is there any reason why an ambulance would ever go to Grantham?	PP
28	My understanding was that UTCs would all provide the same service level. Whilst I accept that there may not be a significant enough call for it, I do wonder why we have not run a pilot to see if the same level (24-hour) should be provided at Spalding.	PP
29	Grantham is a cottage hospital and a good cottage hospital – it always has been. We don't want it to be top notch but able to deal with most of our ailments as an old people.	Senior Citizens Group

## Changes to acute medical beds at Grantham and District Hospital

The following clarification questions were asked, and general comments made by attendees of the various meetings having considered the proposed changes to acute medical beds at Grantham:

	Question / comment	Group
1	I find it strange that GPs don't know what has happened to their patients as on discharge electronic discharge documents are sent directly to the GP. Is it a problem with the IT systems used?	Grantham 1
2	GPs receive electronic discharge documents automatically when patients are discharge so why are you suggesting GPs don't know what has happened to the patient?	Grantham 1
3	Will medical staff attend the homes and not volunteers?	Grantham 1
4	Wiring people to a machine at home is not health care – how long will it take staff to attend if an emergency occurred?	Grantham 1
5	Care at home not always an option	Grantham 1
6	Not sure what is changing? What is a community health provider?	Grantham 2
7	Would Grantham be TUPE-d over if LCHS took over?	Grantham 2

	Question / comment	Group
8	It is a shame the services have been lost, we as a community have lost the hospital – we must provide safe services for local residents	Grantham 2
9	Has this proposal for acute medical beds been trialled elsewhere?	Lincoln
10	We're aware of the Grantham campaign groups and demonstrations.	Louth
11	Do we have community beds in Louth and Skegness?	Skegness
12	Is this going to be GP led? Is this idea not going back 50 years to what it was before?	Skegness
13	For frail/elderly patients, it is the support that they need to receive when they get out of hospital. Negative experience of 1 lady once had been discharged and there were not sufficient staff to support her in her own home.	Sleaford
14	With the combining of social care, in terms of the budget and control, do you think this will be an advantage?	Sleaford
15	Are we looking into other hospitals once this has been established	Spalding
16	Why does a decentralised model work for this but not A&E? Why are the approaches different?	Virtual 3
17	I question the strategy - stroke and orthopaedic is centralised but the medical beds is different. Why is this?	Virtual 3
18	How many acute beds are at Grantham now and how will that change & how do you decide how many beds you require?	Virtual 3
19	Will it be possible to be referred into an acute bed from the UTC?	Virtual 3
20	Why will this change make services more sustainable?	Virtual 3
21	What kind of conditions do you expect to treat/to present at Grantham? What's difference between community hospitals and what you'd treat at Grantham?	Virtual 4
22	Will ULHT still be working with people in those acute medical beds, or will they be supported as LCHS?	Virtual 5
23	There is a rumour that all inpatient beds at Grantham will move over to LCHS from ULHT, is that true?	Staff 6
24	Would it be fair to say that this is the modern-day version of a cottage hospital?	PP
25	What we lost a number of years ago were the convalescence homes- low dependency, had physios, for people who don't necessarily need doctors but do need support before they are ready to home. If that is more the role that is intended for areas at Grantham hospital, is there going to be sufficient space?	PP
26	Grantham is an excellent cottage hospital. We do not expect all the latest technology as we understand that the NHS cannot provide 'excellence' everywhere but provide good 'adequate' services to the population.	Senior Citizens Group

## Changes to stroke services in Lincolnshire

The following clarification questions were asked by attendees of the various meetings having considered the proposed changes to stroke services:

	Question / Comment	Group
1	Promised two years ago that we wouldn't shut stroke services without consultation to LCC, but already shut down.	Boston 2
2	Every household hasn't received a leaflet through the door – not fair consultation process, people aren't aware	Boston 2
3	Until EMAS can prove they can meet those response times and travel times – can't make decision to move those services now.	Boston 2

	<b>Question / Comment</b>	<b>Group</b>
4	Can you get more people to write more positive reviews on working for the trust and reviews on the town?	Boston 2
5	This is a financially led decision to cut stroke services	Boston 2
6	Manipulated stroke patient figures.	Boston 2
7	Complaint about EMAS, response time to son knocked over by drink driver. Son deteriorated in process.	Boston 2
8	General perception is that this is already a done deal	Boston 3
9	Why is everything being moved to Lincoln? Feels like a done deal	Boston 3
10	Unsure how 7-day discharge will happen as patients are already struggling to see core community nursing teams	Boston 3
11	Greyfriars PPG has great concerns around visiting patients	Boston 3
12	Are you suggesting we can treat patients with strokes at the UTC?	Grantham 1
13	When calling 999 what proportion of the population would accurately be able to describe that they are having/had a stroke. Sadly, many are not articulate and they will receive a lesser service.	Grantham 1
14	Were patients going to Boston and getting wrong care?	Grantham 2
15	How long will it take ambulance to get to a person in Grantham with suspected stroke & are the crew qualified?	Grantham 2
16	Are jigsaw ambulances equally trained?	Grantham 2
17	How many beds are in the new model? Are you combining number of Lincoln and Boston beds?	Grantham 2
18	Capital expenditure being used for stroke service?	Lincoln
19	Unaware there were so many stroke patients	Lincoln
20	Do you work with the new Medical School / are we encouraging people to train in stroke?	Lincoln
21	How time critical is a stroke?	Louth
22	England as a whole has a lot of catching up to do with Stroke service in Scotland	Louth
23	Suggestion: Develop a centre of excellence at Peterborough, Grimsby or Nottingham and don't have anything in Lincolnshire at all	Skegness 1
24	What will happen if there is no transport to get a loved one from Lincoln County Hospital to Skegness?	Skegness 1
25	Can transport be improved?	Skegness 1
26	Why is there specialist stroke surgery in Nottingham but not in Boston? - Only 1 hospital per region where specialist procedure can be done.	Skegness 1
27	How many beds are you proposing to increase to in Lincoln? - Work to 7 day or 10 day discharges	Skegness 1
28	Husband was blue lighted to Lincoln – was able to be collected at 9pm on a December evening. Luckily daughter was able to support to collect but what about those without support and transport? What about the visitors and family who can't get there? Could result in patient and family isolation	Skegness 2
29	What difference does the extra 30 mins travel time make to a stroke victim?	Skegness 2
30	Skegness services are under more strain, ambulance takes so much longer to get to a call, how is this going to be possible?	Skegness 2
31	As ambulances are taking longer at hospital, there is less available – how will this be fixed?	Skegness 2
32	The maths is simple – 25mins vs 45mins – explain?	Skegness 2
33	Ambulance services and the response times and the length of time for ambulances to arrive was discussed.	Sleaford
34	How many people treated at the Lincoln and Boston sites	Virtual 3

	Question / Comment	Group
35	What links do you have with the medical training centre at the Lincoln University and how does this help with sustainability?	Virtual 3
36	Will there be any stroke beds at Pilgrim in future?	Staff 5
37	These changes, if implemented make a mockery of the "FAST" campaign regarding stroke care and intervention is time critical.	PPG
38	I live in the Boston area. Are there any stroke facilities still at Boston, or have they already gone over to Lincoln? If I had a stroke, would I go to Boston, or would I rely on an ambulance?	PP
39	Understand the need to consolidate resource where it is most effective. Patients in the South probably won't go to Lincoln, they will probably go to Peterborough. So, what level of service can those of us in the South of the county expect to get?	PP
40	It might have been helpful for EMAS to send a rep to the consultation meetings to give reassurance on their ability to get to stroke patients in time.	PP
41	If EMAS category is now level 2, then we are not classed as urgent.	PP
42	I was blue lighted to the heart centre in Lincoln and got there in well under an hour – the heart centre was amazing – if Stroke is going to be the same it can only be a good thing	Sensory Service
43	Not surprised people don't want to work in Boston and would rather work in Lincoln	Sensory Service

## Comments related to particular protected characteristics groups and other groups, and other questions

The following feedback was given, and questions asked in relation to the potential impacts on protected characteristic and other groups:

	Question / Comment	Group
1	What are the ULHT doing in order to train and keep their staff?	Grantham 1
2	Why not rotate staff over different sites in order to allow them to treat enough patients and keep up their skills?	Grantham 1
3	How is Lincoln going to cope and they can't cope now?	Grantham 1
4	Why no suggestion of new buildings at site of Prince William of Gloucester Barracks?	Grantham 1
5	Do we have funding for service changes? Is there one pot of money being split into four?	Lincoln
6	Glad I attended. Very well explained and good presentation. Disappointing that more people didn't attend to hear because it's very positive.	Lincoln
7	Why has the range of services offered by Louth Hospital reduced?	Louth
8	Won't EMAS need at least 50 more ambulances to cope with the demand?	Louth
9	Are you considering bringing more services back to Louth hospital?	Louth
10	Are there plans to address the transport issues around healthcare access in the county?	Louth
11	LIVES have launched a new vehicle. Charity feels a need to create that service. Great service. (LIVES are part funded by NHS, FALLS service funded by LCC)	Skegness
12	Suggestion: Formalisation of charity funded/voluntary services to support stroke patients:	Skegness

Question / Comment	Group
<ul style="list-style-type: none"> <li>○ Integration and linking in with third sector is a priority</li> <li>○ Use collective expertise to serve community</li> <li>○ ICS comms could be improved by including what CCG supports – primary care/community services – ensure all of the public are aware of what is available to them all</li> </ul>	
<b>13</b> With the increase in National Insurance contributions, do you see changes will benefit Lincolnshire?	Sleaford
<b>14</b> There has been a demand post covid of GP services – do we know what is causing this demand?	Sleaford
<b>15</b> It was felt that Spalding and Holbeach hospitals are not being used to their full potential. The hospitals are empty why can't we fill the hospitals with services.	Spalding
<b>16</b> It was mentioned about the provision of a shuttle bus that would go between all of the three sites would help those with financial difficulty or who would not have a means of getting to the hospital. Would help for those who are discharged from the hospital in the early hours of the morning – they could be on a bus and then back at their local hospital. It could have a nominal £1 charge – however people when admitted to hospital don't always think to take money with them.	Virtual 1
<b>17</b> What are the timescales for implementation of any changes?	Staff 2
<b>18</b> At the end of the consultation, what will be the priority to happen first?	Staff 5
<b>19</b> Is there a date of any change proposed?	Staff 5
<b>20</b> What are the timescales for implementation of any changes?	Staff 6
<b>21</b> The pilots are done deals, and the outcome of the consultation won't influence decisions. What will happen if the consultation results do not show acceptance of the proposals?	PPG
<b>22</b> transport concerns where people travel further for treatment.	PPG
<b>23</b> There aren't alternative arrangements made for rural areas around the number of patients a hospital must treat to be considered safe; relating to the figure of 600 strokes to be considered safe.	PPG
<b>24</b> Over the delivery of these models when Lincolnshire has recruitment issues for key clinical staff.	PPG
<b>25</b> Over the lack of follow up care via the District Nurses if people are being treated further from home.	PPG
<b>26</b> Far too much information provided. "Information overload!"	Senior Citizens Group
<b>27</b> All the staff at the hospitals do a wonderful job! The medical side of Grantham hospital works very well.	Senior Citizens Group
<b>28</b> It has been very difficult during the pandemic for deaf people when going to the doctors or hospital. I lip read and the staff refused to take off their masks, I was frightened and confused, I didn't understand what was happening. All it would have taken was one person to take off their mask and explain.	Sensory Service
<b>29</b> Antenatal clinic – "I missed out on a lot of information because I was deaf and not treated very nicely. My Health Visitor had to find out the information for me. However, the care in the maternity ward and labour ward was fantastic, they were brilliant	Sensory Service
<b>30</b> Several questions requesting information about the cost of the public consultation process	Public meetings

# Appendix IV: Written submissions and petition statement

Written submissions received during the consultation are summarised in the main body of this report. Verbatim copies of responses from organisations are included here for reference.

## Written submissions

1. Fulbeck Over 60s Club
2. Health Scrutiny Committee for Lincolnshire
3. Healthwatch Lincolnshire
4. South Kesteven District Council
5. Stroke Therapy Services, Pilgrim Hospital, Boston

## Standardised responses

1. Open letter submitted as a petition by SOS Grantham on behalf of 'United GDH Campaigners'

## Fulbeck Over 60s Club


FULBECK OVER 60'S CLUB (26 MEMBERS)

Hall Ear and Eye treatment should be available at Granton.

It should be noted that some of our members are having <sup>TO TRAVEL</sup> to Boston (70 miles) and South (100 miles) with transport costing up to £100 return journey including waiting time and car parking up to three times for cataract operations and appointments, which were previously carried out at Granton.

I can visualize that in the future the elderly and low paid patients will no longer be able to afford these transport costs due to the large increase in the cost of living and will have no option but to cancel appointments.

## Health Scrutiny Committee for Lincolnshire

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

### **RESPONSE OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE LINCOLNSHIRE ACUTE SERVICES REVIEW CONSULTATION**

#### **PART A – INTRODUCTION**

The Health Scrutiny Committee for Lincolnshire is grateful to the NHS in Lincolnshire for providing an introduction and presentations on each element of the Lincolnshire Acute Services Review, at meetings on 13 October, 10 November and 15 December 2021, which included clinicians.

The Committee would also like to record its thanks to the Clinical Commissioning Group for allowing its response to be submitted to the NHS in Lincolnshire by 31 January 2022, after the closing date for submissions from members of the public and organisations.

The response of the Health Scrutiny Committee for Lincolnshire is based on the information in the consultation document, the pre-consultation business case, and the information presented to the Committee at the three meetings between October and December 2021.

In this response, Part B sets out the Committee's response to the questions in the consultation document, in each case indicating the Committee's position on a particular proposal. Although the Committee has followed the template of the consultation survey form, it has included a 'free text' box in the *Need for Change* section, in which the Committee explains its answer to the question on this topic.

Part C of this response focuses on the themes that have arisen during the course of the consultation.

## PART B – RESPONSE TO SURVEY QUESTIONS

### The Need for Change

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

<input checked="" type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

The Health Scrutiny Committee for Lincolnshire fully accepts the arguments put forward on page 5 of the consultation document and in chapter 4 of the pre-consultation business case as evidence for the need for change in the provision of acute hospital services in Lincolnshire. However, as indicated in the following answers on each specific proposal, the Committee is not completely convinced in three instances out of four that the proposal, as detailed, is right for the people of Lincolnshire. In each case, reasons are put forward for the Committee's conclusion.

### Orthopaedic Surgery

Our current model combines planned and unplanned surgery on the same sites. Unplanned emergency admissions into hospitals must be prioritised. This often leads to planned surgery across the NHS being cancelled on the same day, meaning patients wait a long time for it.

Our proposal is to separate planned and unplanned orthopaedic surgery by:

- Creating a 'centre of excellence' for planned orthopaedic surgery for Lincolnshire at Grantham and District Hospital.

- Creating a dedicated day case centre at County Hospital Louth.
- Performing only unplanned orthopaedic surgery at Lincoln County Hospital or Pilgrim Hospital, Boston (apart from some complex planned surgery which will be better managed at these large acute hospitals).

Please tell us how much you agree or disagree with the proposal to create a 'Centre of Excellence' at Grantham and District Hospital for Lincolnshire's patients to receive planned and day case surgery, with a dedicated day case centre at County Hospital Louth for planned orthopaedic surgery.

<input type="checkbox"/>	<b>Strongly Agree</b>
<input type="checkbox"/>	<b>Tend to Agree</b>
<input type="checkbox"/>	<b>Neither Agree nor Disagree</b>
<input checked="" type="checkbox"/>	<b>Tend to Disagree</b>
<input type="checkbox"/>	<b>Strongly Disagree</b>

Please tell us why you agree or disagree with the proposal to change orthopaedic surgery and if you have any other suggested proposals to address the identified challenges.

Whilst the concept of a centre of excellence for orthopaedic surgery and the intention for a significant reduction in the cancellation rate of 30% for planned operations are understood, the Health Scrutiny Committee tends to disagree with the proposal for the following reasons:

- (1) The Committee has concerns on the overall accessibility of Grantham and District Hospital for patients across Lincolnshire, but particularly for residents in the east of county where they rely on public transport. Furthermore, the age profile of the population and levels of deprivation in the east of the county are higher than average. Whilst the pre-consultation business case makes reference to the criteria for the non-emergency patient transport service and a contingency sum of £1 million to support this service, further details of how patients would be supported in practice would be needed to satisfy the Committee that this potential negative impact had been addressed.
- (2) The local NHS would like to see the Grantham orthopaedic centre of excellence become a showcase, and the pilot was previously highlighted as a good practice nationally. However, the Committee is not convinced that the proposal would necessarily improve the recruitment and retention of staff.
- (3) Patient choice remains and it is not clear how many patients would choose to have their elective orthopaedic surgery at a hospital outside Lincolnshire. This would have the potential to impact on neighbouring healthcare systems, and the continued use of the independent sector. These in turn have funding impacts on the Lincolnshire healthcare system.

The Committee strongly supports the continuation and expansion of day case orthopaedic surgery at the County Hospital, Louth.

## Urgent and Emergency Care at Grantham and District Hospital

Our current model offers restricted A&E services between the hours of 8am and 6.30pm at Grantham and District Hospital. Just as in the rest of the country, we struggle to recruit enough specialist staff to run three full A&Es across the county, and this means the services are fragile. For some time the model in Grantham has been similar to that of an Urgent Treatment Centre (UTC), and this has been able to appropriately manage the types of injury and illness patients come to Grantham and District Hospital with.

Our proposal 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.

Please tell us how much you agree or disagree with the proposal to provide 24/7 walk in urgent care services in Grantham via an Urgent Treatment Centre at Grantham and District Hospital.

<input type="checkbox"/>	<b>Strongly Agree</b>
<input type="checkbox"/>	<b>Tend to Agree</b>
<input type="checkbox"/>	<b>Neither Agree nor Disagree</b>
<input type="checkbox"/>	<b>Tend to Disagree</b>
<input checked="" type="checkbox"/>	<b>Strongly Disagree</b>

Please tell us why you agree or disagree with the proposal to change urgent and emergency care services and if you have any other suggested proposals to address the identified challenges.

The A&E department at Grantham and District Hospital has been a major concern for the Health Scrutiny Committee for Lincolnshire since August 2016, when it was closed overnight on a 'temporary' basis. Since that time two referrals have been made by the Committee to the Secretary of State for Health and Social Care. In each case, these referrals have in effect led to the outcome that the future of Grantham A&E would only be resolved by the NHS in Lincolnshire bringing forward proposals for its future as part a consultation exercise.

Since 2016 many residents in Grantham have been campaigning to restore an overnight A&E service at Grantham, which has included a petition of 60,000 signatures in support of its retention. After six years, many residents in Grantham have concluded that their views have been overlooked.

The Committee acknowledges that services such as gynaecology; obstetrics; acute surgery; acute orthopaedics; ear, nose and throat; stroke medicine and acute interventionalist cardiology are generally required in any general hospital offering a level one A&E service. These services are no longer provided at Grantham and District Hospital, and it is understood that they have been gradually removed or downgraded

over the last twenty years or so. The Committee is not re-assured that further changes to the services provided at Grantham will be avoided.

In view of the above long-standing concerns of residents, the Committee strongly disagrees with the proposal for an urgent treatment centre at Grantham. In addition to the above, the Committee cites the following reasons for this conclusion:

- (1) The Committee is not convinced that recruiting and retaining staff to the proposed urgent treatment centre will be straightforward, and there may be circumstances in the future where staff are re-allocated from the urgent treatment centre to support A&E departments, thus reducing the ability of the proposed urgent treatment centre to treat 97% of its patients. Where a temporary change in provision occurs, there is a risk that this might become permanent.
- (2) The Committee understands that only 3% of patients could not be treated at the proposed urgent treatment centre. The Committee is not reassured that these patients will be discharged from another A&E department, without transport or a means of returning home at times, when public transport is unavailable. The role of any support from the non-emergency patient transport service would need to be clarified.

If the proposal for an urgent treatment centre at Grantham and District Hospital is implemented by the NHS in Lincolnshire, the Committee would make the following recommendations:

- (a) There should be clear publicity in Grantham and the surrounding area on what services are provided at the Grantham urgent treatment centre, as the term 'urgent treatment centre' is a relatively new concept within the NHS. (The pre-consultation business case and other supporting documentation referred to the term 'urgent treatment centre plus', although it is understood this would not be used as it would cause more confusion.)
- (b) The modest capital investment for the expansion of the proposed urgent treatment into unused parts of the hospital should be identified, planned and implemented immediately.

## **Acute Medical Beds at Grantham and District Hospital**

Our current model is delivered by an 'acute' (hospital) provider, and cares for less complex patients than at Lincoln County Hospital and Pilgrim Hospital, Boston, in line with the restricted A&E service at Grantham and District Hospital. Like our A&E services and the rest of the country, we struggle to recruit enough specialist staff to the service.

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

Please tell us how much you agree or disagree with the proposal to provide integrated community/acute medical beds at Grantham and District Hospital.

<input type="checkbox"/>	<b>Strongly Agree</b>
<input checked="" type="checkbox"/>	<b>Tend to Agree</b>
<input type="checkbox"/>	<b>Neither Agree nor Disagree</b>
<input type="checkbox"/>	<b>Tend to Disagree</b>
<input type="checkbox"/>	<b>Strongly Disagree</b>

Please tell us why you agree or disagree with the proposal to provide acute medical beds at Grantham Hospital and if you have any other suggested proposals to address the identified challenges.

The Health Scrutiny Committee for Lincolnshire tends to agree with the proposal for the establishment of integrated medical and community beds at Grantham and District Hospital, for the following reasons.

- (1) The Committee accepts the argument, put forward by the NHS in Lincolnshire and supported by the East Midlands Clinical Senate, that the proposal is likely to improve the recruitment and retention of consultants and middle grade doctors.
- (2) The Committee supports the concept of integration of health and social care services as part of this proposal, and the potential for this to become a centre of excellence for multi-disciplinary care. This model could become a template for other urgent treatment centres in the county, for example, in Louth and Skegness, subject to funding and the appropriate levels of patient volumes and acuity.

The Committee would also like to record the following additional comments:

- (a) There are concerns that if the proposed urgent treatment centre is implemented, with an extended range of services compared to other urgent treatment centres, there will be a risk that withdrawal of any of these services would impact on the arrangements for medical and community beds.
- (b) This service is NHS-funded, but as the integration agenda develops, there may be discussions on where funding for such services is held. If the budgets were to be held by local authorities, as opposed to the NHS, the Committee would wish to see the County Council receiving adequate funding to ensure high quality service provision; and would not wish to see it becoming a burden on the County Council's finances.
- (c) The Committee notes that a full description of the proposed community bed provision is detailed in chapter 11 of the pre-consultation business case. The Committee would wish to be made aware of any changes to that provision, as the initiative develops.

## Stroke Services

Our current model has hyper-acute hospital stroke services at Lincoln County Hospital and Pilgrim Hospital, Boston. We need more doctors and nurses to deliver the existing hospital stroke services, but there aren't enough locally and nationally, which has caused temporary closures of the services. Because patients in the county are dispersed across these two hospitals, the clinicians in them struggle to care for enough patients per year to retain and improve their skills. These issues reflect in the service performance in national audits.

Our proposal 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. Outpatient TIA ('mini stroke') clinics would be unaffected at Pilgrim Hospital, Boston.

Please tell us how much you agree or disagree with the proposal to provide a centre of excellence at Lincoln County Hospital offering both a hyperacute stroke unit and an acute stroke unit to deliver care for the county's patients, supported by an enhanced community stroke rehabilitation service.

<input type="checkbox"/>	Strongly Agree
<input type="checkbox"/>	Tend to Agree
<input type="checkbox"/>	Neither Agree nor Disagree
<input checked="" type="checkbox"/>	Tend to Disagree
<input type="checkbox"/>	Strongly Disagree

Please tell us why you agree or disagree with the proposal to change stroke services and if you have any other suggested proposals to address the identified challenges.

The Health Scrutiny Committee for Lincolnshire is not convinced by the all the arguments put forward in support of this proposal, and this tends to disagree for the following reasons:

- (1) The proposal represents another example of service being consolidated at Lincoln County Hospital; and the removal of a service from Pilgrim Hospital, Boston and in this case the displacement of 497 patients each year currently treated there. Irrespective of the clinical arguments in favour, this leads to a perception in the Boston area that the services provided at Pilgrim are gradually being downgraded.
- (2) Further to (1) above, the east coast of Lincolnshire has high areas of deprivation, and a higher proportion of residents, who rely heavily on acute hospital services. Where a service is withdrawn it is likely to have a significant impact on their wellbeing.

- (3) As stated in the pre-consultation business case (page 202, paragraph 12.2.30), approximately 50% of the 497 displaced patients would be taken to Peterborough City Hospital. Whilst the pre-consultation case models the impact of this on patient travel times, it is silent on the capacity of North West Anglia NHS Foundation Trust to treat as many as an extra 250 stroke patients each year.
- (4) Although the pre-consultation business case models the impact on the timings for patients between the arrival of the ambulance and treatment, it is important to recognise any impact on the East Midlands Ambulance Service, where longer journey times, for example from Boston and the surrounding area to Peterborough City Hospital, affect the availability of ambulances. These do not appear to have been addressed in the pre-consultation business case.
- (5) The Committee is not completely convinced that the proposals will lead to improvements in the recruitment and retention of both medical and nursing staff.

The Committee would also like to record the following additional comments:

- (a) During the discussion on this item reference was made to the possibility of introducing a mobile stroke unit, which would in particular be able to support people in the east of the county. The Committee was advised that this suggestion would be considered in further detail.
- (b) The Committee was advised that the clinics for the treatment and follow-up of transient ischaemic attacks would continue at Pilgrim Hospital, Boston, and would urge that this should continue.

## **Equalities Impact**

Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. It is against the law to discriminate against someone because of the nine protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any positive or negative impacts that you believe the CCG should take into account in relation to equalities or human rights? If so, are you able to provide any supporting evidence and suggest any ways in which the organisations could reduce or remove any potential negative impacts and increase any positive impacts?

Please enter your response below:

The Committee notes that appendix J to the pre-consultation consultation business case details the assessment of the equalities impact for each of the four proposals. In each case the assessment states that the combination of an ageing population, a rural geography and areas of high socio-economic deprivation defines the specific challenge of delivering high-quality and effective treatment and preventative services in Lincolnshire. The Health Scrutiny Committee for Lincolnshire highlights this statement and urges the NHS in Lincolnshire to take full account of these assessments prior to making a decision on any service changes.

## **PART C – THEMES AND GENERAL COMMENTS**

### **Travel and Transport**

The pre-consultation business case makes numerous references to public transport; and in several instances refers to consultations being ongoing with Lincolnshire County Council about public transport provision. The Committee does not believe that it is the County Council's role to facilitate changes to public transport provision, solely and directly in response to changes to services provided by the NHS. Furthermore, public transport in Lincolnshire tends not to operate in the evening and overnight, so when people are discharged without their own transport, there is an additional challenge.

There are also references in the pre-consultation business case to non-emergency patient transport services as means of mitigating the impact of the withdrawal of services from certain locations, it is important that patient transport not only continues to be offered to lessen the impacts of any service changes, but also any revisions arising from the implementation of the national criteria, including any flexibilities in those criteria, are used to the full for the benefit of patients in Lincolnshire.

### **Recruitment and Retention of Staff**

There is an argument in each of the four proposals that there would be improvements to the recruitment and retention of staff, which has been a long-standing challenge in Lincolnshire, even prior to the Covid-19 pandemic. The supply of medical and nursing staff is a national issue, and thus not solely the responsibility of the NHS in Lincolnshire. The Committee is not convinced that these service changes alone will necessarily address the particular staffing challenges, which have led to the development of the four proposals.

The Committee recognises that one of the difficulties is that many medical and nursing staff are more attracted to the agency style of working, where they can choose the days that they work, without detriment to their overall salary levels.

## **Links to Neighbouring Health Systems**

There are two parts to this theme, firstly the impact of service changes at United Lincolnshire Hospitals NHS Trust on other health systems; and secondly the impact of any changes outside Lincolnshire in

### Impact on Other Health Systems

These four proposals will impact on neighbouring health systems, as acknowledged by the detail in pre-consultation business case. The Committee would like to be re-assured that neighbouring health systems would be able to cope with any increased demand placed on their services from patients being displaced in Lincolnshire.

### Impact of Other Health Systems on Lincolnshire

An update from the Humber Acute Services Programme team to the Health Scrutiny Committee for Lincolnshire on 15 December 2021 again highlighted how changes to health provision in one location can have a wider impact. Although the Humber Acute Services Programme is at an earlier stage in its development, with its public consultation planned for the summer of 2022 at the earliest, there is concern that there may be proposals to withdraw certain acute hospital services from either Diana Princess of Wales Hospital in Grimsby or Scunthorpe General Hospital, which would in turn lead to increased pressures on the acute hospital services provided by United Lincolnshire Hospitals NHS Trust.

## **Consultation Arrangements**

The Committee would like to record the following comments on the consultation arrangements:

- (1) The Committee was advised that leaflets on the consultation would be delivered to every household, as a means of eliciting a high rate of response. The Committee would like to see the full consultation report provide an assessment on how well this approach worked, as anecdotal evidence suggests that many households did not receive a consultation leaflet.
- (2) The Committee does not support the approach whereby pre-booking was required for attendance at the in-person consultation events. The Committee understands that there have been some very low attendances at these events, and feels that pre-booking might have deterred people coming forward with their views.
- (3) The Committee recognises that promoting a consultation exercise in a county as large and rural as Lincolnshire represents a challenge, with several local media outlets and various forms of engagement required to reach the public. However, the Committee feels that although there were 2,495 online responses, the reach of the consultation could have been more extensive, and elicited more responses.

- (4) The Committee believes that the reach of the consultation has been constrained in part by the Covid-19 pandemic. For example, it has not always been possible to access any consultation leaflets in GP surgeries, as visits to these surgeries have been limited.

## **Conclusion**

As stated above, the Health Scrutiny Committee for Lincolnshire would again record its thanks to the NHS in Lincolnshire for its engagement at Committee meetings, and for allowing the Committee's response to be submitted to the NHS in Lincolnshire by 31 January 2022.

The Committee understands that there is an intention that the Lincolnshire Clinical Commissioning Group Board will make a decision on these four proposals by 31 March 2022. The Committee would like to continue its dialogue with the NHS in Lincolnshire on the decision making process.

The Health Scrutiny Committee for Lincolnshire has been appointed by Lincolnshire County Council to fulfil its functions as set out in Section 244 of the National Health Service Act 2006 and Regulations 20 – 34 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

## Healthwatch Lincolnshire response to NHS Lincolnshire Clinical Commissioning Group Public Consultation

On behalf of Lincolnshire people who now, or in the future access NHS healthcare services in the county, Healthwatch Lincolnshire is providing NHS Lincolnshire Clinical Commissioning Group (CCG) this formal response relevant to their recent public consultation on the future of four NHS services in the county. The four services include:

1. Orthopaedic surgery across Lincolnshire
2. Urgent and emergency care at Grantham and District Hospital
3. Acute medical beds at Grantham and District Hospital
4. Stroke services across Lincolnshire

The above service areas are significant as they affect so many patients across the county. Changes to any of these services will impact people in different ways. For example, the needs of people that live in rural and isolated communities, people who are living with disabilities and co-morbidities, people who use public transport, people who are geographically impacted because of any change to the current provision need to be understood. Healthwatch Lincolnshire strongly believes that the CCG must fully consider all negative as well as positive impact on our people and communities when reviewing the results of the public consultation and their Equality Impact Assessments.

Healthwatch Lincolnshire acknowledges the significant amount of effort the CCG has made to invite people to respond to their public consultation and thanks them for this. It is encouraging to note the range of methods of engagement delivered by the CCG has resulted in a large and diverse number of responses.

Healthwatch Lincolnshire is also reassured by the fact that the CCG will be using an independent body, Opinion Research Services to collate the feedback they have received from their public consultation. However, as a health and care watchdog Healthwatch Lincolnshire is keen once made, to scrutinise the CCGs final decisions which we assume will be based around the public consultation data it receives from Opinion Research Services.

Whilst we recognise this public consultation is not a public 'vote' on the outcome of the four services. Out of respect to the public, including both those who have responded and those who have not, but will still need to access them, the next important question will be 'how open and transparent NHS Lincolnshire is going to be with the public when it comes to final decisions about the future of these four services.'

Healthwatch Lincolnshire looks forward to liaising with the CCG in the spring of 2022 with regards to their outcomes and next steps.

Healthwatch Lincolnshire Contract Co-ordinator

Date: January 2022

## Minutes from South Kesteven District Council meeting

### Motion as reflected in the minutes for 25.11.21 Council

Motion put by Cllr Ian Selby:

South Kesteven District Council supports a fully functioned Level 1, 24/7 Accident and Emergency Department for Grantham Hospital.

Members were circulated with an amended motion at the meeting:

“It is vital that the residents of the Grantham area have access to Emergency Healthcare which is accessible 24/7. Grantham Hospital is a vital facility for our community and I would like the Chairman to write to the Chief Executive of the United Lincolnshire Hospital Trust, saying that South Kesteven District Council wishes to thank all the staff at this hospital for their continued hard work and service, especially over the last 2 years.

The motion highlighted the concern over the continued reduction in services at Grantham Hospital and the current consultation being undertaken by NHS Lincolnshire Clinical Commission Group, which, it was felt, was not a meaningful consultation but a tick box exercise with a bias against Grantham Hospital”.

In presenting the motion, Councillor Selby made the following points:

The former consultation undertaken by the East Midlands Ambulance Service (EMAS) had recognised that Grantham was a strategic location and had changed their proposals accordingly.

The services that Grantham hospital offered affected every single resident, no-one was immune to accidents and the need for urgent treatment as provided by an Accident and Emergency service or an Urgent Treatment Centre.

A massive housing growth was happening in Grantham and health provision was a material planning consideration.

Climate change implications when patients had to travel to and from hospitals.

Tourists were encouraged to come to the district but the lack of local hospital facilities may impact their plans.

Thanks were given to the work of the ambulance service, paramedics and first responders and the work of the NHS staff and all Key Workers.

Credit was given to the campaigners and those that had attended the Wednesday vigils to try and help save Grantham’s A & E department.

The motion was seconded by the Leader of the Council.

Further discussion ensued on how the services at Grantham Hospital had been reduced over the last five years and the levels of services downgraded. Reference was made to the closure of the hospital in June 2020 and the Judicial Review that had been brought in connection with the closure of the acute care services for a period of time and how the level of services had been downgraded and eroded over the last five years. Elected Members and members of the public were urged to complete the NHS

Lincolnshire Clinical Commissioning Groups consultation questionnaire on urgent and emergency care which closed on 23 December 2021.

It was noted that the information that the ULHT had given during the closure period due to Covid was flawed as they had failed to mention that 33,000 residents had signed a petition for the 24/7 restoration of emergency services at Grantham Hospital under the Healthy Conversation consultation.

Further discussion on the motion followed with Members thanking the NHS Staff for all their hard work following the impact of Covid-19 and the campaigners over the last five years in keeping the closure of services at Grantham Hospital in the public domain.

The Chairman referred to the extraordinary meeting of Council that had taken place 1 July 2020 on Grantham Hospital services.

On being put to the vote the motion circulated by Councillor Selby was unanimously **AGREED**.

#### **DECISION**

**That the Chairman of the Council writes to the Chief Executive of the United Lincolnshire Hospital Trust, saying that South Kesteven District Council wishes to thank all the staff at this hospital for their continued hard work and service, especially over the last two years.**

## Stroke Therapy Services, Pilgrim Hospital, Boston

To whom it may concern,

We would like to provide our opinions about the Public Consultation Document with specific reference to the stroke service. The stroke service at Pilgrim Hospital Boston provides a comprehensive rehabilitation approach. Patients are admitted from Boston and surrounding areas and are transferred from the hyper-acute service at Lincoln. The team is made up of occupational therapists, physiotherapists, speech and language therapist, neuro-psychologists, dieticians and specialist nursing staff who have specific skills, knowledge, competencies and experience built up over many years in the area of stroke management. For many years we have provided good patient care and scored well on SSNAP targets when providing hyper-acute and acute services.

With regards to the proposed changes we understand the reasoning for having a centre of excellence at Lincoln but feel that the full pathway has not been considered for the wide range of complex patients' needs in the stroke pathway. The following are our main concerns:

- An increase in the number of patients at Lincoln
- The increase in stroke patients out-lying to non-specialist wards who do not receive timely and effective specialised rehabilitation. Appendix 1 shows the SSNAP Data for Domain 2 (Length of stay on stroke unit) is not reaching the correct standard and has dropped from 92.7% to 37.1% when there were no stroke beds at Pilgrim Hospital Boston.
- No additional stroke specialist staffing has been added to Lincoln Site
- The management of slower stream more complex patients who require more intensive input

We accept that patients need to be discharged home quickly and have stroke support from Lincolnshire Stroke Service, however there are a percentage of patients that are unable to go home who require more specialist rehabilitation on their sitting ability and who have non-oral feeding requirements. There is evidence to say that these patients will benefit from further MDT input to prevent longer term seating problems, contractures, pressure sore development, reduced mobility, management of swallowing problems and possibly the risk of death. This group of patients also need expert input including the use of special equipment which is not available in the community.

There are beds in community hospitals but they are very rarely available and there is a lack of specialist stroke management which means these patients do not reach their full potential or outcomes. We work very closely with the Lincolnshire Stroke Service and discuss patients regularly to decide on best discharge outcome. However, they often advise that referring to a community bed will not provide the necessary specialist rehab for these patients. This often results in patients being referred to a new placement despite the fact that if they had further rehabilitation they could have returned home in certain cases.

Therefore, we would like to propose that a number of beds are continued to be funded at Pilgrim Hospital Boston to enable patient flow for the hospital and to enable a small number of patients to be able to access slower stream rehabilitation with specialised staffing. Appendix 2 shows that from April 2020 when the beds were shut at Boston the Lincoln length of stay rose rapidly. Appendix 3 details the number of patients discharged from Pilgrim Hospital in 2019 with a severe or moderately severe disability, there is an average of 10 patients per month needing slower stream rehabilitation which is unable to be provided in the community. Over 12 months 110 patients were transferred from Lincoln County Hospital to Pilgrim Hospital for further specialised rehabilitation (Please see

appendix 4). They were also unable to be discharged home as they needed complex discharge planning.

We have gathered a number of patient stories over the past few months which also support the need for our proposal. These include patients that have been admitted directly to Pilgrim Hospital and therefore with the specialist staff still present at Pilgrim have managed to be supported for specialised rehabilitation and post stroke care. There are also a number of patients who have returned to Pilgrim Hospital for longer/slower stream rehabilitation to improve flow over at Lincoln. When this flow is available we notice an improvement in Domain 2 of SSNAP data, however the periods where our unit has been closed due to COVID19 we have noticed a decline in number of patients getting a 90% stay on the stroke unit in Lincoln as well as a deterioration in all other domains due to increased demand on staff and resources at Lincoln. This is shown in the most recent SSNAP data for the last quarter where Lincoln Stroke Unit scored a D overall with an E in domain 2.

Therefore, we would be grateful if you could consider the overall impact of the proposal put to the public in the acute service review and consider looking at the greater pathway. We truly believe that stroke specific inpatient rehab beds are key to the success if the proposal goes through.

Yours sincerely,

Stroke Therapy Team, Pilgrim Hospital Boston

On Behalf of the physiotherapy Team  
Team Lead Physiotherapist – Stroke

On behalf of the Occupational Therapy Team  
Senior Occupational Therapist - Stroke

# SOS Grantham on behalf of 'United GDH Campaigners'

## Open letter to Lincolnshire CCG in response to Acute Service Review (2021) Public Consultation

### 2021 Stop the cuts to Grantham & District Hospital NOW!!

Rural Grantham & District Hospital is located in the heart of England at the crossroads between the North and South, East and West on both rail and busy A1/A52 routes. The area attracts visitors from across the country and overseas many visiting the large out of town retail park. It is a Growth Town with plans for 7000 more homes at least, new business parks and new retail developments. Grantham is approximately 45 minutes car journey from the next nearest A&E Department. Significant and potentially irreversible downgrade of acute care services at Grantham & District Hospital will put lives at risk, and cause undue pain, suffering and stress to patients and/or their visitors. The proposals do not amount to an improvement in service and will not generally improve patient care nor make it safer as the CCG suggest. Grantham area patients will not have parity with those in Lincoln or Boston areas. The changes will not make services more safe but less so. Local patient resuscitation, intubation and stabilisation will be undermined. We call upon Lincolnshire Clinical Commissioning Group (CCG) to review their Acute Service Review (ASR) plans published: <https://lincolnshireccg.nhs.uk/> currently in Public Consultation due to end **23 December 2021**.

If the latest plans go ahead Grantham & District Hospital will become little more than a 'cottage hospital' unable to handle emergency patients and non-planned surgery nor care for acutely ill elderly patients in their local area. Of particular concern are the low income, elderly and disabled residents likely to be most affected. **The changes will not make services safer but less so.**

### The Lincolnshire CCG Acute Service Review includes a review of:

- Orthopaedics (elective and non-elective) county wide
- *Lincolnshire CCG are proposing to remove all emergency/non elective fracture surgery from Grantham & District Hospital.*

We appreciate complex fractures require urgent specialist treatment however those with less serious fractures will be required to travel to other hospitals potentially incurring further injury en route cross country on poor roads and in pain. We believe that simple fractures should be treated at Grantham & District Hospital and that the majority of patients requiring surgery would prefer them to be completed locally with the exception of complex cases.

### Stroke services county wide

Lincolnshire CCG have totally ignored Grantham & District residents in their emergency stroke plans despite the significant distance to any other alternative hospital A&E/emergency stroke site. They only refer to the needs of Boston residents in their emergency stroke plans.

Grantham residents experiencing a stroke have the same concerns and needs as Boston residents being a similar distance to the next nearest emergency stroke unit. A clear plan indicating how Grantham emergency stroke patients will be stabilised in the absence of a local A&E unit and without an emergency stroke unit or ACU is required.

### Urgent and emergency care at Grantham & District Hospital

Lincolnshire CCG propose to downgrade Grantham & District Hospital Accident and Emergency Unit currently available during the day and replaced with a UTC and drop-in GP service at night with a 24/7 Urgent Treatment Centre. Lincolnshire CCG also state at Grantham & District Hospital there were "limited range of presenting conditions dealt with by A&E department since 2007/8." (pg 20)

Local people have persistently called for the restoration of a 24/7 A&E department after the service was closed at night on a temporary basis by United Lincolnshire Hospital Trust in August 2016. Lincolnshire CCG plans will result in 120,000 residents in the Grantham Hospital catchment area, currently relying on Grantham & District Hospital A&E, in an acute emergency, being forced to travel between 15-45 miles to their next alternative A&E units at Lincoln, Peterborough and Nottingham QMC. The plan puts lives at risk and the number of patients affected estimated by the CCG to be 700 a year is not 'a few'. The CCG have underestimated the impact on emergency patients. Prior to night closure 4400 patients were admitted via A&E. We know 1574 emergency patients were admitted from the Grantham area between 1 July 2020 - 1 September 2021 at Lincoln & Boston Hospitals alone. We must assume the remainder were forced to travel elsewhere. Not all Emergency patients with potentially life-threatening time critical conditions require admission e.g. severe allergy, some heart conditions and breathing difficulties. A&E departments elsewhere are too busy now. East Midlands Ambulance crews are forced to wait hours outside these hospitals on a regular basis. *Note: Tragically on 6 October 2021 a local young man died whilst waiting to be seen outside Lincoln County. Grantham patients going elsewhere affect those hospitals too.*

## Open letter to Lincolnshire CCG in response to Acute Service Review (2021) Public Consultation

Contrary to misleading CCG comments, Grantham & District A&E staff had the skills and equipment supported by consultants in the ACU to be able to handle a wide range of acute medical conditions up to the highest severity as evidenced by ULHT responses to SOSGH Freedom of Information requests in 2018. *Only recently repeatedly resuscitating a local woman and saving her life after a 2hr wait for an ambulance.*

### Acute Medicine at Grantham & District Hospital

**Lincolnshire CCG propose not to replace the Acute Service Unit which provided vital medical expertise to critically ill patients and included beds commissioned by the East Midlands Critical Care network.** The CCG propose to leave a minimum number of 'integrated community/acute medical beds' shared with other non-medical departments. This will result in fewer patients being admitted into Grantham Hospital.

The CCG proposes to place elderly patients with complex needs out of a secure hospital environment supported by specialist consultants and either move them to alternative hospital sites requiring considerable journeys with associated risks, or, place them into community care which is known to be fragmented and where monitoring patient progress and outcomes will become much more challenging. They will not receive the level of medical care they would get in hospital until they make a recovery and will be at greater risk of non-recovery.

### Consultant training and staff

**Lincolnshire CCG omit reference to Grantham & District Hospital as a training hospital in their new plans**

Grantham & District Hospital was popular among doctors training as specialist consultants. Elderly patients with chronic complex conditions were supported locally by respiratory, cardio and gastro specialists who provided training support for new Consultants. The site also had training equipment available. Lincolnshire CCG & ULHT the consultants should work mainly between Lincoln and Boston. Dissatisfied staff and consultants will make the future of hospital services across the county less sustainable.

**In view of the concerns raised I OPPOSE the recommendations in the Lincolnshire Clinical Commissioning Group Acute Service Review 2021. I call for a full restoration of acute services at Grantham & District Hospital and consider if the changes are implemented that the CCG will not have fully reflected my concerns in their Public Consultation. I would also consider what is left of our District Hospital to be little more than a cottage hospital and that future development plans for the area should take this into consideration.**

Your signature:	
Print your first name(s):	
Print your last name(s):	
Your Address:	
Your Postcode:	

- Tick to confirm that I am over 18 years old , or,
- Tick to confirm that I am under 18 years old and have parental consent to sign this document. Children and young adults will be affected by the changes planned too.

**Please feel free to share this petition.**



### **Working together – United Grantham District Hospital Campaigners**

An online version is available at:

<https://www.thepetitionsite.com/en-gb/191/529/732/2021-stop-the-cuts-to-grantham-hospital-now/>

### **Please return completed forms to:**

United GDH Campaigners, c/o  
SOSGH, 45 Harrowby Road,  
Grantham, NG31 9ED by

**20 December 2021.**

They may be left sealed in the porch.

**Can you help?** Please **contact 07398 156296** re petition enquiries or email [Charmainemorgan50@gmail.com](mailto:Charmainemorgan50@gmail.com)