

REMARKS ON THE 'SHAPING HEALTH FOR LINCOLNSHIRE

By Councillor Sam Jalili

1. *There should be better access to a range of primary care services and information, etc.*

While I welcome the concept of improved access, there is nothing new here and whilst wider range of opening times and more flexible appointment systems will help, the plan does not lay out where the extra staff is coming from, particularly dentists who are currently being brought in from Europe. Neither does it show that additional funding is available to accomplish this. The document does not demonstrate what the existing pitfalls in access are at present, or what to improve. Neither is the term 'local' actually identified.

2. *There should be more diagnostics provided locally.*

This is a far better initiative and is something that both Grantham (and Stamford) Hospitals would benefit from, not only in terms of catering for the local population but also to block the threat of their closures.

The downside is that they are only looking at: Skegness & Coast; East Lindsey; South Holland and North West Lincoln. This means that SKDC will be the only one of the six districts not to be offered these benefits; yet Grantham Hospital would be an ideal facility for this option, particularly given its recent history of being downgraded and the fears which the local population have for its future.

Neither does the document make clear whether the hospitals will suffer as a result of services being transferred.

3 *There should be a reduction in the number of hospital sites in Lincolnshire undertaking emergency general surgery.*

The statement is contradictory; on the one hand it states that 'there should be a reduction.... etc.' whilst on the other hand it says 'No change of most of Lincolnshire'. This again primarily affects Grantham and again is something that we must strenuously fight against. We need more information on what they consider 'emergency' general surgery and the reasons behind targeting Grantham. Why has Grantham among the five districts, being targeted when it serves a large enough population to be sustained in its own rights? This point alone merits urgent negotiation and discussion between Lincolnshire PCT, Grantham Hospital and SKDC.

4. *We should create a network of A & E Departments and Minor Injury Units which meet the needs of their local population. There should be increased provision of urgent care services in Mablethorpe.*

As far as Grantham is concerned, it sounds somewhat positive as they are at least proposing to continue using the A&E there whilst transferring more complex cases to

Lincoln and Boston. However, it does not quantify the deficiencies in Grantham A&E at present which would warrant the shift of some A&E cases to Lincoln/Boston.

We would also like qualification of the means of improving the integration of the ambulance services at first responders eg LIVES, particularly given problems in the southern half of SKDC.

5. *We should create a hub of health; a single telephone number to contact professionals who can provide advice.*

We need to see more information on this proposal; at the moment it is only meaningless admin-speak words. The replacement of the Well Doc System in South SKDC by more highly qualified nurses led to an increase in unnecessary admissions?

How are they proposing the network of A&E departments? Are they proposing yet another system and what are the details?

6. *We should develop more specialist services within Lincolnshire.*

Looks very good on paper but we need to look at this very carefully to see a full plan; can they bring in enough specialists and upgrade facilities in existing hospitals to meet the proposal?

7. *We should commission more outpatient consultations which are carried out within local health facilities.*

We need to ensure that follow-ups would be met by specialists from the major hospitals; the plan on paper does not state this and I am unsure where they will bring the medical staff from. In many instances continuity of care by the same team is paramount. Who is to going to decide on who will be transferred? Such decision must be made by the treating clinician and not by managers.

8. *We should commission more surgery as day cases and more should take place within local health facilities.*

In principle this is good and would ensure that our own hospitals continue as viable options (Grantham would get 1500 more day cases per year). More details are needed

9. *We should ensure that when people have a stroke they can get rapid treatment and access to rehabilitation.*

The principle sounds good. However, early supported discharged must be backed by clinical certainty that the patient is really ready to be returned home and not the basis of bed availability. We welcome the further development of community rehabilitation and specialist rehabilitation within own localities.

10 Should commission more care and support to be provided locally for people who are living with one or more long-term conditions.

This looks like another opportunity to move long-term care into the hands of families and carers and we need to see a set plan. We must avoid the Trust abrogating responsibility altogether unless they can come up with a good social/nursing network which does not currently exist.

11. We should commission maternity services which are consultant or midwife-led and are both clinically safe and cost effective.

We would support in principle the plans for Grantham which would keep it sustainable for this essential service.

Other Remarks

1. There is no reference in the document to preventive medicine and screening of recognised serious medical conditions.
2. There is no reference to health of the population in the southern part of South Kesteven (Bourne, Deepings and Stamford) and although I understand that the health is covered by a separate PCT and treatment carried out in different centres, I would recommend that some sort of communication or co-ordination between the two PCT's takes place to address some of the deficiencies and concerns of the local population. I would also suggest that ways are explored of using the available resources and facilities in Stamford Hospital for the benefit of the population of South Kesteven to their mutual benefit.
3. There is no reference to the rapid demographic changes from the rapid influx of immigration to Lincolnshire.

In conclusion:

The document contains more waffle than substance. A lot of items mentioned are common sense about what is required and what should have been provided by our health service; I assume the answer is that we are still seeing the results of numerous bureaucratic changes which have never been sustained, rather than experts providing advice and health care.. The questionnaire is a waste of paper, ink and printing as it states the obvious and indeed the attached questionnaire is worded in such a way that it does not truly seek sensible views.



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