NHS

Yorkshire and Humber
Commissioning Support

Public Consultation on

Hyper-Acute Stroke Services and Ear Nose and Throat Inpatient Surgery in North and North East Lincolnshire

Feedback and Outcome Report

October 2014

Contents

1. Introduction

Healthy Lives, Healthy Futures is a review of health and social care services in North and North East Lincolnshire. It is being led by both North East Lincolnshire Clinical Commissioning Group and North Lincolnshire Clinical Commissioning Group (CCG) in conjunction with local health and care partners.

As part of the review both CCGs undertook a public consultation from 30 June to 26 September 2014 on two service areas that were potentially subject to large scale change. These are Hyper-Acute Stroke and Ear Nose and Throat (ENT) Inpatient Surgery.

This consultation builds upon previous engagement work, the feedback for which can be found at http://www.healthylivеshealthyfutures.nhs.uk/publications/

The purpose of this report is to:

- Explain the approach both CCGs have taken to listen to the views of patients, the general public and stakeholders about their plans for Hyper-Acute Stroke Services and ENT Inpatient Surgery.
- Present the outcomes from each aspect of the consultation.
- Identify key themes across all aspects of the consultation.
- Support both CCGs to make a final decision on the proposals presented.

2. Current Service

2.1 Hyper-Acute Stroke Services

In November 2013 the arrangements for hyper-acute stroke care were temporarily centralised on the SGH site, combining the two services that were previously operating at SGH and DPoW. This was done for safety reasons and was done quickly as recommended by the Keogh review which visited NLaG.

The temporary centralisation has enabled the service to offer 24/7 access to hyper-acute care including thrombolysis. Pathways have been designed around best practice and national guidelines which has significantly improved the level of conformity to national quality standards. There is also much greater awareness across Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and its partners of the hyper-acute stroke pathway and the importance of stroke patients accessing this as soon as possible after the onset of symptoms. The pathway in place ensures

that patients are transferred back to their local hospital for on-going treatment once they are ready to be stepped down from hyper-acute care, ie after the first 72 hours. Centralisation has allowed pooling of knowledge and experience from both sites.

The department underwent a formal peer review and external accreditation process in June 2014. The review found that there had been significant improvement in performance against local and national targets for stroke and as a result NLaG has been recommended as a safe and quality provider of level 2 (hyper acute) stroke services.

2.2 Ear, Nose and Throat (ENT)

Elective, non-elective and day case surgery is performed at both Diana Princess of Wales (DPoW) and Scunthorpe General Hospital (SGH) sites. Outpatient clinics are offered at both sites and also provided at Goole District Hospital (GDH) with an outreach service at Louth and Mablethorpe.

The current on-call out of hours service is based on a weekly/fortnightly rotation between the two main sites with the following pattern:

- Two weeks at SGH and three weeks at DPoW – Monday to Friday – out of hours and weekends.

This rota is determined by the balance of consultants and middle grade doctors currently employed on each site and potentially results in any inpatients on the site that is not covered by the on-call being transferred for continued out of hours care.

Clinicians recognise that transferring patients between sites is not in the best interest of good patient care and patient experience, so temporary arrangements are in place where clinicians cover their own inpatients out of hours.

NLaG provides ENT services across all three of its sites and routine outreach clinics in both Mablethorpe and Louth. The service works in collaboration with a number of other services, predominantly:

- NLaG audiology service
- NLaG speech & language service
- Hull & East Yorkshire & United Lincolnshire Trust (dependent upon CCG of residency) through the Head and Neck Multi-Disciplinary teams.

3. Consultation Options

3.1 Hyper-Acute Stroke Care

The options considered for future provision of hyper-acute stroke services in Northern Lincolnshire are summarised below and the full options appraisal is available at http://www.healthyliveshealthyfutures.nhs.uk/publications/

3.2 Option S1 – To have 24/7 hyper-acute stroke care at SGH and DPoW

The service currently in operation at SGH would also be provided at DPoW. This means anyone who has a stroke in the local area would be treated at either SGH or DPoW, whichever was the nearest, for all their hospital based stroke care. However the numbers of people being treated for a stroke each year at either SGH or DPoW is not enough to keep the skills of the staff at the required level. This means that the ability to provide safe, high quality Hyper-Acute Stroke care at both hospitals is not sustainable. It would also be very difficult, and very expensive to recruit the specialist staff needed to have services at both sites, and significant investment in equipment would be required i.e. an additional CT scanner, which cannot be afforded.

Without the right number of properly trained and skilled staff safety and quality levels cannot be guaranteed. This means there would be a greater risk of more people dying or having a much poorer quality of life following a stroke.

For these reasons a safe, high quality service at both SGH and DPoW cannot be provided.

3.3 Option S2 – To have 24/7 hyper-acute stroke care at SGH only, as it is at the moment

This is the preferred option. There would be no change to how services are provided at the moment. The temporary arrangements put in place in November 2013 would become permanent. Anyone having a stroke in the local area would go to SGH for up to the first 72 hours of their care. After this, if they needed on-going treatment and monitoring they would receive this at a hospital nearest their home. For North

East Lincolnshire residents this would mean being moved from the hyper-acute stroke unit at SGH to the stroke ward at DPoW.

The reasons for siting the service at SGH in November are still very relevant now. SGH has a greater number of trained and experienced staff than DPoW, it has clinically appropriate space available next to the Accident and Emergency (A&E) department, and two CT scanners. This means during busy times or if one scanner is undergoing maintenance, there is another available 24/7.

This option does mean longer journey times for North East Lincolnshire and some East Lindsey residents and families. Studies show it would take (on average) 8 minutes longer for a blue light ambulance to get a North East Lincolnshire resident to SGH than it would to get a North East Lincolnshire resident to DPoW. For family members visiting the average journey time by car would be 13 minutes longer and by public transport 15 minutes longer. However patients would only be situated at SGH for the first 72 hours of care. After that time they would be transferred back to their nearest clinically appropriate site, e.g. DPoW, Louth or Goole District Hospital (GDH).

The team providing Hyper-Acute Stroke care at SGH has been recruited and trained since November 2013 and follows national guidelines for treating stroke patients during and after the first 72 hours. An external review of this service has been commissioned to assess how well the service is being run. We expect this review to endorse the changes made to improve patient safety and quality.

3.4 Option S3 – To move hyper-acute stroke care to DPoW only

Under this option Hyper-Acute Stroke care would be moved to DPoW and would no longer be available at SGH. Anyone having a stroke in our local area would first be treated at DPoW. North Lincolnshire residents needing on-going treatment after the first 72 hours would be moved from the Hyper-Acute stroke unit at DPoW to the stroke ward at SGH.

A team of specialist staff able to provide Hyper-Acute Stroke care would have to be recruited and trained. Some staff from SGH who already have the skills may be willing to work at DPoW but it is likely that not all staff would transfer and some staff may leave the organisation completely.

There is only one CT scanner at DPoW therefore a second one would need to be installed for back-up purposes. The programme board considered the possibility to moving the second CT scanner from SGH to DPoW however the cost of moving and adapting a room at DPoW would be significant and unaffordable.

This option means longer journey times for North Lincolnshire residents and their families. Studies show it would take (on average) 4 minutes longer for a blue light ambulance to get a North Lincolnshire resident to DPoW than it would to get a North Lincolnshire resident to SGH. For family members visiting the average journey time by car would be 6 minutes longer and by public transport 12 minutes longer.

Hyper-Acute Stroke care would still be available 24/7 and would still follow national guidelines.

3.5 Option S4 - To move hyper-acute stroke care to another hospital, for example Hull or Doncaster

Hyper-Acute Stroke care would be moved to another nearby hospital, i.e. Hull or Doncaster. This would mean anyone having a stroke in our local area would be taken to this hospital for the first 72 hours. After this time, if on-going treatment was needed, they would be transferred back to the stroke ward at the hospital nearest their home, either SGH or DPoW.

This option means longer journey times for all local residents and their families. Studies show it would take (on average) 13 minutes longer for a blue light ambulance to get local residents to Hull Royal Infirmary than it would for them to get to either SGH or DPoW. For family members visiting the average journey time by car would be 20 minutes longer and by public transport 35 minutes longer.

Hyper-Acute Stroke care would only move to a hospital that already provides this service to their local population. As a consequence the hospital would need to increase the number of specialist staff and the number of Hyper-Acute Stroke beds, which may not be easy to achieve. We would need to make sure that the hospital we moved Hyper-Acute Stroke care to works to national guidelines.

3.6 Why is Option S2 the preferred Option?

There are a number of reasons why Option S2 is the preferred option at this time:

- The right number of trained specialist staff are in place at SGH, the service is working well and patients are getting safe and high quality care, 24/7.
- Patients and their families who have used Hyper-Acute Stroke services at SGH are happy with how they are treated. Feedback from patients that have been through the service is very positive
- All the equipment needed is at SGH; there are two CT scanners already on site. Significant investment would be required to move the service to DPoW which is not available

Although the journey times are longer for North East Lincolnshire residents, local people have said they would rather travel further if it means they get a safer, better quality service. This only affects Hyper-Acute Stroke care as the extra journey times are only for the first 72 hours. Most North East Lincolnshire patients will go back to DPoW after this.

3.7 Ear, Nose and Throat Inpatient Surgery

The options considered for future provision of ENT inpatient surgery services in Northern Lincolnshire are summarised below and a full options appraisal is available at http://www.healthyliveshealthyfutures.nhs.uk/publications/

3.8 Option E1 - To carry on with all inpatient ENT surgery care being available at both sites and with emergencies being covered in the same way as now

Services would continue with what is in place now along with the same arrangements for emergency cover. There are concerns about how safe these arrangements are. This option would also depend on senior doctors agreeing to continue to work in this way. They are not likely to do this because of worries about safety.

3.9 Option E2 – To move all ENT inpatient surgery to DPoW only. Outpatient clinics and day surgery would still be available at both sites. Patients needing emergency ENT care would have to be treated at DPoW

This is our preferred option. People with an ENT problem would still go to their nearest site (either SGH or DPoW) for an outpatient appointment or if they needed day surgery. If they needed emergency or planned surgery and had to stay in hospital for one or more nights they would have their operation at DPoW and remain on a ward there, after the operation. If a person went to SGH A&E with a problem that needed an ENT specialist they would be transferred to DPoW as an emergency and be seen by the on call specialist based there.

This option means longer journey times for North Lincolnshire residents and their families. If someone did need to be transferred from SGH to DPoW, this journey would take approximately 30 minutes by ambulance and 45 minutes by car. Studies show if someone was picked up by ambulance at home, it would take (on average) 4 minutes longer for a blue light ambulance to get a North Lincolnshire resident to DPoW than it would to get a North Lincolnshire resident to SGH. Family members visiting would see their average journey time increase by 6 minutes in a car, 12 minutes by public transport 12 minutes.

At the moment a lot more ENT inpatient surgery is done at DPoW than at SGH. It would be easier for DPoW to accommodate the whole service rather than SGH. There is enough room at DPoW to have the extra beds and the increased operating theatre time needed, should all inpatient surgery be transferred there. Some staff would need to be moved from SGH to DPoW or extra staff may need to be recruited.

Emergency ENT care would be safer and in line with national recommendations.

3.10 Option E3 – To move all ENT inpatient surgery to SGH only. Outpatient clinics and day surgery would still be available at both sites. Patients needing emergency ENT care would have to be treated at SGH

Similar to option 2, people with an ENT problem would still go to their nearest site (either SGH or DPoW) for an outpatient appointment or if they needed day surgery.

For this option if they required emergency or planned surgery and had to stay in hospital for one or more nights they would have their operation at SGH and remain on a ward there after the operation. If a person went to DPoW A&E with a problem that needed an ENT specialist they would be transferred to SGH as an emergency and be seen by a specialist based there.

This option means longer journey times for North East Lincolnshire residents and their families. If someone did need to be transferred from DPoW to SGH, this journey would take approximately 30 minutes by ambulance and 45 minutes by car. Studies show, if someone was picked up by ambulance at home, it would take (on average) 8 minutes longer for a blue light ambulance to get a North East Lincolnshire resident to SGH than it would to get a North East Lincolnshire resident to DPoW. Family members visiting would see their average journey time increase 13 minutes by and 15 minutes by public transport.

Much more ENT inpatient surgery is done at DPoW than at SGH at the moment and it would be hard to do the extra work from DPoW at SGH. There is not enough room on the current ward at SGH to have extra beds, which would mean having to change other wards and theatres around to make space for more ENT patients. This would cause more disruption to other services and costs of making this change would be much higher. Staff would need to be moved from DPoW to SGH or recruited.

Emergency ENT care would be safer and in line with national recommendations.

3.11 Option E4 – To move all ENT inpatient surgery apart from day surgery to another hospital, for example, Hull or Doncaster. Outpatient clinics and day surgery would still be available at SGH and DPoW. Patients needing emergency ENT care would have to go to another hospital outside our local area.

People with an ENT problem would still go to either SGH or DPoW for an outpatient appointment or if they needed day surgery. If they required emergency or planned inpatient surgery and had to stay in hospital for one or more nights they would have their operation at another hospital, for example Hull or Doncaster, and remain on a ward there after the operation. If a person went to DPoW or SGH A&E with a problem that needed an ENT specialist they would be transferred to a hospital outside our local area as an emergency and be seen by an ENT specialist there.

This option means longer journey times for all local residents and their families. Studies show it would take (on average) 13 minutes longer for a blue light ambulance to get local residents to Hull Royal Infirmary than it would for them to get to either SGH or DPoW. For family members visiting the average journey time by car would be 20 minutes longer and by public transport 35 minutes longer.

ENT inpatient surgery would only move to a hospital that already provides it to their local population. This would mean the hospital would need to increase the number of specialist staff, theatre space, and the number of ENT beds, which would be difficult to achieve. The hospital that undertook ENT inpatient surgery would have to work to national recommendations.

3.12 Why is Option E2 the preferred Option?

There are a number of reasons why Option E2 is our preferred option:

- It will be a safer way to run ENT inpatient services than the current service, especially when there are emergencies.
- Local residents will still be able to have ENT inpatient surgery in our local area if they need it.
- More planned and emergency ENT inpatient surgery is done at DPoW than at SGH now so moving extra work to DPoW will be easier and more cost effective than moving extra work to SGH.
- There is more space at DPoW for extra ENT beds and it will not cost much to set these up.
- There will be minimal disruption to other hospital services if ENT inpatient surgery is moved to the DPoW site.

Although the journey times are longer for Northern Lincolnshire residents when we have asked local people they have said that they would rather travel further if it means they get a safer, better quality service. People who have had ENT inpatient surgery do not usually have to stay in hospital for a long time; most people will only stay for one to two nights.

4. What are the Reasons for Considering Change?

There are compelling reasons that have led to proposals being put forward for the redesign of hyper-acute stroke and ENT Inpatient services in Northern Lincolnshire. They will lead to improved quality and safety of care for patients accessing these services in the future. Below is a brief description of the ways in which care would improve should the proposals be implemented:

4.1 Hyper-Acute Stroke Care Services

When a person has a stroke the first few hours are critical. The right treatment has to be given to ensure they have a much better chance of survival and recovery.

There are two critical time periods following a stroke:

- The first 4.5 hours where some patients may benefit from clot-busting medication that can dissolve the stroke causing clot. This is thrombolysis treatment
- The first 72 hours are important because evidence shows that if patients receive the right medication, are monitored and have therapy treatments straight away they are in a better position to make a healthier recovery and be less disabled in the long term

Treatment given during this 72 hour period is called hyper-acute stroke care. This recommended by the Royal College of Physicians (RCP), the National Institute for Health and Care Excellence (NICE) and the Government.

To guarantee stroke patients in northern Lincolnshire receive the right treatment as soon as possible anytime of the day or night hyper-acute stroke care needs to be available 24 hours a day, 7 days a week (24/7). To achieve this a team of expert staff with the right skills and experience, who undertake continual training and practice, need to be available along with accessible specialist equipment 24/7.

Prior to November 2013 hyper-acute stroke care was available at both hospital sites but only during weekdays. Following the Keogh review quality and safety recommendations the service was centralised at SGH to offer a 24/7 service.

4.2 Ear, Nose and Throat Inpatient Services

Currently ENT outpatient clinics, day surgery, emergency and planned surgery are all available at both SGH and DPoW. The emergency part of the service is shared between senior doctors working at both sites. There are not enough senior doctors to cover both sites all the time which means one covers both sites in the evenings and weekends.

ENT specialist doctors covering emergencies cannot be on both sites and alternating sites is not an appropriate long-term solution as a result.

The ENT surgical team raised concerns that this arrangement is not safe and does not follow national or regional guidance. Patients have to be transferred between sites depending on when and where they arrive at A&E

To provide safe, high quality services for all residents there needs to be a change to how ENT inpatient surgical services are organised.

5. Statutory and Legal Obligations

The law requires NHS bodies to engage with members of the public when considering changes to health services and before making decisions. The duties focus on:

- Involving individuals in the development and consideration of proposals for changes in commissioning arrangements. (Sections 14U and 14Z2 National Health Service Act 2006)
- Consulting the local authority, generally through its Health Overview and Scrutiny Committee, on any substantial variation in the provision of health services. (The Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations (2013))

The CCGs have taken these legal duties into account in developing the consultation proposals and accompanying process. The scale and length of the proposed consultation period was discussed with the local authority Health Overview and Scrutiny Committees prior to its start. Legal advice was also sought on the consultation process and there is no specific timescale necessary, although a reasonable timescale should be agreed to enable people time to consider the

proposals and give their views. The appropriate range of consultation periods suggested by Government is 2 – 12 weeks; this consultation ran for 13 weeks, from 30 June – 26 September 2014.

5.1 Secretary of State for Health's Four Tests

In 2010, the Secretary of State for Health introduced four tests to be used as a guide for NHS organisations when considering service change and re-design:

5.1.1 Support from GP *Commissioners*

- The clinical leads for this review are Dr Peter Melton (North East Lincolnshire) and Dr Margaret Sanderson (North Lincolnshire).
- Workshops have been held with the CCGs Governing Bodies and their Council of Members have been made fully aware of these proposals.
- The proposals were approved to proceed to formal consultation by the CCGs Governing Body (NL) and Partnership Board (NEL) at their respective meetings on 26 June 2014.
- Both North East Lincolnshire and North Lincolnshire Council of Members (made up of GP member practices) responded in agreement with the consultation's preferred options.

5.1.2 Strengthened Patient and Public *Community* Engagement

- Consultation materials were produced and distributed to the public and key stakeholders through a wide range of engagement activities.
- 4 formal public events were held across North and North East Lincolnshire.
- There were 14 public roadshows across the patch.
- 257 responses via our formal questionnaire (including 26 Easy Read versions).
- We have had around 1,000 "touchpoints" with the general public.
- Drop-in events in GP surgeries were held to promote the proposals with patients
- 2 NLaG staff events were held – one at SGH and one at DPoW.
- A Healthy Lives, Healthy Futures website was developed at an early stage in the programme and contains a wide range of information including promotional material and feedback reports.
- There has been regular engagement with Health Scrutiny Panels in North Lincolnshire and North East Lincolnshire. We have also engaged with neighbouring HSPs whose residents may have been impacted by our proposals, including the Lincolnshire Health Scrutiny Panel.

- We have engaged with local MPs and counsellors who have attended roadshow events.
- Regular updates have been given at key stakeholder and community meetings such as Healthwatch, The Stroke Association, Patient Participant Groups etc.

5.1.3 Clarity on the *Clinical Evidence Base*

- The preferred options support a national move to delivering more specialist services from central locations, rather than all services being available at every local hospital. This is driven by evidence on outcomes and mortality rates which links to the numbers of cases seen/population served.
- The preferred options support national guidance that Surgery and treatment should be delivered by clinicians that regularly practice that procedure or treatment to ensure that best outcomes are achieved for patients.
- The preferred options ensure services will be available 7 days per week, 24 hours per day. There should be no difference in outcomes from treatment at different days of the week or time of day.
- The Hyper-acute stroke service at SGH has recently had a positive peer review that noted significant improvements in terms of patient safety and outcomes, for example since November 2013, there has been a consistent drop in the number of people dying in hospital as a result of experiencing a stroke.
- The preferred options have been fully supported by external clinical experts in the form of the Clinical Senate.

5.1.4 Consistency with Current and Prospective Patient *Choice*

- Centralisation of Hyper-acute stroke and ENT Inpatient Surgery will mean that these services are provided from one site in the local area instead of two, however this has been done to address safety concerns and to improve service quality and patient outcomes.
- The range of alternative providers offering these services remains unchanged.

5.2 Local Authority Health Scrutiny Panels (HSPs)

The consultation proposals were presented to Health HSPs within the geographical area covered by this consultation. Copies of their full responses are available in the Appendices. A formal written response will be provided to each Scrutiny Committee and conversations with local HSPs will continue to address the points raised, as part of the on-going engagement for the Healthy Lives, Healthy Futures programme.

North Lincolnshire Council Health Scrutiny Panel met on 2 September 2014. They ***approved*** the preferred options. Summary of feedback / recommendations received:

Hyper-acute stroke service

- The HSP welcomed the steps taken to centralise the Hyper-acute stroke service at SGH on patient safety grounds.
- The HSP had visited the new stroke ward and are assured that the new 24/7 system is much improved on patient safety and clinical outcome grounds.
- The centralisation of the Hyper-acute stroke service means that there are sufficient specialist clinicians at all times, with clear links to accident and emergency.
- They see no valid reason to reverse the arrangements for Hyper-acute stroke as staff, links with ambulance services and the repatriation arrangements are settled.
- Further change to the Hyper-acute stroke service would result in a lengthy period of upheaval which may well result in detrimental effects on the service, with no associated benefits for the wider community. Therefore, the HSP believes strongly that the current model provided from SGH should be maintained.

Ear, Nose and Throat Inpatient Services

- The HSP acknowledges the pressure on non-elective ENT admissions and accepts that it is difficult to ensure 24/7 consultant access to a relatively small number of cases annually.
- The HSP accepts that DPoW deals with many more ENT inpatient cases than SGH and that this is an important consideration when reducing patient risk.
- The HSP feels that centralisation at SGH may lead to a large number of North East Lincolnshire patients flowing into Lincolnshire for treatment, thus potentially adversely affecting the future sustainability of the service.
- The HSP would like the CCGs to affirm their commitment to continue to provide day case ENT surgery at both SGH and DPoW.
- On this basis, the HSP support the option to centralise ENT inpatient surgery at DPoW.

North East Lincolnshire Council Health Scrutiny Panel met on 16 September 2014 and again on 8 October 2014. They ***approved*** the preferred option for ENT inpatient surgery but ***did not approve*** the preferred option for Hyper-acute stroke services. Summary of feedback / recommendations received:

Hyper-acute stroke service

- NEL HSP preference was for Hyper-acute stroke services to continue to be provided at both SGH and DPoW hospital sites. However, they accept that this option is very unlikely due to the numbers of patients being treated for a stroke in Grimsby not being high enough to keep the skills of staff at the required level. On this basis, their preferred option is to centralise Hyper-acute stroke services at DPoW.
- The HSP accepts that there have been significant improvements in the quality of care and the mortality rates as a result of the temporary move to SGH, but feel this is due to the fact that services are now available 24/7, rather than the geographical location.
- The HSP recognises that it is important to have two Computerised Tomograghy (CT) scanners and feels that funding should be found for a CT scanner at DPoW, regardless of the outcome of this consultation.
- The HSP has major concerns for the health and safety of North East Lincolnshire (NEL) residents if Hyper-acute stroke services remain centralised solely at SGH due to the higher stroke prevalence rate in NEL and higher gap in life expectancy.
- They feel that the additional travel time puts patients at risk, particularly those living in the most southern parts of the borough. Whilst the travel times have been provided to the HSP as part of the consultation, these show that some patients have to travel for more than one hour to SGH.
- NEL HSP would like more information about patient outcomes for Hyper-Acute Stroke services (how many people survive and quality of life post stroke now compared to before centralisation).
- NEL HSP would like to see more information about East Midlands Ambulance Service (EMAS) capacity and response times.
- The HSP also felt that the reduced ability of friends and family to be able to travel to SGH may impact on the recovery of the patient.
- NEL HSP feel the high numbers of older people, low income levels, low car ownership, lack of public transport means that NEL residents are impacted more adversely than NL residents would be if the service was at DPoW.

- Members of the panel are also concerned about a difference in opinion between professionals regarding the NICE guidance for what constitutes the "golden hour" eg whether this is from when a patient starts having a stroke or the hour from when they arrive at hospital
- NEL HSP is concerned about what they feel is a low response rate for the consultation and do not reflect the views of the older and vulnerable patients that are most affected.

Ear, Nose and Throat Inpatient Services

- The HSP supported the preferred option to have ENT inpatient surgery remain at DPoW but felt this was not as critical as Hyper-acute stroke services because patients can prepare for this and it does not (in the majority of cases) present a life or death situation.

Although not in the geographical area covered by this consultation, **Lincolnshire Council Health Scrutiny Panel** considered this on 10 September 2014 because many people from their area use the services provided at NLaG. They ***approved*** the preferred options but asked that outcomes be continually monitored over the next 2 years. Summary of feedback / recommendations received:

Hyper-acute stroke service

- Lincolnshire HSP recognises that there are longer journey times for their residents but are reassured that NICE standards are being met with an ambulance travelling on a blue light reaching SGH in one hour on average from Louth, Mablethorpe and the surrounding area.
- The HSP recognises that patients will transfer back to DPoW for ongoing care and rehabilitation, where this is closer to their home.
- They are concerned about the impact on friends and family visiting in the first 72 hours but welcome establishment of the transport group to look at this.
- The HSP notes that there has been a small capital investment in 2013 of £25,000 to relocate the services to Scunthorpe and the preferred option does not deliver any savings to NLaG overall.

Ear, Nose and Throat Inpatient Services

- The HSP accepts the rationale for concentrating surgery on one hospital site and supports the option to centralise this at DPoW.
- The HSP notes that outpatient appointments will continue at SGH.

- The HSP reiterates its comments regarding transport and accessibility but recognises that the impact from this proposal is reduced as most ENT surgery is planned day case surgery.
- They note that the financial effect of this proposal is minimal, as most surgery is already undertaken at DPoW.

General Comments

- The HSP is impressed with the consultation content and availability of further information on-line.

5.3 Legal Assurance

In order to ensure that the CCGs had adhered to statutory requirements, legal advice was sought on the substance and form of consultation process as well as the process itself. Legal assurance was provided that all necessary duties had been adhered to and demonstrable efforts had been made to publicise the consultation to encourage feedback from a wide range of stakeholders and the wider population of Northern Lincolnshire.

5.4 Change Assurance

NHS England is responsible for supporting the commissioning of quality health services and they require assurance on the quality and thoroughness of public consultations carried out by NHS commissioning organisations.

Locally, the NHS North Yorkshire and Humber Area Team was informed of the proposals at an early stage in their development and has been involved in a quality assurance and advisory capacity through attendance at the programme board. They are fully supportive of the quality and thoroughness of the consultation process and will continue to have oversight of the programme's implementation.

6. Formal Consultation Process

6.1 Aim of the Consultation

The aim of the consultation was to establish priorities around the future provision of the two services including quality, sustainability, access, privacy and dignity, efficiency and crisis resolution so that these can be taken into consideration when taking forward the preferred options. We also sought feedback of any ideas or

suggestions that might contribute to improving the service as these developments move forward.

A number of different methods were used in order to hear the views of as many people as possible in relation to the proposals.

This section of the report explains the opportunities the public and stakeholders have had to share their views.

6.2 Public Consultation Document

The main supporting document used as the basis for the consultation was the 'Hyper-Acute Stroke Services and Ear Nose and Throat Inpatient Surgery in North and North East Lincolnshire' consultation document which can be viewed at http://www.healthyliveshealthyfutures.nhs.uk/wp-content/uploads/2014/06/Consultation-brochure_FINAL.pdf

The document explained in detail the bigger picture around the Healthy Lives, Healthy Futures review, the challenges faced by both CCGs and the need for change. It outlined the reasons why changes are needed to both services along with a summary of our proposals and preferred options. Importantly it detailed how people could get involved.

Over ten thousand copies of this document (along with a questionnaire and prepaid envelope) were printed and an electronic version made available on the Healthy Lives, Healthy Futures website.

Printed copies were distributed to GP Practices and a range of community venues and public buildings across northern Lincolnshire. Copies were also made available to people who attended the public meetings; roadshows and drop-ins at GP practices.

A video was also produced which was available to watch on the Healthy Lives, Healthy Futures website. It also formed the basis for the public meetings.

The consultation document was also available in other formats such as large print, Braille and other languages on request. An Easy Read version of the consultation document and questionnaire was also produced to support our aim of engaging with more vulnerable groups.

6.3 Questionnaire

A questionnaire was produced as part of the consultation (see Appendices) and was also available in Easy Read as a paper or online option. This was enclosed within the 'Hyper-Acute Stroke Services and Ear Nose and Throat Inpatient Surgery in North and North East Lincolnshire' consultation document and hosted on the Healthy Lives, Healthy Futures website. The questions were designed to obtain views on:

- The preferred options.
- The public's preferred combination of options.
- What other options should be considered.

6.4 Clinical and Partner Engagement

Prior to consultation the CCGs sought input from clinicians via two extra-ordinary Governing Body / Partnership Board meetings taking place consecutively in North and North East Lincolnshire on 26 June 2014.

In addition to this the CCGs attended NLaG's Consultant Committee (11 June 2014) and Medical Advisory Committee (15 July 2014) to give local clinicians an opportunity to hear about the plans and share their views.

Staff events took place at both DPoW hospital (18 September 2014) and SGH hospital (19 September 2014) to share the proposals, alleviate any concerns and answer questions. A Royal College of Nursing Trade Union representative was in attendance at the Grimsby event.

6.5 Involvement of Health Scrutiny Panels

Both CCGs actively engaged with local and regional Health Scrutiny Panels (HSPs) to ensure they were aware of the proposals and the approach taken for the consultation. Details of the video presentation to HSP meetings are shown below:

Committee	Date
North East Lincolnshire HSP	5 August 2014
North Lincolnshire HSP	2 September 2014
Lincolnshire County Council HSP	10 September 2014
North East Lincolnshire HSP	16 September 2014

Panels showed interest in the plans and were broadly supportive of the approach given to public consultation, with some providing a formal response (See *Feedback from Stakeholder*s section).

6.6 Public Consultation Events

A series of public meetings were held to give people the opportunity to hear about our proposals in person, pose questions to a panel of CCG Governing Body / Partnership Board members, clinicians and managers and offer their opinions.

The format of the initial 2 meetings involved playing the Healthy Lives, Healthy Futures video, formatting the event into informal groups to initiate informal discussion and holding an open question and answer session.

11 people attended the public events in Barton and Grimsby. There were no attendances at Scunthorpe and Immingham events. A transcript and notes of the first 2 public meetings was produced to aid analysis (see Appendices).

Details of the meetings are given below:

Date	Venue
Tuesday 15 July 2014, 1.30pm	Barton upon Humber Assembly Rooms
Wednesday 16 July 2014, 6pm	Grimsby Town Hall
Tuesday 9 September 2014, 6pm	Scunthorpe Civic Centre
Thursday 11 September 2014, 6pm	Immingham Civic Centre

6.7 Voluntary and Community Organisations

6.7.1 Healthwatch

Presentations were given to both North East Lincolnshire and North Lincolnshire Healthwatch on 30 July 2014 and 13 August 2014 respectively. These sessions were open to the public and were attended by a mixture of Healthwatch members, members of the public and members of various community and voluntary organisations totalling 25 attendees in all.

6.7.2 Equality & Diversity Groups

Equalities focus groups were convened on 28 & 30 May 2014 to review the proposed options and consider whether there would be a negative/positive impact

on one or more equality groups. Issues raised here were then reflected within the Equality Impact Analysis.

The focus groups were represented by: Age UK, Healthwatch, Stroke Association, Youth Council and Communities Together, in all 9 representatives attended.

6.7.3 Stroke Services Groups

North East Lincolnshire CCG presented to North East Lincolnshire Stroke Survivors Group on 21 August 2014 to around 20 people. The group welcomed the opportunity to give their views on our proposals and were complimentary about the centralised services currently in operation at SGH and expressed gratitude for the improvements made.

6.7.4 Communities Together

On 3 August 2014 a Communities Together multi-cultural Mela festival took place in Cleethorpes. This proved a good opportunity for the CCGs to engage with a number of diverse groups and listen to their views on the proposals.

Representatives from both CCGs also attended a number of local community representative group meetings.

6.8 Roadshows and Drop-ins at GP Practices

A number of roadshow and GP Practice visits were initiated to increase awareness of the consultation. These allowed engagement staff to talk to members of the public in local areas with a high footfall and engage with people visiting key GP Practices throughout Northern Lincolnshire.

Over 500 conversations took place giving people the opportunity to hear more about our proposals, take away a consultation booklet and complete the questionnaire.

6.9 Promoting the Consultation

A full communications and engagement plan was produced to support the public consultation. The consultation document and online questionnaire were made available on the *Publications* area of the Healthy Lives, Healthy Futures website from the launch date, 30 June 2014. Instructions for individuals who preferred their

information in an alternative language or format were also available, including a dedicated telephone number for Polish speakers.

On the day of launch, key stakeholders including Healthwatch, NHS England, Councillors, partners NHS and Local Authority organisations and CCG staff, were provided with information on the need for change, a summary of our proposals along with details on the aim of the public consultation process and events.

A series of press releases were issued throughout the consultation period reiterating the need to consult, our proposals and encouraging the public to get involved via public events, roadshows, drop-ins at GP practices and online. Media coverage throughout was good with features in the local press including Grimsby and Scunthorpe Telegraph, on the local radio station, Lincs FM and TV coverage on both Look North and eStuary TV.

Social media was used to increase engagement online. Regular tweets were broadcast raising awareness of the various engagement events and a Facebook page was implemented to increase impact and reach as well as offer visitors an easy option for giving instant views and opinions. A stakeholder list is available at in the Appendices.

6.10 Response to the Consultation

The overall response to the consultation was good, engaging with **over 1000 primary contacts**. It includes those who attended events and meetings including public events, Road show, Stakeholder and Community groups and drop-ins at GP practices:

- Public events (11)
- Road shows (523)
- GP Practice Visits (241)
- Living Well events (93)
- MELA (77)
- NLaG staff event (29)
- North East Lincolnshire Annual General Meeting (17)
- Stakeholder and Community groups (350)

This resulted in **298 formal consultation responses**; comprising **257 questionnaires** (26 of which were Easy Read), 29 Comment cards, 6 emails, 5 letters, and 1 facebook query.

Key			
Stakeholder	Questionnaire	Feedback Forms	Comment Cards

Overall breakdown of the 426 comments

18% (78)	62% (271)	14% (60)	6% (28)

The feedback from the Stakeholders, questionnaire, Stakeholder and Community Feedback forms (see Appendices), Partner organisations and Comment cards is fed back separately in Sections 5.2, 7-10. The breakdown of the themes is shown in order of the % of the total number comments received overall. The comments have also been split into sub categories as follows:

Feedback about localised care

23	174	15	14	53%
Sub themes included in this category:				
Keep services local				**16.5%**
Impact of travel				**15.5%**
Ensure patients get immediate access to emergency care				**12.5%**
Maintain quality of services				**4%**
Maintain expertise within workforce				**3%**
Location of ENT is important for emergency care				**1%**
Centralisation is a way to cut costs				**0.5%**

Feedback on consultation

21	44	19	5	21%
Sub themes included in this category:				
Consider value for money and future sustainability				**8%**
Inclusiveness of review				**6%**
Accuracy of travel times stated in the consultation				**6%**
Raise public awareness of treatment during first 72 hours				**1%**

Feedback about centralised care

20	27	11	3	14%
Sub themes included in this category:				
Maintain quality of services				**6%**
Support with conditions				**3%**

Alternative suggestions and considerations

3	26	15	6	12%
Sub themes included in this category:				
Services should be designed around demand				**5.25%**
Provision of community and social care services				**3.25%**
Build a new hospital in a more central location				**1.5%**
Consider all information before making a decision				**0.75%**
Future phase of Children's services				**0.5%**
Fundraising to provide equal localised services				**0.25%**
Ensure there is clear communication and signposting				**0.25%**
Prioritise care for older people				**0.25%**
Maintain expertise within the workforce				**2%**
Availability of 24/7 care and resources				**1.5%**
Location of ENT services is not important				**1.5%**

6.11 Statistical Viability

It is well recognised that a survey must have a good response rate in order to produce accurate, useful results and, clearly, the aim is to have the largest number of people possible to respond. This is because larger response rates generally tend to lead to increased precision when comparing with the overall target population. Some researchers suggest that a minimum of thirty is regarded as statistically viable but, generally, the ideal response rates vary based on a number of factors:

- Margin of error – 5% is a common choice.
- Confidence level – 95% would equate to a 5% level of uncertainty.
- Overall population size - the sample size doesn't change much for populations larger than 20,000.
- Complexity of information presented, publicity and awareness, general apathy of respondents, etc.

Based on the above, the calculation for the Healthy Lives, Healthy Futures project with a population size of 327,062 (2011 Census information for North Lincolnshire and North East Lincolnshire Unitary Authority areas) gives an ideal response rate of 384. Alternatively, if the calculation is based on the annual expected numbers to use

the Hyper-Acute Stroke and ENT Inpatient Surgery services – around 800 patients – the ideal response rate would be 260.

When compared with the number of direct responses to the questionnaire (257) plus the comment card responses (29) and the stakeholder and community feedback (18 groups, 350 people), the feedback report is largely in line with expected levels.

Other researchers suggest that the main aim is to achieve a sub-set of the population which is fully representative of the population from which it is drawn. The consultation feedback report demonstrates that results are broadly in line with the demographics of the local population. There was a slightly higher number of people aged over 60 responding, which appears to be largely consistent with the age range of people accessing stroke services.

Finally, legal advice sought for consultation processes conducted recently by CCGs elsewhere has advised that, providing the process itself has been conducted lawfully, a low response rate does not invalidate it. On this basis, and taking into consideration the wider discussions with local people, the CCGs are confident that the views demonstrated in this feedback report are comparable with the views of the wider population of Northern Lincolnshire.

7. Feedback from Partner Organisations

Responses were received from **2 Partner Organisations**; East Lindsey District Council and Lincolnshire East CCG. On the whole, the partner organisations confirmed that the proposals had been well considered and the preferred option for the Hyper-Acute Stroke to remain at SGH and ENT Inpatient Surgery to be centralised at DPoW was supported. (See the Appendices for their full responses).

East Lindsey District Council felt that significant numbers of East Lindsey residents are referred into NLaG services and understand that these proposals are put forward in the interests of patient safety but recognise concerns of local people, particularly in relation to increased journey times. In the main they ***approved*** the preferred options. Summary of feedback / recommendations received:

Hyper-acute stroke service

- The Council recognises the decision to temporarily re-locate Hyper-acute stroke services was made to ensure patient safety and acknowledge the proposal to make this arrangement permanent.
- They are concerned that the journey times for people from Louth, Mablethorpe and the surrounding area to SGH will be longer. They would like re-assurance that these would meet with the relevant NICE quality standard.
- The Council also requested re-assurance that EMAS will ensure that its response times will continue to improve and be sustained in the longer term both throughout the year and particularly when traffic and tourism is at its peak.
- The Council understands that patients would generally stay in the Hyper-acute stroke unit for 72 hours and then be transferred to DPoW for ongoing care and rehabilitation, where this is closer to patient's homes.
- They are concerned about the impact on friends and family visiting in the first 72 hours and question whether public transport is available but welcome establishment of the transport group to look at this.
- They request ongoing reassurance that the permanent move to SGH is appropriate and not likely to have a negative impact on patient outcomes and ask Healthwatch to maintain a close eye on patient and family experience.

Ear, Nose and Throat Inpatient Services

- Agrees to move all ENT inpatient surgery to DPoW.
- The Council notes that outpatient clinics and day surgery will still be available at both sites.
- The Council reiterates its comments regarding transport and accessibility but recognises that the impact from this proposal is reduced as most ENT surgery is planned day case surgery.

General Comments

- The Council is re-assured that local clinician's views are being sought and reflected in the resulting proposals.
- The Council asks that the services are continually reviewed and assessed to ensure they continue to meet patient needs.
- Overall they found the consultation document very user-friendly with the proposals clearly set out and options well explained with clear rationale.

Lincolnshire East CCG met on 17 September 2014 and ***approved*** the preferred options. Summary of feedback / recommendations received:

Hyper-acute stroke service

- Agree to have 24/7 Hyper-acute stroke care at SGH, as it is at the moment.

Ear, Nose and Throat Inpatient Services

- Agree to move all ENT inpatient surgery to DPoW.
- Outpatient clinics and day surgery to still be available at both sites.

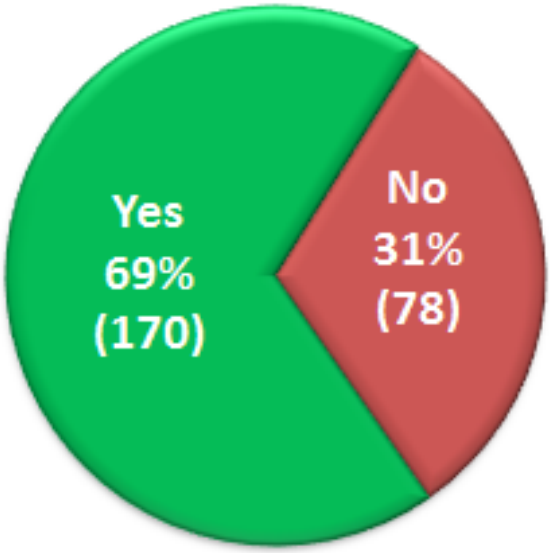
8. Feedback from the Questionnaire

257 people completed a questionnaire. Of these, **26 completed Easy Read versions** and **35** stated that they had heard about the review from the Stroke Association or Stroke related services (Stroke service users). A full breakdown of the demographics of the respondents can be found in the Appendices.

8.1 The Preferred Option

Respondents were asked whether they agreed with our preferred option for Hyper-Acute Stroke care being permanently centralised at SGH and ENT Inpatient Surgery being centralised at DPoW.

The chart opposite shows that **69% (170)** support the preferred option.

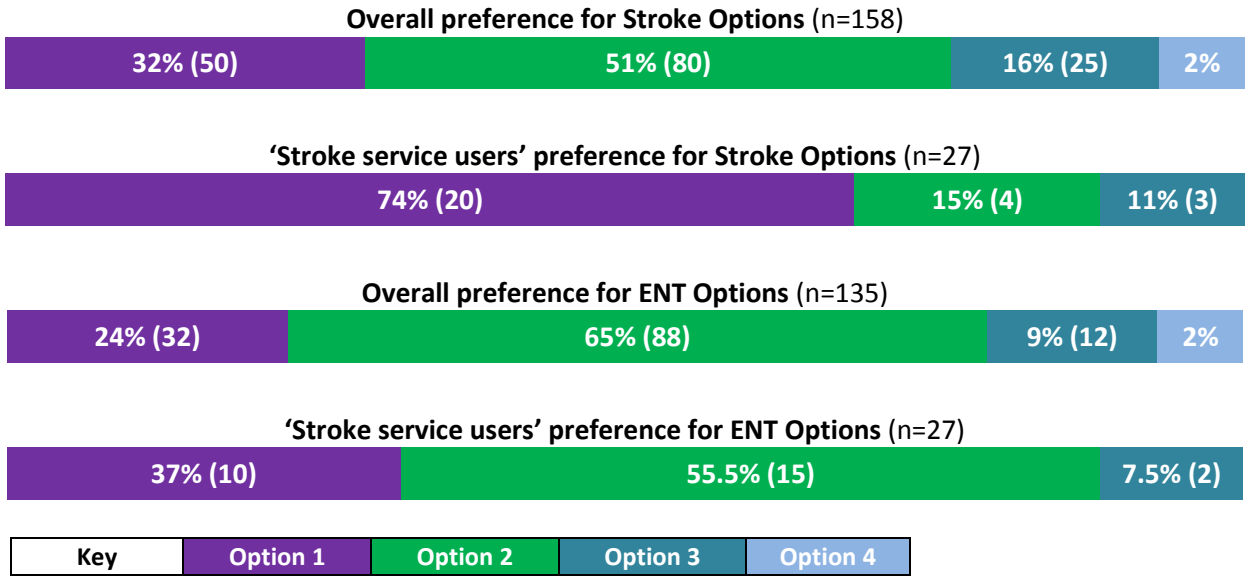


70.5% (24) of Stroke service users (SSU) also agreed with the preferred option (n=34). SSU preference for each of the options is also shown separately below.

61% (82) of respondents who live in North East Lincolnshire agreed with the preferred option (n=134).

80% (52) of respondents who live in North Lincolnshire agreed with the preferred option (n=65).

8.2 Overall Preference for Options



Overall preference for a Combination of Options

This table shows the prevalence of the number of respondents supporting the different combination of options. It is shown in order of preference, with the CCGs Preferred Options highlighted green.

Stroke Option				ENT Option				Total	SSU*
1	2	3	4	1	2	3	4	% (n=70)	% (n=27)
✓				✓				24% (16)	30% (8)
	✓				✓			18% (13)	3.5% (1)
		✓			✓			8% (6)	11% (3)
		✓				✓		7% (5)	0
	✓			✓				7% (5)	7.5% (2)
✓					✓			7% (5)	41% (11)
		✓						6% (4)	0
	✓							6% (4)	0
✓								6% (4)	0
			✓				✓	4% (3)	0
	✓					✓		3% (2)	3.5% (1)
✓						✓		3% (2)	3.5% (1)
		✓		✓				1% (1)	0

*Stroke Service users

8.3 Feedback on the Main Themes

The feedback is detailed below in order of the number of comments received about each of the following main themes:

- Feedback about localised care
- Feedback on the consultation
- Feedback about centralised care
- Alternative suggestions and considerations

8.4 Feedback about localised care

The feedback covers support for Option S1 and E1 (and opinions on Option 3 and 4 where the proposed centralised service is local to them).

Some respondents thought that centralisation would reduce equality of access, incur travel costs and should represent demand for the services. These reservations were mainly around the centralisation of Stroke services due to it being deemed as a more essential emergency service than Ear, Nose and Throat. The majority of the feedback on supporting localised services is therefore based on the Stroke service.

8.4.1 Keep services local

There was a preference for both Grimbsy and Scunthorpe residents to maintain equality of access to both services and expertise in their local area, and thus supported both Option 1s. Although some accepted that Option 1 was not viable (and selected Option 3 and 4 if local to them), others thought that centralisation was a way to cut costs.

Local services for local people

"I don't want to travel to Grimsby."

"Prefer DPoW as ageing population in NE Lincs area."

"Purely selfish it's nearest to my home."

"North Lincolnshire patient will lose another service locally."

"Development of local services at the local hospital is preferred."

"DPoW is too far away for me and my family. I have children and want the ENT service to be available locally."

"Keep things local so you don't have to travel."

"I want to see all sorts of services available at my local hospital irrespective to costs implication."

"Do not want to use hospitals outside Lincolnshire at all. No to Hull and Sheffield."

"If services move to Grimsby, I will go to Doncaster or to Sheffield's children which are closer than Grimsby hospital and better than Grimsby hospital."

Equality of access

"More services appear to be in Scunthorpe."

"I think the transport issues for ordinary people to travel to a site 35-40 miles away are unfair & financially penalising."

"Easy for people who live in Lincolnshire."

"Grimsby originally had the stroke unit and it should remain there. I live in Cleethorpes/Grimsby."

"The patient population in the SGH catchment area has more options - Hull to the North, Doncaster to the West and Lincoln to the South."

"Easy access to my preferred option the others very difficult to access."

"Let's all have efficient equipment."

"To improve both hospitals to provide all care to each area, without expecting poorly patients to travel 30 miles for treatment."

"This would seem to be the best but people between Louth and the coast could be a problem."

8.4.2 Impact of travel

Accessibility of public transport

"The Health Watch NEL meeting on 30.7.14 did not feel that sufficient account was being taken of transport/access in transferring hyper acute stroke service to SGH on a permanent basis. This includes public transport and distance issues for residents of East Lindsey that traditionally use DPoW."

"I do agree in principle but we have problems with transport in Kirton Lindsey, especially for non-drivers, poor transport system."

"If ENT is moved to DPoW, I have no way of getting there as bus service from Brigg is very bad."
"No Direct transport Keelby to Scunthorpe."

"No public transport between Brigg and Grimsby."

"Not everyone has cars or get a bus pass, not entitled and don't, quality for transport from the hospital."

"Too far to travel for old people."

"Transport between sites e.g. regular shuttle bus."
"It is enough trouble to get to medical care without having to trek across country."

"Stroke services should remain at both hospitals as it is too long to leave for a stroke person to Scunthorpe and also for visitors if they don't have a car."

"This would be fine but by ambulance to SGH but if discharged there should be facility for returning to Grimsby."

Biggest option for any treatment is paying for travel if you do not claim benefits, while others get it all free."

"Information, times and help with transport must be taken into consideration."

Impact on recovery of patient

"I've had a stroke, there is no way I'd go to Scunthorpe as I will be isolated from my family."

"Lack of getting to Scunthorpe for close relatives."

"It takes longer for relatives who live in East Lindsey to visit their very ill relations."

"Ease for visitors to see me."

"It will affect the old relatives to visit the family in hospital which is far way."

"I love to see myself admitted in my local hospital which is more convenient for family."

"Not easy to get to SGH - Travel time by car is not an option for many - Public transport poor."

"Bear in mind that these patients and their relatives are elderly and may therefore be unfit to drive."

Increased cost of out-patient appointments and visiting friends and family

"It's a matter of cost to visit SGH. Strokes usually happen to the elderly and sometimes spouses have no transport."

"Being a pensioner but not on benefits, I cannot afford to pay train fare to Scunthorpe for any treatments"

"The NELC Health Scrutiny Panel feels that access and transport costs/times for North East Lincolnshire's older and vulnerable residents have not been adequately taken into account."

"[Agree] providing cost of transport is sorted out for people not on benefits."

"To try and provide places for patients relatives to stay over if required."

Repatriation and journey home

"Journey home is not available if patient is alright."

8.4.3 Ensure that patients get immediate access to emergency care

There were concerns with keeping the Stroke service at SGH; transport and ambulance response times are too long which delays treatment for those who do not live near Scunthorpe.

Concern with potential risk of ambulance journey times

"Time Factor - Golden hour is essential."

"You need these services in both Hospitals, as you state in Stroke management, time is of the essence."

"People have to travel long distance before they can be assessed in Scunthorpe and time is important in stroke."

"Early treatment of stroke victims is vital. It is doubtful that people in NE Lincs could reach Scunthorpe within an hour."

"People would die or be severely disabled getting to Scunthorpe."

"Time is critical after having a stoke 8 minutes extra I find hard to believe Grimsby/Cleethorpes is largest population in Lincolnshire, therefore, more people will die."

"Thrombolysis times will increase significantly for patients from Grimsby and areas further away such as Mablethorpe."

"People have to travel long distance before they can be assessed in Scunthorpe and Time is important in stroke. It can cause more disability."

"Grimsby and Cleethorpes and Immingham (N.E.Lincs) is the largest population centre in the whole of Lincolnshire. More deaths and disablement from strokes will happen if these foolish plans go ahead."

"SGH is too far from the Grimsby/Cleethorpes area, Sticking to speed limits time from DPoW to SGH is approx. 48 mins (51 Kilometres)."

"Emergency care should be provided at both sites and in the practice of other speciality."

"Patients will suffer if emergency services were not available closer to home."

"Grimsby should have its own 24 hour services."

"Emergency services should be available at both hospitals every day. They are too far apart. Patients will suffer if emergency services were not available closer to home."

Concern with ambulance response times

"Stroke services are too distant for Grimsby Cleethorpes patients, traffic weather conditions are not always ideal, valuable time can be lost with fatal results."

"Worried ambulance will take too long to arrive too."

8.4.4 Maintain quality of services

There were concerns that centralisation would affect the quality of care at the other site, and these should be maintained.

"Experts are also present in Grimsby hospital. MRI and CT scanner are available at Grimsby."

"Unless we provide services locally for local patients, DPoW will eventually be little more than a Cottage Hospital!" "It is better to have one good hospital for each area and not to share one hospital for specialist staff for both areas."

"The proposal to base hyper acute stroke at SGH because they have 2 CT scanners and DPoW only 1 begs the question about what happens to a range of services at DPoW when that scanner goes down."

"If the CT scanners are the issue, then we need to fund raise for another one at Grimsby. The more that we disinvest from one site to another, the more we undermine services"

Do not support changes due to being happy with the quality of current services

"Satisfied with D.P.O.W hospital and with the GP Surgery, Don't mess about with our Healthcare!"

"Why move? We have a good service at DPoW Grimsby, moving stroke service is stupid. My Mum was there Leave Alone."

"The operation was very good at the Grimsby Hospital."

"It appears this is the best option taking into account finance. Ideally it would be preferable to lose facilities available at Scunthorpe also to be at Grimsby."

8.4.5 Maintain expertise within workforce

"With some reservations, ideally would like expertise on both sites but recognise the financial issues. (So much money wasted in NHS)."

"I appreciate that the staff need to keep their skills honed and that this is done by treating more patients but won't there be a greater need on both sites for stroke treatment in an ageing, obese society?"

"Stress is also made about quality/sustainability of staffing at SGH for hyper acute stroke but ignores the fact that staff shuttle busses travel to each site daily and that there is clearly an expectation of cross-site working for some staff groups. In addition, demand for hyper acute stroke is greater at DPoW than SGH."

"To specialise each service at one hospital which meant keep training in each service instead of central."

"Idea 3 is my choice for stroke care. The only reason the move is due to staff shortages / money. The public at Diana princess of Wales should have our stroke unit back in Grimsby like before cut backs."

8.4.6 Location of ENT is important for emergency care

"ENT services are vital to all hospitals with intensive care facilities especially in managing situations with patients with airway blocked."

"E.N.T at Scunthorpe due to work in Ports."

"I agree to centralise in one hospital but with the Humber Bank projection of employment, Grimsby would have higher rates."

"No, I think stroke should be centralised at Grimsby and E.N.T at Scunthorpe. Solar energy companies and heavy port work needs stroke units near."

8.4.7 Centralisation is a way to cut costs

"It's cost cutting as usual."

"Lives are more important than making financial savings. Have smaller teams at units and each site if necessary, but don't close either unity entirely!

"All Hospitals should have these services. It's cost cutting as usual."

8.5 Feedback on the consultation

8.5.1 Consider value for money and future sustainability

In addition to those who saw the consultation as a cost cutting exercise, some patients commented that there would be a cost to implementing the proposal. Some thought that cost savings could be made by reducing administration, health tourism and wastage in current systems to enhance future sustainability.

Cost of implementing the proposal

"The stroke service is run at Scunthorpe hospital by the stroke doctors at Grimsby and they discuss with the consultant from Grimsby. There is a Stroke unit at Grimsby hospital and I think it costs more to have a patient go to Grimsby to be transferred to Scunthorpe to be transferred back to Grimsby again as this has to be done by emergency ambulances and it takes longer than the time you have quoted in your document."

"The cost of a new scanner is of course a huge issue, but when it is a matter of such public concern there could well be fundraising initiatives such as for the Pink Rose Suite at DPoW."

"It seems to be more about costs than patient care like all areas of NHS. What about Louth, Mablethorpe & Skegness patients?."

"This Campaign must run to many many thousands of pounds. Fight for the NHS!"

Future sustainability

“Money should be found by cutting administration which is too expensive!! Time must be paramount!”

“If higher management in hospitals took a pay cut from their extremely high pay it could go a long way to funding equipment greatly needed to remain in Grimsby.”

”Where does all the money go from car park charges, perhaps a suggestion to put the money into lifesaving stroke equipment.”

“Do not waste any more public money so irresponsibly.”

“Money should be found by cutting administration which is too expensive!! Time must be paramount!”

“Pay doctors and nurses more money.”

"We think that if they stopped paying these Trust's such huge salaries and other top staff people, there would be more money available for the nurses and Doctors.”

“Up to 29% of the Trust are Executives is a scandal"

“Reductions in spending in other areas of the NL&G, especially administration and salaries of executives.”

8.5.2 Accuracy of travel times stated in the consultation

“What I do not agree with is your timings, for me to get from my home to Grimsby by public transport would probably take at least 1.5 hours maybe even 2. To get to Scunthorpe hospital, get the next train which could be an hour away - then get to Scunthorpe and then to the hospital. I think your timing for someone without personal transport like myself are completely nonsensical!”

“I am concerned that the average extra journey times quoted for stroke patients to reach SGH by blue light ambulance are not appropriate for people living for example in Cleethorpes. I think the time difference would be considerably greater and may make a vital difference to outcomes. I feel I

need to know more about patient experience under the current system and that "we have had positive feedback ...." is not enough in such an important issue."

"Case for stroke not fully made in respect of data, distance, CT Scanner use, on line surgery."

"Time is critical in the event of a stroke, and the mythical 8 minutes extra to get patients to Scunthorpe is pure fiction."

"About 42 miles to SGH - average travel times quoted are misleading."
"I didn't understand what you are asking me. Your documents are full of NHS words, acronyms, and jargon."

"The public need better understanding of the immediate requirements of stroke patients, own ignorance of this leads to suspicion of the change that is for the better."

8.5.3 Inclusiveness of the review

"Patient views."

"If Hyper Acute Stroke Services are to be centralised, a pause is needed in the programme and more investigation/challenge of all the available data is required."

"In terms of future proposals for the review of local health services, consultation with health scrutiny needs to happen much earlier, with open and honest discussions and a full analysis of all the available data."

"Writing your documents in English with no jargon so that we might be able to comment on the proposals, with a little understanding."

8.6 Feedback about Centralised care

The majority of respondents agreed with the proposal. The comments revealed that this support comes with some reservations and concerns about centralising services in two locations. The comments suggested that patients accepted that Option 2 was a necessary and more viable option to enhance quality of care by focussing services and improving the expertise within the workforce.

8.6.1 Maintain quality of services

Patients thought that the quality of services had improved since the temporary centralisation to Scunthorpe and move to 24/7 care. They did not see the sense in changing something again if it was working.

"If it works why change."

8.6.2 Support with conditions

"But with provision that the EMAS service is improved so that East Lindsey patients get there quickly."

"The preferred options are fine as long as day surgery for ENT remains on both sites."

"Some supported Option S2 but wanted assurances that ambulance response times would be quick and that there was no risk to recovery by transporting patients to SGH."

8.6.3 Maintain expertise within the workforce

"North East Lincolnshire Council's Health Scrutiny Panel's preferred option is for Hyper-Acute Stroke Services to be delivered from both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH). This was voted unanimously by the panel at a working group meeting on the 16 September 2014. However, members of the panel accept that this option is very unlikely due to the number of patients being treated for a stroke in Grimsby not being high enough to keep the skills of the staff at the required level. Therefore, if the centralisation of hyper-acute stroke services is absolutely essential, the North East Lincolnshire Health Scrutiny panel's preferred option is to centralise those services at DPoW."

"To keep the stroke at SGH makes sense as they have the specialised staff on site."

"Safety, training and experience."

"Retains concentration of expertise and specialist in a key coastal population centre."

8.6.4 Availability of 24/7 care and resources

There was one comment about their dissatisfaction with DPoW from car park, out patients and wards.

"Another viewpoint expressed at the meeting is that it is best quality care and `survival rates' that matters and not location."

"Centralization will conserve resources."

"Keeping services together."

"Best compromise."

"Quality maintained by focus."

"We do prefer retention of key services at Acute Trust level where they can be delivered safely and in a sustainable manner."

8.6.5 Location of ENT services is not important due to the nature of the service

"Members of the panel feel that ENT is a much different service Stroke. Although members of the panel prefer for ENT Inpatient Surgery to remain at DPoW, this is not as critical as the Hyper-Acute Stroke service. This is because it is a service which patients can prepare for and it does not (in the vast majority of cases) present a life or death situation."

"Having a stroke is a lot more dangerous than ENT."

"ENT is not an emergency so can go anywhere."

"I do agree with ENT surgery being centralised."

8.7 Alternative Suggestions and Considerations

The patient should always be the priority when considering changes and all options should be considered.

8.7.1 Services should be designed around demand

"Most activity is at Grimsby."

"Service should be hosted on the site with majority of the workload, capacity to host the volume of work, site with most staff already in post and least travel for largest number of patients."
"Surely if Scunthorpe has more stoke cases than Grimsby - how will we send our patients there?"

"Recent analysis of Stroke admissions showed a 60-40 bias in favour of Grimsby, in other words you are forcing the majority of patients to travel."

"Demand for hyper acute stroke is greater at DPoW than SGH."

"NE Lincs has largest population centre in Lincolnshire your figures confirm this with over twice as many in patients at DPoW."

Ensure referrals are appropriate so that demand for services is true

"You are already in the news for 0% referral rates for the over 75s for surgery. If you carry on the way you are doing now I am sure you will figure in the news for far more and worse!"

"High ENT inpatients in DPoW might be because of inappropriate admissions as emergency cases are the same on both sites."

8.7.2 Build a new hospital in a more central location

"Build new modern hospital between Scunthorpe and Grimsby. It will only be fair for people living in all directions."

"Long term a new purpose built 24/7 centre strategically placed to cover both Grimsby and Scunthorpe areas, with more local centres to handle less urgent needs."

"Build a new hospital and rationalise all services on one site which will provide better 24/7 cover across all disciplines, and be more attractive to encourage medical and nursing staff to work in Northern Lincolnshire."

"Centralise all care to one new hospital. Initial capital investment but long term future proof, will attract and retain more staff on a single site, improve quality and issue of access will be neutral to both communities. Savings from reduced overheads from duplication of activities-e.g. single A&E, stroke unit, maternity, OPD etc. More efficient staff base, high quality means retaining

and attracting patients from outside region to neutralise potential loss, avoid costs from current expansion to accommodate relocation of services to either SGH or DPoW etc. Either existing sites can only expand so much and will not be future proof. Will encourage more community delivered service and reduce cost long term."

"Build a new purpose built hospital in the middle rather than shuffling patients from one hospital to other."

"It's a pity the bullet wasn't bitten years ago, and one new hospital created between the two sites."

8.7.3 Support for 24/7 services

"The panel accepts that there have been significant improvements in the quality of care and in the mortality rates as a result of the temporary move to SGH, however the panel feel that this is due to the fact that services are now 24/7, rather than the physical location of the service."

9. Feedback from Stakeholder and Community Groups

18 Stakeholders groups were consulted, with approximately **350 individuals** attending, representing the following protected characteristics Protected Characteristics represented Age, Disability, Marriage/civil partnership, Religion/belief, Gender, Race, Gender reassignment and Pregnancy.

The 18 groups were recorded on Feedback Forms as having the following level of agreement and comprehension;

Objectives of the programme: 13 agreed in full and 2 agreed in part
Preferred options: 8 agreed with all, 1 in principle and 3 with some
Understood the significance of the financial challenges: 7 were thought to have fully understood, 5 of which asked relevant questions. 4 appeared to understand and 1 group did not discuss.

The themes are detailed below in order of the number of comments received about each:

- Feedback on the consultation
- Feedback about Localised care

- Alternative suggestions and considerations
- Feedback about Centralised care

9.1 Feedback about the Consultation

9.1.1 Inclusiveness of the consultation

Praise for the consultation process

- Have been kept informed of the programme objectives throughout the phases of engagement.
- There is a perception that key decisions had already been made and that there wasn't much point in commenting on the consultation.
- One group focussed their discussions on Phase 2 and thought that the consultation documents do not fully explain the radical change.
- One group were expecting a follow up to a previous meeting, which was not expected but dealt with.
- Members agreed that face-to-face consultations were the most effective way of raising profile of Healthy Lives, Healthy Futures and noted the Roadshow dates.

Raised concerns about the consultation process

- Would like to see the high level timelines for the next stages to be shared and step changes to allow alignment with Doncaster plans. The group particularly highlighted the need for urgent care plans to be aligned.
- Raised that some are still not aware of the consultation and those that were had commented that it was a 'done deal'.
- A question was raised as to whether there had been any children's representation included in the ENT CAG?
- Compared to earlier engagement, one group felt that it seems to have gone backwards, and that the vision set out at an earlier stage seemed to have disappeared re hot and cold sites etc.
- Members reported that they had had very good reports from community members about the Hyper-Acute Stoke Service in Scunthorpe and that though some people had been sceptical of the proposal at first that now they were mostly in favour of it.

9.1.2 Consider value for money and future sustainability

Cost of the consultation

- The cost of the consultation could have been spent on an extra scanner.

- Understand the review has some financial challenges
- Understood the financial challenge, accepting the need to change the way that some services are delivered.
- Appreciated that the consultation on Hyper-acute stroke and ENT surgery is part of a much bigger picture and further, more radical changes will be needed if services are to be viable into the future.
- Understood the financial imperative and the context of central government austerity measures but had concerns that it may affect quality or access to care.

Value for money of current services

- Thought that we should charge patients that turn up at A&E for minor issues – an example given where a patient attended needing a plaster on their finger which the CCG then got a bill of £120 as an attendance.

9.1.3 Accuracy of travel times stated in the consultation

- The travel times had not been accurately demonstrated in the consultation documents.
- Some case studies were cited where ambulances took over an hour to come as they were dealing with patients needing to travel to SGH.

9.1.4 Raise public awareness of treatment during first 72 hours

- Better communication is required to ensure patients understand that that thrombolysis is not suitable for all stroke patients.

9.2 Feedback about Localised Care

The support for Option 1 came with an acceptance that cost and safety would probably not make this a viable option.

9.2.1 Maintain expertise within workforce

- Suggestion of better marketing for attracting staff to Grimsby. An example was given of a recruitment campaign that candidates liked where Grimbsy wasn't included in the advert and candidates were put up in a nice hotel with sea view.
- Comments centred round the proposal equating to Grimsby and NEL "losing out".

9.2.2 Maintain of quality services

- Concern over hearing about safety issues that led to the consultation and thought that the aim to close at least one of the hospitals would not be safe for

residents. Discussion followed around the balance between maintaining quality and sustainability.
- Money should be available to buy a CT scanner for DPoW but accepted that the viability of this service was not secure.
- Accepted that Option S1 was unlikely to be affordable, but one member felt that there should be 24/7 provision at both sites.

9.2.3 Impact of travel

Impact on outpatient appointments and visiting family and friends

- Concerns about transport for patients and difficulties of accessing public transport to Scunthorpe in order to visit relatives/friends, in particular from Immingham.
- One group thought that residents in Barton are used to travelling to Hull, SGH and DPoW and recognised that they already go to different hospitals for different treatments. Some of these were escalated to the Transport group including the grievances around Patient Transport ; the eligibility criteria, not user-friendly, requires a better system that doesn't involve up-front payment , takes too long to claim it back, don't like having to prove they are on benefits, takes a long time and too complicated.
- Support for keeping the train links between Cleethorpes and Manchester Airport.
- Suggestion that volunteer car drivers could support the transport agenda. However, the mileage rate as this has reduced and has become cost-prohibitive in Lincoln and the volunteers now cannot afford to offer the service.
- Highlighted the cost of travel and availability of car parking at SGH for visitors and carers.

Repatriation and journey home

- 2 groups wanted assurance that patients discharged from SGH have transport provided for them to return home.

Equality of access

- Equal access to transport and increased travelling times could affect patients access to services.

9.2.4 Centralisation is a way to cut costs

- The proposal is being driven by cost and that a focus on saving money would lead to poorer quality of care.

9.3 Alternative Suggestions and Considerations

9.3.1 Provision of community and social care services

Support for community care

- More investment in areas such as adult social care and rehabilitation.
- Look at better use of technology such as Skype, as an additional option for families wanting to "visit" patients in hospitals out of the area and to enhance community support.
- Suggestion that support work to reduce number of follow up appointments by using telephone and Skype (recognising not everyone will be able to) and would like to see some appointments in the community rather than hospital. They recognised a need for primary care to work differently, 'move with the times' and offer weekend appointments.

Concern over the increasing use of primary and social care in the community

- Concern that the shift to the emphasis on self-care and care at home creating potential risks of people disengaging from services, exclusion and their health and social care needs would not be captured.
- One group thought that there were not enough finances available to adult social care and disagreed with the concept of just keeping people minimally safe. They thought that if we are to shift services from hospitals to community, a much stronger focus will be needed in community care.
- Further investment into rehabilitation and on-going support services was required. Members felt that more attention should be paid to this.
- Ensure GPs have suitable skills for minor surgery.
- Co-ordinate with the Third sector organisations to support care in the community, working towards the NELCCG and NELC outcomes. There was also a desire to address perceived duplication and lack of training by conducting a mapping exercise of what is available.
- Concerns over quality and expertise of local and community care.

9.3.2 Future phase of Children's services

- Two groups mentioned the future phase of considering Children's services.

9.3.3 Fundraising to provide equality of and localised services

- One group asked if they did some fundraising to buy DPoW a CT scanner, would it change the preference for putting the hyper-acute stroke service in SGH?

9.3.4 Services should be designed around demand

- One group requested information on the modelling that had been done re impact assessment on potential numbers who might flow as a result to Doncaster. The discussion identified this as potential diversion of non-elective admissions plus patient choice (assuming patients were provided with information at time of choosing where to go for outpatients, if required, inpatient stay it would be at Grimsby).
- There was a comment that while stats i.e. volumes of patients had been used to argue the case for ENT – i.e. DPoW sees more patients and therefore it would be easier to have all inpatient surgery for ENT to DPoW (along with other reasons) they felt that more patients were seen at DPoW for Hyper Acute Stroke so therefore it should be at DPoW – particularly in light Scunthorpe people also have options such as Doncaster.

9.3.5 Consider all information before making a decision

- One group expressed that Hyper Acute stroke services need to be considered as part of specialised services and as such needed to be at a unit with full urgent care facilities. Therefore concerns were that the consultation was happening without wider proposals re urgent care future provision and without regional view on hyper acute stroke.
- Suggestion put forward that a site to site bus (DPoW to SGH) for visitors would help to alleviate transport difficulties.
- Increase the inclusion of the voluntary sector in helping to provide the solutions to health and social care need, for example, helping to build community capacity to support people within the own communities and is detailed in Community care section.

9.4 Feedback about Centralised Care

There was support for proposal, but there was more indifference to the ENT proposal than that of Hyper-acute stroke.

9.4.1 Support with conditions

- One group supported the programme but had 3 caveats which have been detailed in the Safety and Transport sections.
- Assurance that day cases/outpatient services remain at both Scunthorpe and Grimbsy.

- Ensure that consideration is given to improved shared records across all sites including Hull for patients attending different hospitals for different treatment.
- Assurance that ambulance staff are competent to deal with patients who have a suspected stroke for the duration of the journey.
- Some improvement is needed to Scunthorpe facilities in A&E as they are not fully equipped to deal with increased flow of patients.
- Clarification on whether the proposal includes the centralisation of children's ENT activity. The view of the group was support for children's activity being centralised with adult services but the impact needs to be considered.
- Assurance that ambulances that are taking people to SGH are not putting other patients at risk by not being available for other urgent cases.

9.4.2 Maintain quality of services

- Highlighted the benefit of Centralisation as increasing the opportunity to be involved in more stroke studies.
- One group felt that they would, where possible, want to travel for improved care.
- Concern about disparity in the quality of treatment from different consultants they had encountered within the HAS service. An example was cited where the initial consultant had not recognised the symptoms of a stroke; a subsequent consultant recognised them straight away. This resulted in a very poor patient experience and delays in treatment.
- One group cited some implications of the Care Act and advice re changes to DOL's pathways should be sought via the CCG Adult Safeguarding representative (and links made with Local Adult Safeguarding Boards).

Quality of the service has improved since the centralisation of Stroke services

- Two members of one group had very positive personal experiences of being treated there in the acute stages post –stroke.
- One group shared experiences of people they know who had used the service at SGH and were very complimentary. Some felt it had improved quality of care, whereas others felt that money should be found to provide option 1. 1 group raised their fear around GP's capability to do minor surgery and ensuring that they are good enough. One example given when a GP was going to operate and then the hospital surgeon expressed concern that it shouldn't be done in the community as it could result in paralysis.

10. Feedback from Comment Cards

A breakdown of the comments, in order of number of comments received is detailed below:

- Feedback about Localised care
- Alternative suggestions and considerations
- Feedback on the consultation
- Feedback about Centralised care

10.1 Feedback about Localised Care

10.1.1 Keep services local

"NE Lincs is isolated. We need services in our area."

"Time is critical and time taken to get a patient to Scunthorpe would result in many more deaths and disablement. Grimsby/Cleethorpes is the largest population centre in Lincolnshire."

"I would like somewhere in Immingham which would provide health aftercare as it would be more convenient to get to. There are not enough services provided locally."

"Used to have stroke services in Louth"

"Do not want stroke services to be removed from Grimsby to Scunthorpe."

10.1.2 Ensure patients get immediate access to emergency care

"More oxygen needs to be available in many places to aid people having a stroke."

"Need to ensure ambulance service understands the local area especially when they come from outside the area/town."

"I know about the 'magic hour' but what if an older person has a brain bleed / more older people now taking warfarin / the bumpy ambulance journey would make condition worse causing more bleeding."

10.1.3 Impact of travel

Consider public transport to outpatient appointments

"If I have an appointment at 9am at the hospital in Grimsby I have to catch a bus at 7.20 am including one change."

"To get to the hospital in Grimsby I have to catch 2 buses. Number 51 is poor as some buses have been cut."

"To travel to Scunthorpe hospital it is difficult as poor bus service and trains only every 2 hrs. We need a link from South Killingholme to Harborough."
"Phone n Ride is funded by NEL so NL residents are not a priority and are penalised as far as transport is concerned."

10.1.4 Maintain quality of services

There were two comments about improving the catering facilities at hospitals.

10.2 Alternative Suggestions and Considerations

10.2.1 Provision of community and social care services

"Previous blood tests done in local GP Surgery were lost between hospitals so every time I have to attend a Scunthorpe hospital clinic I have to attend the week before to get a blood test done so that they are sure of results being there. So have 2 journeys to hospital."

"People are used to being given health services but everyone should take responsibility."

"Physio help is most important being there immediately."

"Education re young carers about strokes"

"Why do the stroke team have to refer to GP for 2nd stroke, instead of going straight to hospital."

10.2.2 Prioritise care for older people

"Older people are as valuable as younger people but have not been a priority."

10.2.3 Ensure there is clear communication and signposting

"Scunthorpe site for strokes- directions not clear on hospital site - better staying to each department."

10.3 Feedback on the Consultation

10.3.1 Consider value for money and future sustainability

"Money has been spent at DPoW over the last few years on the stroke unit to make sure that people had access to care asap. Move goes against medical advice that speed to treatment is essential."

"Not enough NHS services for the population."

"Accord and the CCG should be fighting the government for more money not less. There is so much wasted at high levels i.e. technology. You cannot try and run a service on less and less money. Population too big."

10.3.2 Accuracy of travel times quoted in consultation

"To say it is 8 minutes difference between Grimsby and Scunthorpe [not accurate]."

"Re stroke unit - travel times vary to Scunthorpe depending on time of day. Would take longer to travel in car to from Killingholme to Scunthorpe than Grimsby."

10.4 Feedback about Centralised Care

10.4.1 Maintain quality services

"Proposal for ENT to Grimsby seems sensible. Stroke services at Scunthorpe sensible. Definitely support proposal. Hospital needs to ensure patient's appointments are kept and patients not kept waiting. Ambulance response times vital for stroke."

"Having a stroke ward is very helpful."

11. Conclusion

From the feedback received, it can be concluded that there is a significant level of support for the CCGs preferred options for Hyper-acute stroke services and ENT inpatient surgery services. Many comments have been received recognising the benefits of centralising these two services with regards to patient safety and quality. This view has also been confirmed by expert clinical opinion, in the form of the clinical senate, which has provided responses to the consultation in support of our preferred options.

However, there are also some clear messages coming back from some respondents, particularly in North East Lincolnshire, around concerns over travel times for stroke patients and the need for clarity on the latest clinical guidance around treatment for stroke. Some people have raised questions around how patients and families will be affected by having to travel further to receive treatment. Although the expert clinical opinion is that the benefits of providing high quality, clinically safe services outweigh the convenience of a local service, the CCGs are committed to exploring possibilities to improve transport arrangements for patients and as such are planning to review the patient transport service and engage with local transport providers about possible solutions.

Responses from Health Scrutiny Panels (NL, NEL and Lincs) have been broadly supportive with only North East Lincolnshire not agreeing with the CCGs preferred option for Hyper-acute stroke services. NEL HSP has requested some more detailed data with respect to some aspects of the hyper acute stroke pathway. This will be discussed with them through an on-going process of engagement.

12. Appendices

12.1 Public Consultation Questionnaire

Section A: Your views on Hyper-Acute Stroke services and ENT Inpatient Surgery Services

We would like your views on this proposal, so let us know what you think. Please answer the questions below and give us any additional feedback you think is important.

1. Do you agree with our preferred option as outlined in our consultation document? (Hyper-Acute Stroke care remaining at Scunthorpe General Hospital (SGH) and ENT Inpatient Surgery being centralised at Diana Princess of Wales hospital (DPoW)).

☐ **Yes** ☐ **No**

If you don't agree then please tell us why?

2. Would you prefer to see any other combination of options we have outlined in our consultation document? If so please tick your preferred combination. Choose ONE option for each service.

	1	2	3	4
Stroke (S)	☐	☐	☐	☐
EMT (E)	☐	☐	☐	☐

Please explain your reasons:

3. Are there any other options you think we should consider?

Section B: About you

To make sure the replies we receive are balanced across Northern Lincolnshire we would like to know a bit more about you. Your response will be completely anonymous and all the questions are optional.

4. What is your age group?

- ☐ Prefer not to say
- ☐ 16 - 24
- ☐ 25 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 or over

5. Ethnicity

- ☐ Prefer not to say
- ☐ White or White British - British
- ☐ White or White British - Irish
- ☐ White or White British - Irish Traveller/Gypsy
- ☐ White or White British - Polish
- ☐ White or White British - Any other White background
- ☐ Asian or Asian British – Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Any other Asian background
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Black or Black British - Any other Black background

6. In what capacity are you responding?

- ☐ Member of the public
- ☐ Patient/Carer
- ☐ Embrace Member
- ☐ Accord Member
- ☐ Involve Member
- ☐ Staff/Clinician
- ☐ Partner organisation
- ☐ Other **(please state)** ☐

7. Are you a resident of:

- ☐ North Lincolnshire
- ☐ Lincolnshire
- ☐ North East Lincolnshire
- ☐ East Yorkshire
- ☐ Other **(please state)** ☐

8. Gender

- ☐ Prefer not to say
- ☐ Male
- ☐ Female
- ☐ Transgender

9. Sexual Orientation

- ☐ Prefer not to say
- ☐ Heterosexual / Straight
- ☐ Gay / Lesbian
- ☐ Bixsexual

10. Do you consider yourself to have a disability?

- ☐ Prefer not to say
- ☐ No
- ☐ Sensory
- ☐ Physical
- ☐ Learning
- ☐ Mental
- ☐ Other **(please state)** ☐

11. Where have you heard about this consultation? (Please tick all that apply)

- ☐ Health centre/GP surgery
- ☐ Twitter
- ☐ Email from my CCG
- ☐ Embrace
- ☐ Accord
- ☐ Involve
- ☐ Newsletter
- ☐ Website
- ☐ Word of mouth
- ☐ Other **(please state)** ☐

Section C: Next stages

Whilst the proposals outlined in the Healthy Lives, Healthy Futures consultation document address some very important issues, we recognise that much more will need to change before we can believe our services are truly sustainable for the future.

There will be further service reviews (and possibly consultations) during this Healthy Lives, Healthy Futures review. This consultation is the start of that process. In addition to completing this questionnaire we are holding a series of public events and for details, or if you do want more information about the Healthy Lives, Healthy Futures review visit our website www.healthyliveshealthyfutures.nhs.uk where you can read about the challenges we are facing, the need to make changes and how these will benefit the people of Northern Lincolnshire.

You have until Friday 26th September 2014 to fill in the questionnaire. After this date, the consultation will close and an independent third party will collect all responses, analyse the results and publish a final report. The results of the formal consultation process will be presented by both CCGs to their respective Council of Members and Governing body meetings who will make a decision by the end of 2014.

THANK YOU FOR COMPLETING THIS SURVEY

12.2 Summary of Discussion at Public Meetings held: 15 and 16 July 2014

Public Consultation – Summary of Discussion at Public Meetings held: 15 and 16 July 2014

Background
Healthy Lives, Healthy Futures is the review of health and social care services in North and North East Lincolnshire driven by national and best practice recommendations. It is led by two Clinical Commissioning Groups (CCGs), North and North East Lincolnshire CCG's.

What are the services that form part of the initial Healthy Lives, Healthy Futures consultation?
The two services we would like to discuss further and get views on our proposals are:

- Hyper-Acute Stroke Services
- Ear, Nose and Throat Inpatient Surgery

When are the Healthy Lives, Healthy Futures Public Consultation Meetings?
The first two meetings took place on 15 July 2014 at Barton-Upon-Humber, Assembly Rooms and 16 July at Grimsby Town Hall. These will be followed by public meetings on 9 September 2014 at Scunthorpe Civic Centre (6pm-8pm) and 11 September 2014 at Immingham Civic Centre (6pm-8pm).

What was the Public Consultation meeting format?

- Healthy Lives, Healthy Futures introduction
- Healthy Lives, Healthy Futures Video
- Group discussion on Healthy Lives, Healthy Futures proposals
- Feedback

How many people attended?
There were 8 members of the public at Barton-Upon-Humber and 3 members of the public at Grimsby Town Hall.

What are the key learning points / outcomes of table discussion?
As can be seen from the transcript below (Barton) and the bullet points taken from the discussions at both meetings, there is general support for the centralisation of specialist services (Hyper-Acute Stroke and ENT Inpatient Surgery). Transport is a big issue, especially in the context of accessing Hyper-Acute services from North East Lincolnshire and areas such as Mablethorpe. Work is on-going to address some of the transport issues through a dedicated Transport Group.

Healthy Lives, Healthy Futures is committed to ensuring that services are the best they can be and are compliant with Best Practice/ NICE Guidance.

Healthy Lives, Healthy Futures – Public Consultation

Barton-Upon- Humber, Assembly Rooms

15 July 2014

This is a Transcript of the Meeting.

Dr Margaret Sanderson – GP & Chair of North Lincolnshire Clinical Commissioning Group

Allison Cooke – Accountable Officer for North Lincolnshire Clinical Commissioning Group

In attendance – 8 members of the public

MS Good afternoon everybody, my name is Dr Margaret Sanderson; I'm a GP and the Chair of North Lincolnshire Clinical Commissioning Group. This is Allison Cooke who is the Accountable Officer for North Lincolnshire Clinical Commissioning Group. Thank you very much for coming along to look at the public discussion on the 'Healthy Lives - Healthy Future' process that we have been going through. This is predominantly to look at the Hyper Acute Stroke Services and the Ear, Nose and Throat In-patient Surgery in North and North-East Lincolnshire.

What is Health Lives – Health Futures? I think you will be aware that we have been looking at a huge range of services for North Lincolnshire over the last year or two. It's to make sure that we have a sustainable high quality Healthcare Service for the population of Northern Lincolnshire, which is going to last well into the future.

So why are we here today? We are working on a wide range of projects. Two of them we have actually got to the stage where we are ready for consultation with the public and these are the Hyper Acute Stroke Services. Hyper acute means the first 72 hours after you've had the stroke, so it's the bit which is most important to get the medical care that you need as soon as you can. And we are also looking at Ear, Nose and Throat In-patient surgery so that is only people who need surgery where it requires them to stay in over-night. It will not affect day surgery where people come in in the morning and go home in the afternoon.

What we want to do is outline our proposals, we want to listen to your views and we want to discuss your opinions.

Some of you may well have seen what we call the 'funnel' in some of our previous publicity material. What we want to do is we want to move everything to the left. So we want to move more Healthcare management into self-care independent living, managing and taking responsibility for your health problems. We want more to be done at home or based in the community so that people don't have to travel to hospitals for

services. We can do more in the community. What we want to see less of is routine out-patient follow-ups, less A&E attendances and ultimately less hospital admissions because we are managing things better out in the community. This obviously means that there is going to be significant changes to the Health Services locally.

If I can hand you over to Allison now to talk you through the next few slides.

AC Thank you. Just to remind those of you who have been part of this pre-work that we have done around Health Lives – Healthy Futures, we are facing a number of challenges in Northern Lincolnshire and those challenges are not unique to us. The challenges are across the NHS and care system but they are very much in our minds at the moment.

The first is around the need to improve the quality of the Healthcare and Care offer to people. When we talk about quality we are thinking about safety, so our service is safe. As well as they are well received by people, so as a patient do you get a good experience, does it feel as though you have been well cared for and you have been treat with respect? Those kinds of things. As well as, we are trying to ensure that people as providers of Care are delivering excellence. So they are really working together to do that and some of that excellence is dependent on the caliber of staff, their training, the range and breadth of experience that they get for example.

So those three together are really important and perhaps the reason more than any at the moment as to why quality locally is such an important issue for is because of the quality, concerns and work that has gone on locally, particularly for us at the Scunthorpe site working with the Foundation Trust. They had a national visit last year lead by the Keogh Team on the back of the mortality work.

So, quality and improving quality is really important and that's why we want to see that part of the scales going up. However, the counter balance to that is that sometimes you can deal with these issues by using more resource i.e. spending more money. That is not an avenue that is available to us in real terms because whilst we have a significant resource as a Clinical Commissioning Group in the order of £200million, what we need to do with that money is that it needs to work harder. It needs to work harder first of all because the population is ageing and the population is growing, it's changing its profile so there are more people living longer and some of the consequences of older age, no matter how well you care for yourself, is that the disease burden or the burden of ill health as we all work from fitness through to frailty increases.

Again, some of that can be met with more resource but all public services and particularly in the context of the NHS, there isn't going to be any more money. We have the resource today that we are going to have to continue to have going forward. There won't be the growth in NHS funds or public sector funds, certainly for the next 5-10

years as we understand it at the moment. So, the money that we've got has to work harder. Okay, so that is why that part of the scale is decreasing.

Dr Sanderson mentioned that Hyper Acute and ENT are just two areas at this particular point that we have reached a point that we want to share the detail with you about what we propose to do, but there is other work that continues to happen around looking at all services but equally trying to ensure that those services solutions actually join up to create this bigger picture as we articulate it through that funnel, you know, the shift left.

As those proposals are working through, we've made a pledge and that continues to be the case that we will want to continue to talk with people about what that means and if needed, we will need to have a formal consultation if we are proposing to change, for example, location of things.

In other instances it won't be about changing location, we might just want to share with you the improvements that we can make.

(TC: 00:07:38 – 00:30:35 playing of consultation video)

MS Thank you for watching that video. We had planned on splitting into some groups but I'm not sure if there are enough people to perhaps form small groups to discuss with you your thoughts, what you think about the proposals we've made. What we really need to know is, do you agree with our preferred options? If you don't, why don't you? What are your main concerns and is there anything that you think that we haven't considered?

We do need the general public, groups and staff members to engage with us to make sure that we engage the best possible services for you. We want you to spread the word. Please encourage people to pick up the booklets and fill in the questionnaires. It is a freepost address it won't cost them a penny to reply to us. After we've had the round table discussions, myself, Caroline Briggs who you have seen on the video, Allison Cooke, Dr Robert Jaggs-Fowler, who I'm sure most of you know who is another one of the GPs on the Governing Body of the Clinical Commissioning Group are happy to have one to one conversations with you if need be. We have got a couple of people who will sit around the tables taking notes and capturing your feedback. If you want to suggest a table there and over there so that the noises aren't too close to each other. If people would like to randomly split themselves between the two?

Table1 CB Okay, that's better I'm not used to using these. I think that we can briefly feedback from this table. I think the general support for the two services for the preferred options that the rational in terms of ensuring that actually we've got high quality services on one side rather than stretched across two was supported. The rationales make sense for Stroke

to stay on the Scunthorpe site and it makes sense for ENT to be at Grimsby.

Concerns that were coming through predominantly around transport. Recognizing that people from this area are used to travelling to the different hospitals but there are a lot of problems that are encountered in that, that we've captured and need to make sure that are fed into the work that we are doing around transport. But in terms of – we also had some discussion around staff implications and what do we need to do to attract high quality staff as well which was a really useful conversation about how having the specialisms might help us attract staff more successfully.

Is there anything else that anybody would want me to flag? No, okay thank you.

Table2 AC

Hello, in terms of our conversation again, I think that there is agreement generally that both ENT and for Stroke the option that was recommended in terms of the centralization at Scunthorpe, the Hyper Acute Stroke and for In-patient ENT at Dianne Princess of Wales is generally supported.

There was some clarification that we provided in terms of being clear about what 'on-call' was all about and the implications for patients, which I think is a point that we just need to take back and maybe feed through just so that it provides a bit more context I think.

Some of the helpful conversations both linked to Stroke and ENT but then into other services were around things like skill mix, understanding how in some instances other services when we apply some of this work across other areas, where we are not necessarily talking about centralizing at one site or the other or even having them hospital based but bringing services out. Similarly in lots of conversations or a lot of feedback around transport and access to transport and the rural nature in particular this part of the world, but equally other parts of Northern Lincolnshire and how we best respond to that.

We talked about some of the complications for patients because of the different systems in use and people unnecessarily having to go to hospital for repeated appointments. So it might be – and again this isn't directly linked to ENT, but I think it's about things that we might take away for the other work – so clearly what it was pointing us towards is some of this notion about more of a 'one-stop-shop' kind of arrangement and then question for us as to whether the one-stop-shop needs to be at the hospital or whether it's something that could be brought out. So, we got examples of where people have been asked to come for two or three attendances linked to the one package of care, so some might be by diagnostics, some might be about seeing the Consultant.

We also touched on services in Primary Care as well as out of hospital care and making sure that the capacity is right there to meet people's needs, I think it's a fair reflection, some of which is the direct work of the CCG but equally some of it's not linked with our work at all, it's NHS England.

Just trying to think if there was anything else that…oh we touched again about confirmation because we've made reference to Louth and Mablethorpe and Goole the work that is happening in those communities linked to those reviews.

'Streamlining' I've got. Oh and again a general point about going back to the transport. We mentioned the Park and Ride and again, there's a question about whether the Trust sufficiently publicises that to patients to avoid the parking problems?

Healthy Lives, Healthy Futures – Public Consultation

Barton-Upon-Humber, Assembly Rooms.

15 July 2014

Key Bullet points from Table 1:

NL CCG Facilitators Dr Jaggs-Fowler (NL CCG Medical Director) and Caroline Briggs (NL CCG Senior Commissioning Manager)

- **The delegates were broadly in agreement with Healthy Lives, Healthy Futures Preferred Options, whilst highlighting some longstanding transport issues.**
- How much staff engagement as taken place?
- Good to access specialist services
- Centralisation is important regarding medical skills
- Cost of equipment makes it sensible to locate specialist services in one area
- Barton has transport issues, whilst smaller villages have very limited public transport
- There is sufficient demand to sustain 24/7 Hyper-Acute stroke service
- Government should release more funds to enable the provision of local services
- There is a challenge attracting specialist staff to the area
- This review is not just about the money – more about quality of care and safety
- In the context of stroke there is a Golden 4hrs to bust the clot!
- Making services as good as it can be locally
- Ultimately all services will be subject to a review
- Priority for safety/quality concerns
- Barton people access hospital services in Hull, Grimsby and Scunthorpe
- Need to resolve transport issues e.g. Patient Transport Services operational times are not aligned to meeting the needs of patients after 5pm
- Specialist services need associated support services
- The new centralised services may be an incentive to attract new staff
- Parking charges at hospitals remain an issue

Healthy Lives, Healthy Futures

Public Consultation – 15 July 2014

Brigg

Key Bullet points from Table 2: NL CCG Facilitators Dr Margaret Sanderson and Allison Cooke

- **The delegates were broadly in agreement with Healthy Lives, Healthy Futures Preferred Options, whilst highlighting some longstanding transport issues.**
- What does "on call" mean?
- It's more sensible to have the services in one place, Centres of Excellence
- Recognition that there needs to be better use of the skill base
- Concerns raised around the length of time it takes to get a GP review – Barton is a growing town. However, recognition that it's about working differently and there needs to be an element of self-care.
- Is everyone capable of 'self-care'?
- Transport issues – if you are admitted to the North Bank there is no facility for the return journey. The Bridge toll is an additional financial pressure. Some people are eligible for subsidised/free travel.
- Scunthorpe Hospital – there is a Park and Ride service but not all patients are aware this exists
- The different Ambulance Services need to 'talk' to each other more
- Streamlining of services/one-stop shop – reducing the need for 3 appointments when it can be done in 1
- Concerns raised around the Ambulance base moving to Elsham

Healthy Lives, Healthy Futures – Public Consultation

Grimsby Town Hall

16 July 2014

This meeting followed the same format as the meeting held on 15 July 2014 but, due to the low numbers attending (3 members of the public), the sound was not recorded for transcription.

Present:

Dr Peter Melton – GP & Chair of North East Lincolnshire Clinical Commissioning Group

Cathy Kennedy – Deputy Chief Executive for North East Lincolnshire Clinical Commissioning Group

3 Members of Public including Retired GP, a representative from Healthwatch and a service user**.**

Key Table discussion points:

- Concerns about not meeting NICE Guidance in the context of ambulance service
- Screening and transfer to an acute stroke unit within 1 hr is recommended by NICE.
- Distance from places like Mablethorpe makes it difficult to travel to Scunthorpe within 1 hr.
- Access to clot busting drug is important – 2hr window including travel.
- How reliable are the stated average travel times?
- Why not train medical staff at Grimsby to administer clot busting drugs?
- The temporary arrangements at Scunthorpe have improved outcomes for patients, especially at weekends.
- A case of family members taking a suspected stroke patient to DPoW A&E, which then resulted in delays getting patient to Scunthorpe.
- Need to look at time from patient being symptomatic of stroke.
- NL and NEL CCG looked at keeping acute stroke services at Grimsby
- We cannot attract and retain MDT in Grimsby
- Scunthorpe had more staff and 2 CT scanners
- Under the old arrangement people were coming to harm – Keogh
- We cannot deliver 2 acute stroke services
- A recognition that 60% of stroke patients were travelling from Grimsby
- NHS NL and NEL CCG are statutory decision makers – committed to commissioning services closer to people
- Acute Stroke service at Scunthorpe is rated one of the best in Yorkshire
- Trade-off between having an alright service on your doorstep with travelling further to access high quality specialist services.
- Need for publicity campaign to raise awareness of what to do if you come across someone suspected of having a stroke
- Joined up services e.g. Urgent Care Networks , involving GP's and Hospital staff
- Would you rather have high quality services and be prepared to travel to access them?

- Full blown Acute Stroke Service is supposed to serve a population over 500,000 – North and North East Lincolnshire is less than this
- East Lindsey and East ridings CCG's are aware of Healthy Lives, Healthy Futures and the impact this may have on their populations
- People do not want to lose the services they have
- Transport issues – being addressed through Transport Group
- Money being spent in wrong areas e.g. New Equipment Store
- Improve access to clot busting drugs
- Has cost benefit analysis been carried out?
- The cost of looking after a stroke survivor who never had access to acute stroke services in time cannot be under estimated e.g. social services
- Review compliance with NICE Guidance
- Stroke services must be compliant with NICE
- Relatives sometimes find it difficult to get home after travelling with family members to hospital
- Regional Stroke review going on
- Regional Stroke review less likely to intervene if Scunthorpe is meeting the necessary quality and safety standards
- High quality acute stroke services have been built in Scunthorpe
- Healthy Lives, Healthy Futures looking to save approximately £80M
- Hyper Acute Stroke and ENT proposals are not saving any money
- Where is £80M going to be found in savings?
- Some savings through efficiencies
- Need to fundamentally change how care services are delivered
- Huge money spent on agency staff
- NHS paying for gastric bands during a period when money is short

12.3 Stakeholder List

Northern Lincolnshire and Goole NHS Foundation Trust
    Governors, Membership, Staff
Stroke and ENT services
    Service users/carers, Staff,
North East Lincolnshire CCG
    GP members, Staff, Accord
North Lincolnshire CCG
    GP members, Staff, Embrace
Patient Participation Groups
Joint Trade Union Partnership
East Riding of Yorkshire CCG
Lincolnshire East CCG
Hull CCG
Hull and East Yorkshire Hospitals NHS Trust
NAViGO Health and Social Care Community Interest Company
Rotherham, Doncaster and South Humber NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
Virgin Care
East Midlands Ambulance Service
Yorkshire Ambulance Service
North East Lincolnshire Council
North East Lincolnshire Health Scrutiny Panel
North Lincolnshire Council
North Lincolnshire Health Scrutiny Panel
Lincolnshire Health Scrutiny
Northern Lincolnshire Town and Parish Councils
NHS England
    Staff, Clinical Senate
Humberside Fire and Rescue
Local Representative Committees
Dentists, Pharmacists and Optometrists
Northern Lincolnshire Members of Parliament
Northern Lincolnshire Councillors
HealthWatch North East Lincolnshire
HealthWatch North Lincolnshire
Northern Lincolnshire Voluntary and Community Groups
Grimsby Institute
Northern Lincolnshire Residential Homes
Northern Lincolnshire Children's Centres
Northern Lincolnshire Hospices
Local Media (newspapers, radio, television)
Libraries / Customer Advice Centres

12.4 Feedback Capture Form

Healthy Lives, Healthy Futures

Feedback Form

TYPE OF MEETING **(please tick)**
1-1
Partner Organisations
Stakeholder groups

This group represents people with the following protected characteristics (please tick all that apply)
Age
Disability
Gender Reassignment
Marriage & civil partnership
Pregnancy & maternity
Race
Religion or belief
Sex
Sexual orientation

Meeting	
Date of Meeting	
Names of attendees (or Number if group)	
Name of CCG representative (s)	
Name of person completing this form	

HOW DID ATTENDEES FEEL ABOUT THE OBJECTIVES OF THE PROGRAMME? (CARE CLOSER TO HOME, FINANCIAL SUSTAINABILITY)

Agreed	Agree in part	Did not agree

Comments about the programme:

IN YOUR OPINION, DID THE ATTENDEES FULLY UNDERSTAND THE SIGNIFICANCE OF THE FINANCIAL CHALLENGE?

Fully understood and asked relevant questions	Appeared to understand	Did not understand / engage around finance

Comments about the above:

DID ATTENDEES AGREE WITH OUR PREFERRED OPTIONS?

Yes, all of them	Some of them	None of them

Key messages people disagreed with:

ANY OTHER COMMENTS

Please return your completed form to: **Anne Stimpson, Healthy Lives, Healthy Futures Programme Administrator** anne.stimpson@nhs.net

12.5 Stakeholder Feedback (Formal responses)

12.5.1 North East Lincolnshire Council Health Scrutiny Panel formal responses

North East Lincolnshire Council

Health Scrutiny Panel

This is the formal response of North East Lincolnshire Council's Health Scrutiny Panel to the current NHS consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery at Diana, Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital. This forms part of the Healthy Lives/Healthy Futures NHS Review programme in North and North East Lincolnshire. This response has been agreed by the full panel after a full panel meeting on 5 August 2014 and a working group meeting on 16 September 2014.

Healthy Lives / Healthy Futures – Public Consultation Document

Tell us what you think about Hyper-Acute Stroke Services and ENT Services

1. **Do you agree with out preferred ideas for Hyper-Acute Stroke Care staying at Scunthorpe General Hospital (SGH) and Ear, Nose and Throat (ENT) Inpatient Surgery being centralised at Diana Princess of Wales Hospital (DPoW)?**

Yes	
No	✓

If no, please tell us why

Hyper-Acute Stroke Services
North East Lincolnshire Council's Health Scrutiny Panel's preferred option is for Hyper-Acute Stroke Services to be delivered from both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH). This was voted unanimously by the panel at a working group meeting on the 16 September 2014.

However, members of the panel accept that this option is very unlikely due to the number of patients being treated for a stroke in Grimsby not being high enough to keep the skills of the staff at the required level. Therefore, if the centralisation of hyper-acute stroke services is absolutely essential, the North East Lincolnshire Health Scrutiny panel's preferred option is to centralise those services at DPoW.

The panel accepts that there have been significant improvements in the quality of care and in the mortality rates as a result of the temporary move to SGH, however the panel

feel that this is due to the fact that services are now 24/7, rather than the physical location of the service. The panel also accept that two computerised tomography scanners are an important feature of a hyper-acute stroke service, but feel that DPoW should also have a second scanner and that this is important not only for hyper-acute stroke care, but for other diagnostic health services. The panel feels that the funding for a second scanner should be raised regardless of the outcome of this consultation.

The NELC Health Scrutiny Panel has major concerns for the health and safety of the residents of North East Lincolnshire if hyper-acute stroke services are to remain centralised solely at SGH.

The main concerns are that there are higher numbers of people suffering from stroke in North East Lincolnshire than in North Lincolnshire. North East Lincolnshire's suffers from a huge gap in life expectancy between its affluent and less affluent neighbourhoods. Many of our residents (particularly in our less affluent wards) are dying prematurely from diseases including cardiovascular disease such as stroke. The Health Scrutiny panel feel that the emergency travel times from North East Lincolnshire to SGH is putting the lives of NEL patients at a significant risk, particularly residents whom live in the most southern parts of the borough. Travel times for NEL patients over the last year has been provided to the scrutiny panel as part of the current consultation, however these show some NEL patients having to travel for more than one hour to SGH. Panel members have concerns that these statistics do not show whether these patients survived nor do they give an indication of the patient's quality of life post-stroke, in terms of any lasting disability (which may have been prevented had they been treated sooner). Panel members also have concerns that the travel information provided masks a wide degree of variation that is not acknowledged and that confidence intervals and ranges for the travel times should have been included. In addition to this, the panel feels that the information regarding sustainable EMAS response times is inconclusive and that more detailed information and data is needed regarding EMAS capacity, for example response times would be significantly affected if an ambulance had to start its journey from Scunthorpe. Panel members are also concerned that travel times would be increased significantly further, if for any reason the A180 was closed.

Not only is the emergency travel time to SGH a major issue for the health scrutiny panel, but also the ability of family and friends to be able to travel to SGH to visit their loved ones at such a critical time, which can have a major impact on the recovery of the patient. Members of the panel felt that it was within these first few hours when a visit from relatives is most important. The deprivation levels in the less affluent neighbourhoods of North East Lincolnshire are amongst the most deprived in the country. North East Lincolnshire also has a growing older population and increasing numbers of people living with a disability. This means that income levels and car ownership are very low in some neighbourhoods. The panel accepts that the CCG has undertaken a lot of work investigating the availability of public transport, however many areas of North East Lincolnshire Council are not serviced by a bus route at all and the panel has major concerns over the sustainability of any new transport links which

may be proposed as a result of the healthy lives/healthy futures programme, as transport companies will only continue to provide a service if there is a profit to be made.

The panel accepts that some services have to be centralised due to the highly specific expertise required, eg child surgery and certain cancer treatments. However, hyper-stroke services are not services that patients can prepare to access. A stroke provides an immediate life threatening situation and its regularity is sufficient enough to warrant local services, particularly in an area with an ageing population and high levels of cardio-vascular disease.

Members of the panel are also concerned about a difference in opinion between professionals regarding the NICE guidance for what constitutes the "golden hour" eg whether this is from when a patient starts having a stroke or the hour from when they arrive at hospital.

The panel also has concerns about the very small sample of the Healthy Lives/Healthy Futures surveys and do not believe that these can be used as a representative sample of NEL. The panel members are particularly concerned that the survey results do not reflect the views of our older and vulnerable residents whom will be most affected if hyper-acute stroke services were to remain centralised at SGH.

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Ears, Nose and Throat Inpatient Surgery

Members of the panel feel that this is a much different service to the Hyper-Acute Stroke Service. Although members of the panel prefer for ENT Inpatient Surgery to remain at DPoW, this is not as critical as the Hyper-Acute Stroke service. This is because it is a service which patients can prepare for and it does not (in the vast majority of cases) present a life or death situation.

2. **Would you like to see any of the other ideas used? If so please select ONE idea for each service**

	Idea 1	Idea 2	Idea 3	Idea 4
Hyper Acute Stroke Care	✓		✓ (If idea 1 is impossible)	
Ear Nose and Throat Services		✓		

Please tell us why you think these ideas are better

The NELC Health Scrutiny Panel feels that the residents of North East Lincolnshire are at risk if Hyper-Acute Stroke Services remain solely at SGH. Although, the preferred option would be to have services at both sites, the panel recognises that this may be impossible and so the second preferred option is to centralise services at DPoW.

The panel feels that access and transport costs/times for North East Lincolnshire's older and vulnerable residents have not been adequately taken into account. Hyper Acute Stroke Services should be located where the greatest need is, which is in North East Lincolnshire.

3. Is there anything else you think we need to think about?

Please tell us your ideas

If Hyper Acute Stroke Services are to be centralised, a pause is needed in the programme and more investigation/challenge of all the available data is required.
In terms of future proposals for the review of local health services, consultation with health scrutiny needs to happen much earlier, with open and honest discussions and a full analysis of all available data.

12.5.2 North Lincolnshire Council Health Scrutiny Panel formal response

NORTH LINCOLNSHIRE COUNCIL – HEALTH SCRUTINY PANEL

Response to the Healthy Lives, Healthy Futures Consultations on Hyperacute Stroke and Ear, Nose and Throat.

1. INTRODUCTION

1.1 As democratically elected members and statutory co-optees, North Lincolnshire Council's Health Scrutiny Panel welcomes the opportunity to comment on these consultation in our role as representatives of the community.

2. THE PANEL'S RESPONSE

2.1 The Health Scrutiny Panel understands that, for a number of reasons, some specialist health services across Northern Lincolnshire need to evolve. For some time, Members have had concerns that some services have struggled to meet the highest standards of quality and safety, and the high number of clinical staff vacancies at Northern Lincolnshire & Goole NHS Foundation Trust is a matter of public record.

2.2 As such, we welcome the Healthy Lives, Healthy Futures programme as the key method of ensuring better quality, more sustainable services that fit the preferred model of care. We agree that, wherever possible, health and social care services should be integrated, community based and help people to stay in their own homes.

3 Hyperacute Stroke

3.1 Prior to the centralisation at Scunthorpe General Hospital in November 2013, the panel had concerns about hyperacute stroke care across Northern Lincolnshire arising from our work on the local SHMI rate. The service's 9-5 Monday to Friday operation meant that patients suspected of having a stroke outside of these times may have missed out on receiving thrombolysis. The panel therefore welcomed the steps taken to centralise the service at Scunthorpe General Hospital on patient safety grounds. The panel subsequently visited the new ward and spoke to staff, patients and their families, and we are assured that the new 24/7 system is much improved on patient safety and clinical outcomes grounds. The centralisation also means that there are sufficient specialist clinicians at all times, with clear links to A&E.

3.2 We see no valid reason to reverse this arrangement. Staff are settled, links to A&E, the ambulance service etc. have had almost a year to become established, and repatriation arrangements are settled. We firmly believe that the three options (S1, S3 and S4) to change the current model of care would result in another lengthy period of upheaval which may well result in detrimental effects on the service. For example, relocating the

service to Grimsby would reduce the access to CT scanners, with no associated benefits for the wider community.

3.3 To clarify, the scrutiny panel believe strongly that maintaining the current model provided from Scunthorpe General Hospital (option S2) is by far the strongest.

4. Ear, Nose and Throat Inpatient Surgery

4.1 The scrutiny panel also acknowledge the pressures on non-elective Ear, Nose and Throat (ENT) admissions. Clearly, we accept that it is difficult for the acute trust to ensure 24/7 consultant access to a relatively small number of cases annually. As ever, patient safety should be the highest priority.

4.2 The comparisons between the options put forward in the consultation material are much more evenly matched that for hyperacute stroke. It would be feasible to centralise services at either Grimsby or Scunthorpe. However, we do acknowledge that Grimsby currently deal with many more inpatient cases than Scunthorpe, which is an important consideration when reducing patient risk. It is also likely that centralisation at Scunthorpe may also lead to a large number of North East Lincolnshire patients flowing into Lincolnshire for treatment, which may impact adversely on the future sustainability of services.

4.3 In conclusion, we acknowledge that option 2 (centralisation at Diana, Princess of Wales Hospital) may well be the strongest to ensure patient safety, clinical outcomes and future sustainability of a local service. There will be a requirement for a relatively limited number of patients to travel further in an emergency, but we believe that the benefits outweigh the downsides. As such, we are content to support this option if the Clinical Commissioning Groups continue to affirm their commitment to continue day case surgery on both sites.

12.5.3 The Health Scrutiny Committee for Lincolnshire formal response

HEALTHY LIVES, HEALTHY FUTURES

Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery

Response of the Health Scrutiny Committee to the Consultation

Introduction

The Health Scrutiny Committee for Lincolnshire recognises the importance of the services provided to Lincolnshire residents by Northern Lincolnshire and Goole NHS Foundation Trust, in particular at Diana Princess of Wales Hospital in Grimsby, and at Scunthorpe General Hospital. The Committee understands that a significant number of patients from the Lincolnshire East and Lincolnshire West Clinical Commissioning Group areas fall within the Trust's notional catchment area.

Hyper-Acute Stroke Services

The Health Scrutiny Committee for Lincolnshire supports the proposal to make permanent the relocation of hyper-acute stroke services at Scunthorpe General Hospital.

The Committee recognises that the decision to relocate hyper-acute stroke services temporarily at Scunthorpe General Hospital was implemented in November 2013 in response to the Keogh inspection earlier in 2013, effectively a decision made on the basis of the safety of patients.

As a result of the relocation of these services, ambulance journey times from Louth, Mablethorpe and the surrounding area to Scunthorpe will be longer, compared journey times to Diana Princess of Wales Hospital in Grimsby. This is a particular concern for the Committee, although the Committee has been advised that an ambulance travelling on a blue light would reach Scunthorpe General Hospital in one hour on average from Louth, Mablethorpe and the surrounding area. This would meet with the relevant NICE quality standard.

The Committee also understands that also in accordance with a NICE quality standard, where patients arrive at a specialist stroke centre, they should receive a scan within one hour and where appropriate receive thrombolysis treatment.

Stroke patients would generally stay in the hyper-acute stroke unit for 72 hours, before transferring to ongoing care and rehabilitation. The Committee understands that these services will continue to be provided from Diana Princess of Wales Hospital, and patients will transfer there for this care, where this is closer to their home. However, the Committee is concerned that the families and friends of patients from parts of Lincolnshire will be expected to travel further to visit during the first 72 hours. The Committee has been partially reassured that the Healthy Lives, Healthy Futures Programme is looking at the impact of its proposals on transport, and has tried particular journeys on public transport.

The Committee notes that there has been a small capital investment in 2013 of £25,000 to relocate the services to Scunthorpe and the preferred option does not deliver any savings to the Trust overall.

Ear, Nose and Throat Inpatient Surgery

The Committee supports the proposal to relocate Ear, Nose and Throat Surgery from Scunthorpe General Hospital to Diana Princess of Wales Hospital in Grimsby. The Committee accepts the rationale for concentrating surgery on one hospital site.

The Committee notes that outpatient appointments will continue at Scunthorpe General Hospital.

The Committee would like to reiterate its comments relating to transport and accessibility, where services are concentrated on another hospital site, although the transport impact from this proposal would be less as most Ear, Nose and Throat surgery is planned day-case surgery.

We are also aware that the financial effect of this proposal is minimal, as most surgery is already undertaken at the Diana Princess of Wales Hospital site.

General Comments and Conclusion

The Committee is impressed by the content of the consultation document, as each proposal is described clearly and in a way that makes it accessible to members of the public. The consultation document also clearly sets out the options, together with a clear rationale for the preferred option. The Committee is also grateful that other supporting documentation is available on the Healthy Lives, Healthy Futures website, which provides further detail for those who require it.

The Committee commends the work being undertaken by the Healthy Lives, Healthy Futures Programme in establishing the Transport Group to assess the impact of its proposals on the ability of patients, and their families and friends, to access public transport. This is important in Lincolnshire, with the limited availability of public transport and the distances involved when travelling to hospitals. The Committee itself is planning to consider non-emergency transport provision, as it is aware of concerns in this area.

Whatever decisions are made on these options, it is important that these services are continually reviewed and assessed, so that they continue to meet with developing demographic needs within the Trust's catchment population. In particular, this would apply to stroke, where the prevalence in East Lindsey is higher than the national average. The Committee would also like to see the outcomes continually monitored over the next two years, and would suggest that local health and wellbeing boards and Healthwatch are involved in this.

The Health Scrutiny Committee for Lincolnshire would urge that West Lindsey District Council and East Lindsey District Council are asked directly to respond to future consultations and would suggest that in future consultation documents are sent to these councils directly.

The Committee looks forward to participating in further consultations as part of the *Healthy Lives, Healthy Futures* programme.

12.5.4 East Lindsey District Council formal response

Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery
Proposals by Northern Lincolnshire and Goole NHS Foundation Trust

Consultation Response from East Lindsey District Council
September 2014

Introduction
East Lindsey District Council (ELDC) recognises the importance to its residents of the services provided by Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust at Diana Princess of Wales Hospital in Grimsby and at Scunthorpe General Hospital. Significant numbers of East Lindsey residents are referred into NLaG services and rightly expect that they will receive the right treatments, at the right times, in the right places. Whilst we understand that these proposals are put forward in the interests of patient safety, we also appreciate the concerns of local people which arise from these, not least in relation to increased journey times.

We understand that Dr Brynnen Massey from Lincolnshire East Clinical Commissioning Group has been involved in discussions in relation to these proposals. We are re-assured that local clinicians' views are being sought and, we trust, reflected in the resulting proposals.

We also note that NLaG colleagues have been in Louth town centre recently to liaise with local residents. However, the District Council has not to date received information on the proposed changes, nor have we been formally consulted on these. That said, our response to this consultation follows below and we would ask that we are kept up to date with any regular programme updates, and also formally consulted on any future changes in service provision.

Hyper-Acute Stroke Services
ELDC recognises that the decision to temporarily relocate hyper-acute stroke services to Scunthorpe General Hospital was implemented in November 2013 in response to the Keogh inspection earlier in 2013. We understand that this decision was made to ensure patient safety. We acknowledge the logic of the proposal to make this arrangement permanent, again in terms of patient safety. However, we share the concerns of local residents regarding the proposal.

As a result of the relocation of these services, ambulance journey times from Louth, Mablethorpe and the surrounding area to Scunthorpe will be longer, compared to journey times to Diana Princess of Wales Hospital in Grimsby. This is a particular concern for residents. It has been suggested that an ambulance travelling on a blue light would reach Scunthorpe General Hospital in one hour on average from Louth, Mablethorpe and the surrounding area, and that this would meet with the relevant NICE quality standard. However, we would challenge that assertion. Google maps estimates the journey from Mablethorpe to Scunthorpe at 1 hour 27 minutes, and at busy times we know that it can be longer still. Given that this is the length of the journey once the ambulance has arrived with the patient – and ambulance response times have been poor in this area for some time - this remains a concern for us.

We understand that also in accordance with a NICE quality standard, where patients arrive at a specialist stroke centre, they should receive a scan within one hour and where appropriate receive thrombolysis treatment. We also understand that stroke patients would generally stay in the hyper-acute stroke unit for 72 hours, before transferring to ongoing care and rehabilitation. We understand that these services will continue to be provided from Diana Princess of Wales Hospital, and patients will transfer there for this care, where this is closer to their home.

However, it is our view that ongoing reassurance will be needed for patients and their families that the permanent move to Scunthorpe is appropriate and is not likely to have a negative impact on their outcomes. People are very well informed about "the golden hour". It might, for example, be helpful for people to understand if treatment is provided during the ambulance journey and how this supports the services they will receive on arrival at Scunthorpe.

In particular, we would want reassurance that East Midlands Ambulance Service (EMAS) will ensure that its response times, which have been particularly poor in the coastal area in recent years, will continue to improve and be sustained for the long term, at a level which supports patient safety. In particular, the emergency nature of the hyper-acute stroke requires that the best possible response times are met. We would also wish to ensure that this is the case throughout the year and in particular at those times when the population is at its peak and when traffic is at its height due to the influx of tourists to our coastal areas.

We are also concerned that the families and friends of patients from East Lindsey will be expected to travel further to visit during the first 72 hours. We are partially reassured that the *Healthy Lives, Healthy Futures* Programme is looking at the impact of its proposals on transport, and has tried particular journeys on public transport. However, we would question whether public transport provision is available and able to operate in such a way as to support relatives needing to attend out of hours and at weekends. In addition, we are keen to understand whether transport providers operate at times which take account of visiting times. We are also concerned that there is an additional cost to families and friends of longer journeys.

We would request that the local Health Watch is asked to maintain a close eye on patient experience and also that of families and friends to ensure that their needs are considered and met as far as possible, both by NLaG and others, including EMAS and local transport providers. We would wish their findings to be shared with Lincolnshire's Health Scrutiny Committee within the first year of implementing the changes, with any action proposed to address any resulting issues.

Ear, Nose and Throat Inpatient Surgery

ELDC supports the proposal to relocate Ear, Nose and Throat Surgery from Scunthorpe General Hospital to Diana Princess of Wales Hospital in Grimsby. We accept the rationale for concentrating surgery on one hospital site and note that outpatient appointments will continue at Scunthorpe General Hospital.
However, we would reiterate the comments set out above regarding transport availability and costs. Whilst we recognise that the transport impact from this proposal is likely to be less as most Ear, Nose and Throat surgery is planned day-case surgery, we would ask that consideration is given to liaising with transport providers in relation to clinic and surgery times and their own journey routes and timetables.

General Comments and Conclusion

Whichever options are implemented, ELDC expects that these services will be continually reviewed and assessed to ensure that they continue to meet patient needs, particularly in relation to stroke, where the prevalence in East Lindsey is higher than the national average.
ELDC welcomes the work being undertaken by the *Healthy Lives, Healthy Futures* Programme in assessing the impact of its proposals on the ability of patients, and their families and friends, to access public transport. This is important for East Lindsey residents, with the limited availability of public transport and the distances involved when travelling to hospitals.

Overall, ELDC found the consultation document very user-friendly. Each proposal is clear, the options are well explained and there is a clear rationale for the preferred option. The supporting documentation on the *Healthy Lives, Healthy Futures* website, which provides further detail is welcome. We hope that Programme Team notes the request to involve ELDC formally in further consultations as part of the *Healthy Lives, Healthy Futures* programme.

12.5.5 Lincolnshire East CCG formal response

HEALTHY LIVES HEALTHY FUTURE CONSULTATION – RESPONSE FROM LINCOLNSHIRE EAST CCG

Thank you for providing Lincolnshire East CCG with the opportunity to comment on the Healthy Lives Healthy Future proposals.

We discussed the proposals at our recent Council of Members meeting held on 17 September 2014. Our Council of Members meeting is made up of our GP/Clinician members from our 30 practices within the Lincolnshire East CCG.

The Council of Members agreed to the two proposals:-

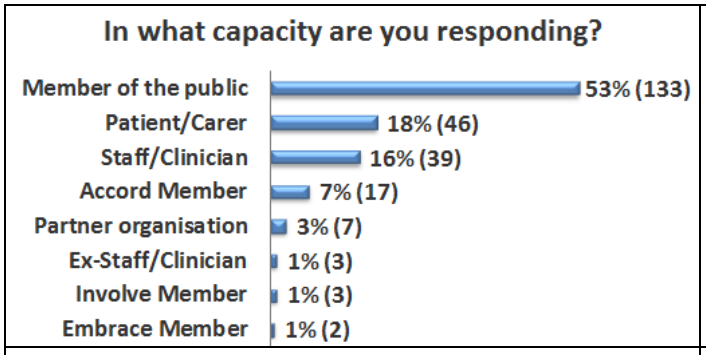
Hyper Acute Stroke Services

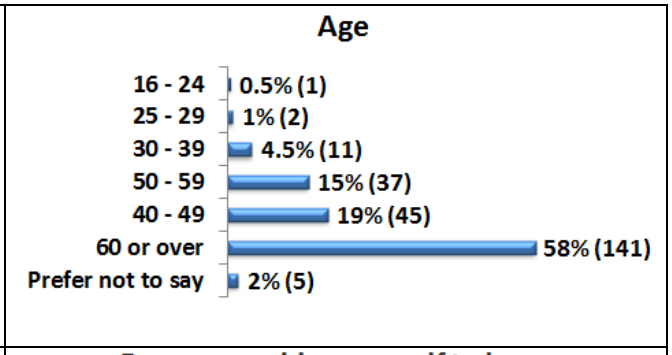
S2 – to have 24/7 Hyper Acute Stroke care at Scunthorpe only, as it is at the moment.

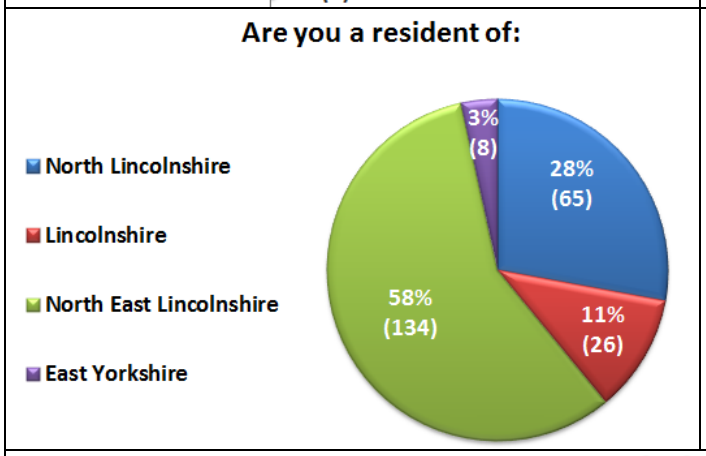
ENT Inpatient Surgery

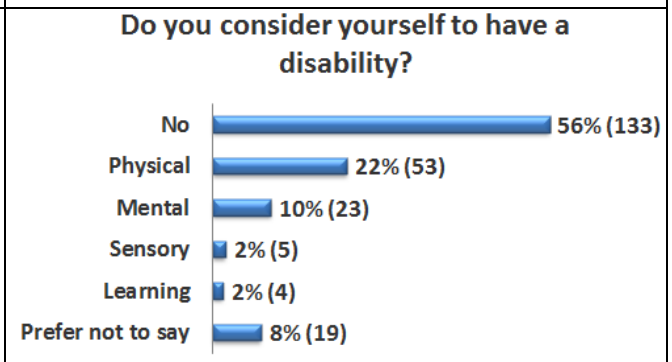
E2 – to move all ENT inpatient surgery to Grimsby only. Outpatient clinics and day surgery would still be available at both sites. Patients needing emergency ENT care would have to be treated at Grimsby.

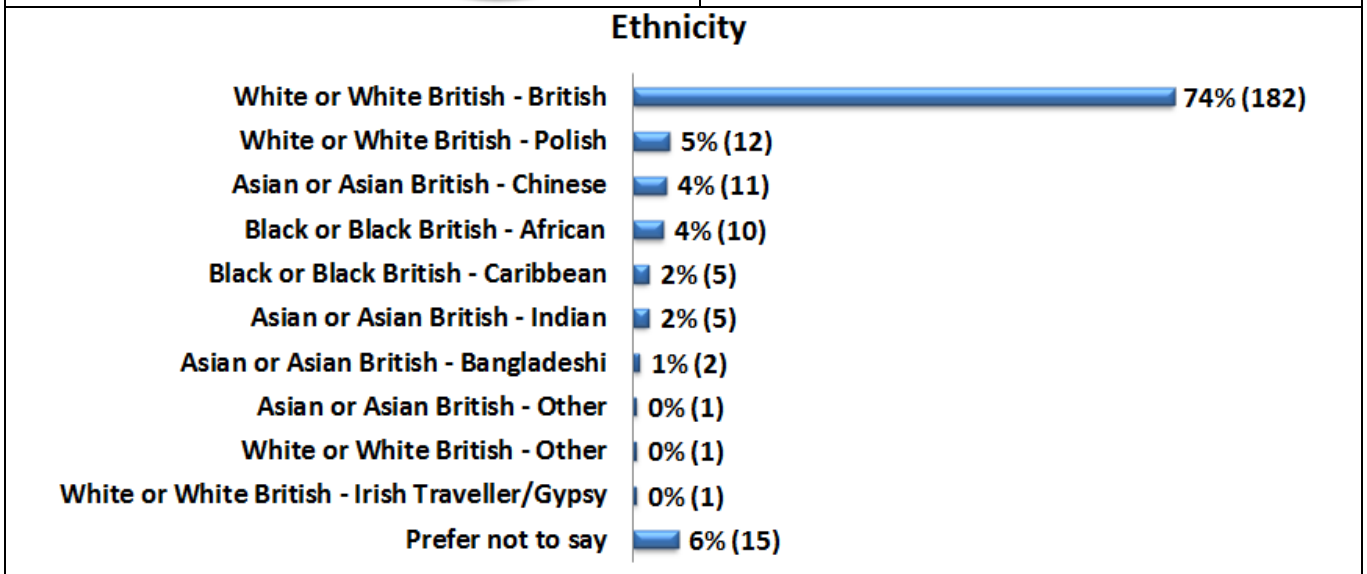
12.6 Demographics of Questionnaire Respondents

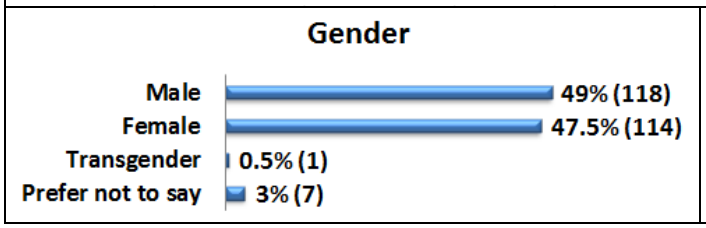


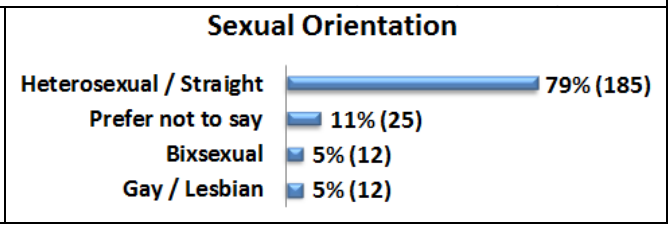


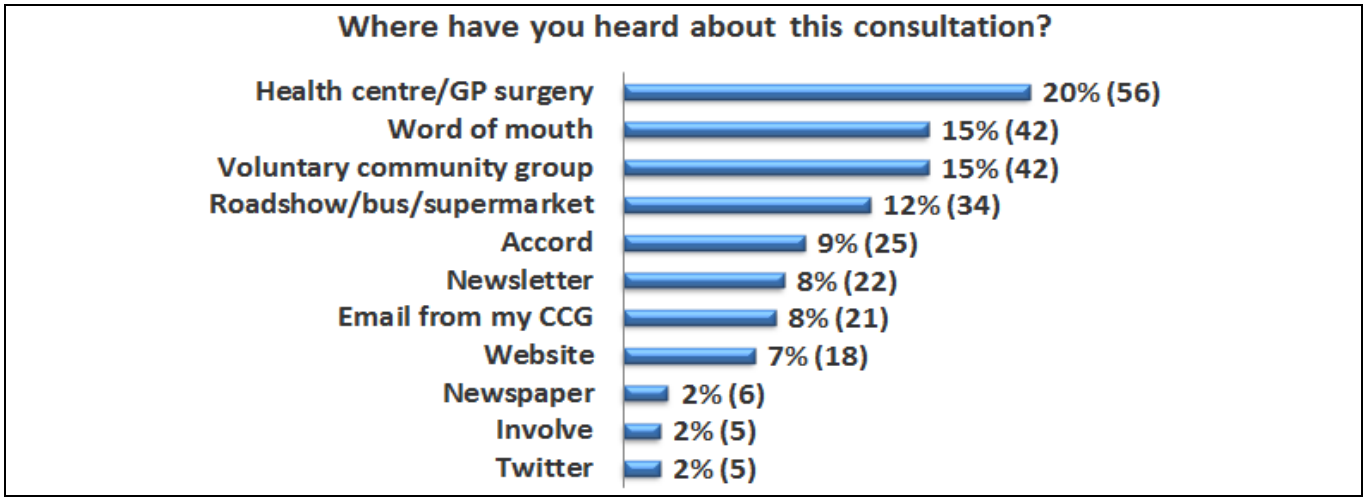











Where have you heard about this consultation?
Health centre/GP surgery
20% (56)
Word of mouth
15% (42)
Voluntary community group
15% (42)
Roadshow/bus/supermarket
12% (34)
Accord
9% (25)
Newsletter
8% (22)
Email from my CCG
8% (21)
Website
7% (18)
Newspaper
2% (6)
Involve
2% (5)
Twitter
2% (5)

12.7 Glossary

Acute Care	Medical or surgical care and treatment usually provided in a general hospital.
Audiology	The Audiology Department at a hospital provides specialist care for patients with a hearing impairment.
Care Pathway	See Patient Pathway.
Clinical Commissioning Group (CCG)	CCGs are the local NHS organisations that are responsible for meeting the health needs of local populations and they usually cover the same or a similar area as the Local Authority. They commission (buy) health and care services including the majority of planned hospital care, rehabilitation care, urgent and emergency care, most community health services, mental health and learning disability services. CCGs work with patients, healthcare professionals and in partnership with local communities and Local Authorities. All GP practices have to belong to a CCG. The governing body includes GPs, a nurse, a hospital consultant, executive officers and Local Authority officers for public health and social care.
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
CT Scan	Computerised tomography (CT) scans provide information that doctors can use to help diagnose medical conditions. Unlike other imaging techniques, such as X-rays, CT scans can provide detailed images of many types of tissue, including bone, lung tissue, soft tissue and blood vessels. Because they can show images of soft tissue, they are useful after a stroke as a CT scan will show the blood clot.
Diagnostics	Procedures used to distinguish one disease from another, for example, laboratory tests such as blood tests, x-rays and MRI scans.
EMAS	East Midlands Ambulance Service NHS Trust
Ear, Nose and Throat (ENT)	The Ear, Nose and Throat Department at a hospital provides specialist care for patients with conditions affecting the ear, nose or throat.
Elective care	This is planned assessment and treatment of non-urgent medical conditions such as orthopaedic treatment (e.g. a knee replacement). At present this may require a hospital out-patient visit, diagnostic tests and possibly an operation.

Foundation Trusts (FT)	NHS hospitals that are run as independent, public benefit corporations, controlled and run locally. Foundation Trusts have increased freedoms regarding their options for funding to invest in delivery of services.
GP	General Practitioners - also known as family doctors
Health Overview and Scrutiny Committee	The Local Authority Health and Wellbeing Overview and Scrutiny Committee is responsible for monitoring and regulating key health and social care service integration.
Healthwatch	Healthwatch England is the national consumer champion in health and care. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Local Healthwatch organisations have been set up nationally as part of all local communities and work in partnership with other local organisations.
Hyper-acute stroke care	Specialist and intense care given within the first 72 hours of a stroke. Evidence shows that if patients receive the right medication, are monitored and have therapy treatments straight away they are in a better position to make a healthier recover and be less disabled in the long term.
Keogh Review	The current NHS England review *Transforming Urgent and Emergency Care Services in England* is being led by NHS Medical Director Professor Sir Bruce Keogh. NHS urgent and emergency care services provide life-saving care. The current system is under increasing pressure and the review seeks to improve the urgent and emergency care system so patients get safe and effective care whenever they need it.
Local Authority	Local Authorities are democratically elected local bodies with responsibility for providing a range of services as set out in local government legislation. They have a duty to promote the economic, social and environmental wellbeing of their geographical area. This is done individually and in partnership with other agencies, by commissioning (buying) and providing a wide range of local services.
NHS England	An independent body, at arm's length to the government. Its main function is to improve health outcomes for people in England through providing national leadership in this area. Additional roles include driving up the quality of care, overseeing the operation of clinical commissioning groups, allocating resources to clinical commissioning groups and commissioning primary care and specialist services.
Patient Pathway	The patient pathway is the route followed by a patient through and out of the NHS and social care services. It begins with their first contact with the NHS or Local Authority, takes in all the different stages of their treatment or care and ends when the treatment is completed. Also known as a care pathway.

Primary Care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.
Primary Care Services	Care provided by GPs and other healthcare workers in the community.
Public Sector	An umbrella term which includes all organisations and functions that affect or are likely to affect the public or a section of the public and are funded by central Government.
Rehabilitation	A programme of therapy and re-enablement designed to restore independence and reduce the effects of an illness or disability.
Secondary Care	Specialist health care services that treat conditions which normally cannot be dealt with in the community or that occur as a result of an emergency. It covers medical treatment or surgery that patients receive in hospital following a referral from a GP. Secondary care is made up of NHS hospital, foundation, ambulance, children's and mental health Trusts.
Speech and Language Therapy (SLT)	Speech and language therapy (SLT) can help people who have have verbal communication problems or swallowing problems. SLT Therapists often work with individuals when they are recovering from a stroke.
Stroke	A stroke happens when the blood supply to part of your brain is cut off. It can be caused by a blockage in one of the blood vessels leading to the brain or a bleed in the brain. Most strokes happen when a blood clot blocks the flow of blood to your brain. Blood clots usually form in areas where the arteries have become narrowed or 'furred' up by fatty deposits. This is called atheroscelrosis.
Thrombolysis	If your stroke is caused by a blood clot, you may be treated with a clot-busting drug to try to disperse the clot and return the blood supply to your brain. The medicine itself is called alteplase, or recombinant tissue plasminogen activator (rt-PA). The process of giving this medicine is known as thrombolysis.
Voluntary and community sector	An 'umbrella term' referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, for public or community benefit. Includes the full range of organisations which are non-governmental and interested in furthering social, environmental or cultural objectives, rather than to make a profit. Also known as the third sector.