BREAST:

WHAT IS IT?	Breast services refer to a range of screening, diagnosis and treatment of breast problems, including cancer. These services are currently delivered across Lincoln, Boston and Grantham hospital sites.
WHAT IS THE CURRENT PROVISION?	These services are currently delivered across Lincoln, Boston and Grantham hospital sites.
WHAT IS NATIONAL BEST PRACTISE?	The national context for breast services is changing. A leading, national 'best practise' model is in the rural county of Cornwall. Their service model is a centre of excellence; one of the first breast units in the country to be endorsed by Breakthrough Breast Cancer for its Service Pledge commitment to the patients of Cornwall.
WHAT PROBLEMS DO WE HAVE?	We are not getting patients to their first appointment fast enough. There is an inconsistent level of service across the county, and we are experiencing significant recruitment issues. We are finding it particularly difficult to recruit radiologists into the service to work across all sites. This all means we are not compliant with national guidelines. Breast cancer rates are increasing by 9% per year nationally
WHAT ARE OUR PLANS?	We believe adopting this model (centralising the specialist element of care in Lincolnshire into a 'centre of excellence' supported by local outpatient appointments) will have the following impact: • standardise models of care so that all patients get the same quality of service • Improve our ability to deliver to national guidelines of implementing a one stop diagnostic service • Improve workforce sustainability by aiding recruitment and bringing together resources (especially Breast Radiologists) • Reduce waiting lists

We want to hear about:

- What do you think about a specialist centre of excellence? Advantages and disadvantages?
- For how long would you travel for related surgery / an outpatient appt? how would you travel?
- Are there any community / voluntary groups you think should link in to this service?
- Can you think of any disadvantages? Any population groups this might not work for?

TRAUMA AND ORTHOPEADIC

WHAT IS IT?	Trauma and orthopaedic services refer to the surgical services to treat injuries and conditions of the musculoskeletal system (the bones, joints, ligaments, tendons, muscles and nerves).
WHAT IS THE CURRENT PROVISION?	These services, both urgent and planned care, are currently delivered across Lincoln, Boston and Grantham hospital sites, with additional activity in our community hospitals.
WHAT IS NATIONAL BEST PRACTISE?	Increasingly in the national context, organisations are separating the urgent work from the planned work. This separation has a number of clinical benefits that are widely accepted: Urgent sites can use inpatient areas as Trauma Assessment Units. Trauma patients are seen in a shorter time by more specialised clinicians; less unnecessary admissions and the patients gets the right care in a quicker timescale. If planned procedures are offered on a site where there is no / limited trauma there is a significantly lower risk of cancellation. Planned specialty sites have better clinical outcomes, lower rates of re-admission, reduced length of stay, reduced risk of hospital-acquired infections and injuries, and evidence shows that patients are typically more satisfied with the services due to the reduced risk of cancellation. Planned and urgent site separation is attractive to the workforce, including core and foundation trainees and nurse specialists as people are able to complete the work that they are employed to do. This improves job satisfaction so in turn morale, safety and productivity.
WHAT PROBLEMS DO WE HAVE?	Our current service is not sustainable. There are long waiting lists and planned operations are often cancelled or sent to private providers (to prioritise urgent cases). 32% were cancelled in 2017/18. 900 patients were cancelled a combined 1,200 times. We are unable to recruit the specialists we need and the financial position of the service is poor (the above cancellations represent a £3m financial loss).
WHAT ARE OUR PLANS?	Currently, the Trust operate both urgent and planned work at Boston, Lincoln and Grantham, and planned work only at Louth. We believe a move to this national 'best practise' model (separating our sites' 'focus) would enable us to realise the above opportunities.

We want to hear about:

- What do you think about separating urgent and planned care? Advantages and disadvantages?
- For how long would you travel for related surgery / an outpatient appt? How would you travel?
- How important are specialist teams to you? How important is improving wait list times to you?
- Can you think of any disadvantages? Any population groups this might not work for?

GENERAL SURGERY:

WHAT IS IT?	General surgery focuses mainly on the abdominal organs; stomach, gall bladder, small bowel the colon, rectum and anus. Benign skin conditions and hernias are also included.
WHAT IS THE CURRENT PROVISION?	General surgery is current carried out across our hospital sites, with more complex cases seen at Lincoln County Hospital and Pilgrim Hospital, Boston.
WHAT IS NATIONAL BEST PRACTISE?	Increasingly in the national context, organisations are separating the urgent work from the planned work. This separation has a number of clinical benefits that are widely accepted: If planned procedures are offered on a site where there is no / limited trauma there is a significantly lower risk of cancellation. Planned specialty sites have better clinical outcomes, lower rates of re-admission, reduced length of stay, reduced risk of hospital-acquired infections and injuries, and evidence shows that patients are typically more satisfied with the services due to the reduced risk of cancellation. Planned and urgent site separation is attractive to the workforce, including core and foundation trainees and nurse specialists as people are able to complete the work that they are employed to do. This improves job satisfaction so in turn morale, safety and productivity.
WHAT PROBLEMS DO WE HAVE?	Our current service is not sustainable. There are long waiting lists and planned operations are often cancelled (to prioritise urgent cases). We are unable to recruit the permanent staff we need and this combination means that the financial position of the service is poor. We are not meeting national guidelines.
WHAT ARE OUR PLANS?	Nothing set. We would like to understand your views on this service's future as we shape our options.

We want to hear about:

- What do you think about separating urgent and planned care? Advantages and disadvantages?
- For how long would you travel for related surgery / an outpatient appt? How would you travel?
- How important are specialist teams to you? How important is improving wait list times to you?
- Can you think of any disadvantages? Any population groups this might not work for?
- What problems might we face as we improve these services?

STROKE

WHAT IS IT?	
WHAT IS THE CURRENT PROVISION?	Our stroke care services are currently delivered at both Lincoln and Boston sites, both of which have a hyper acute unit (offering intensive treatment and rehabilitation in the first three days).
WHAT IS NATIONAL BEST PRACTISE?	National best practise is heavily influenced by the 'London model', which moved from 34 hospital providers of stroke care across the region pre-2010 all offering a wide variation of care quality and outcomes, to eight specialised units. This means ambulances often drive past the more general units to reach the specialist centres. Mortality rates at 3 months post event have fallen by 25% (saving approximately 100 more lives per year). Patients discharged directly home within 72 hours doubled to 35%. This model is now being implemented in the more rural areas of Midlands and East of England.
WHAT PROBLEMS DO WE HAVE?	These services are not achieving all clinical and performance standards. The national clinical guidelines to which the service works highlights that there are significant workforce gaps across the county.
WHAT ARE OUR PLANS?	We believe this specialist-focused approach will enable Lincolnshire to achieve a sustainable, single team meeting national standards.

We want to hear about:

- What do you think about the London model described? What challenges do you think we face if trying to implement a specialist service in rural Lincolnshire?
- For how long would you be prepared to travel in the event of a stroke?
- How important are specialist teams to you? How important is local follow up / outpatient appointments to you?
- Can you think of any disadvantages? Any population groups this might not work for?
- What problems might we face as we improve these services?

WOMEN'S AND CHILDREN'S SERVICES

WHAT IS IT?	This area of our service covers maternity, neonatal, obstetrics, paediatric care and gynaecology.
WHAT IS THE CURRENT PROVISION?	Currently the majority of services are delivered at Lincoln and Boston.
WHAT PROBLEMS DO WE HAVE?	There are significant staffing issues. Our Pilgrim service has a long term issue recruiting middle grade doctors, a shortage of consultants and therefore a reduced ability to support junior doctors. This has resulted in reliance upon agency staff. Despite continuous efforts to recruit to these positions, the service remains fragile. The impact on the services we can safely make available to our patients, and has led to temporary changes such as the current need to transfer babies pre 34-weeks' gestation and children needing more than 12 hours observation to our Lincoln site. Currently babies born pre 29-weeks' gestation and children under 5 requiring surgery are treated out of the county.
WHAT ARE OUR PLANS?	To improve services in our county, we know that they must change. We would like to learn your opinion on this.

We want to hear about:

- What do you think about retaining more services within the county?
- What worries you about potential changes to the services offered within the county?
- What is most important to you – specialist staff / speed of access / a sustainable service / the option to stay with your child where necessary?
- Can you think of any population groups this might not work for?
- What problems might we face as we improve these services?
- What additional infrastructure and community services might you want to see to support new ways of working?

URGENT AND EMERGENCY CARE:

WHAT IS THE CURRENT PROVISION?	We currently have three Accident & Emergency (A&E) Departments; Lincoln, Boston and Grantham, with Grantham historically providing a restricted range of services. Grantham A&E sees approximately 29,000 patients per year compared to 71,000 at Lincoln A&E and 55,000 at Pilgrim A&E. In addition, our GPs and community services provide Urgent Care across the county
WHAT IS NATIONAL BEST PRACTISE?	National guidelines upon the mandatory implementation of Urgent Treatment Centres (UTCs) have been released. These will be GP-led, open **at least** 12 hours a day, every day, and be equipped to diagnose and deal with many of the most common ailments people attend A&E for. In some areas these will complement A&E Departments. All will work together across the county. The objectives of UTCs include improving ability to see and treat people appropriately, reducing issues with compliance against the four-hour target, and allowing specialist staff in A&E Departments to focus upon their patients' specialist needs.
WHAT PROBLEMS DO WE HAVE?	We are aware that, just as it is across the country, terminology and access into the services can be confusing. Our A&E Departments are consistently failing to meet the four hour target (from arriving to being discharged or admitted). Our ongoing recruitment issues reflect the national shortage of ED Consultants and mean that we rely heavily on locums. This creates challenges offering a consistent services and a high financial cost. Our Grantham A&E service is temporarily opening for reduced hours. This is on the grounds of risk to patient safety. The Minor Injuries Nursing Service that did remain on the site is currently under consultation due to only being used by 65 patients during 2017.
WHAT ARE OUR PLANS?	To achieve these objectives in Lincolnshire, our urgent and emergency services will need to be redesigned and we would like to learn your opinion on this.

We want to hear about:

- Do you understand the terminology around these services?

- Do you know which services to use when at present?
- Are you aware of the clinical assessment service?
- What do you think about separating ‘emergency’ and ‘urgent’ treatment? Do you believe this will preserve the most specialist staff for the patients that need them most?
- What worries you about potential changes to the services offered within the county?
- Can you think of any population groups this might not work for?
- What problems might we face as we improve these services?
- What additional infrastructure and community services might you want to see to support new ways of working?

HAEMOTOLOGY AND ONCOLOGY:

WHAT IS IT?	The haematology department at United Lincolnshire Hospitals NHS Trust diagnoses and treats blood disorders for conditions such as haemophilia and leukaemia and provides treatments including blood transfusion services. Oncology deals with the prevention, diagnosis, and treatment of cancer.
WHAT IS THE CURRENT PROVISION?	We current provide these services across Lincoln, Boston and Grantham, with the majority of care delivered in Lincoln, which is our county cancer centre.
WHAT IS NATIONAL BEST PRACTISE?	In June 2018, Cancer Research reported that 'the number of older people diagnosed with cancer every year could rise by up to 80% in less than 20 years. The NHS must adapt now to care for them.'
WHAT PROBLEMS DO WE HAVE?	We have a heavy reliance on agency staff to support our substantive staff to look after patients across the service. We currently rely upon a medical workforce that is largely from continental Europe. Historically, this approach has proven to be an unsustainable recruitment method, but indicates that we are unlikely to recruit more easily in the short term. We also lack compliance with service standards.
WHAT ARE OUR PLANS?	We must address the issues in our services in order to be fit for the changes in the context we are in, improving our ability to attract and retain relevant staff, and maximising the efficiency of our consultants. We know that services need to be redesigned and we would like to learn your opinion on this.

We want to hear about:

- What opportunities do you see when considering changes to these services?
- What problems might we face as we improve these services?
- Can you think of any resolutions to these issues?
- Can you think of any population groups that may be particularly affected?

UROLOGY:

WHAT IS IT?	The urology department diagnoses and treats diseases of the urinary tract, including kidneys, urethra ureter, and diseases and conditions of the bladder, testes, penis and prostate gland.
WHAT IS THE CURRENT PROVISION?	The urology service is currently provided across Lincolnshire through inpatient services at Pilgrim Hospital, Boston, Grantham and District Hospital, Lincoln County Hospital and County Hospital, Louth. Day case and outpatient services are provided on these sites and in addition we provide urology outpatients services at John Coupland Hospital, Gainsborough, Skegness and District General Hospital and Johnson Community Hospital in Spalding.
WHAT PROBLEMS DO WE HAVE?	The recruitment of interventional radiologists is a long term issue within the service, and reflects a national issue. There is a lack of a consistent model of care across the county and efforts to recover performance within the service have relied upon an outsourcing approach through independent sector providers.
WHAT ARE OUR PLANS?	We must address the issues in our services in order to be fit for the changes in the context we are in. We know that services need to be redesigned and we would like to learn your opinion on this.

We want to hear about:

- What opportunities do you see when considering changes to these services?
- What problems might we face as we improve these services?
- Can you think of any resolutions to these issues?
- Can you think of any population groups that may be particularly affected?