HUMBER ACUTE SERVICES PROGRAMME

PROGRAMME 1: INTERIM CLINICAL PLAN

SEPTEMBER 2021 UPDATE

Purpose

1. The purpose of this briefing paper is to provide members with an update on the work underway through the Humber Acute Services Programme to stabilise a number of services that are considered fragile or vulnerable across one or both of Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust – Interim Clinical Plan. The paper provides:

    - An outline of the individual specialities within the Interim Clinical Plan;
    - An overview of progress, timelines and next steps; and,
    - An opportunity for members to ask questions and seek more information around the specialties within the programme.

Background

2. The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region, in order to deliver better and more accessible health and care services for the local population. The programme involves the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the four Humber Clinical Commissioning Groups (CCGs).

3. The Case for Change, published in November 2019, explains in more detail why services need to change and sets out some of the challenges we face in the Humber. Work is actively underway to design potential solutions to address these challenges across the following three programmes of work:

    - **Interim Clinical Plan** (Programme One) – stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.
    - **Core Hospital Services** (Programme Two) – long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.
    - **Building Better Places** (Programme Three) – working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

The Interim Clinical Plan (Programme one)

Introduction

4. As a result of ongoing workforce challenges, combined with increasing demand for services, a number of temporary changes have been required to keep services running safely for patients. A progress update on the temporary changes introduced is set out elsewhere in this paper (see paragraphs 36 - 38)

5. Despite best efforts to maintain service delivery, a number of services continue to face workforce and demand pressures across one or both acute trusts.

6. The two acute trusts have committed to working together to address these challenges across the most vulnerable or fragile specialties. Working together across a larger area, combining resources (e.g. expertise, knowledge, equipment) provides a better opportunity to address some of these fragilities and provide greater resilience within the services across the Humber.

7. In early 2020, a review of all services was undertaken to identify those services in greatest need of intervention to stabilise services, maintain patient safety and help to avoid the need for more ad hoc

reviews and service changes. Services were reviewed based on an assessment of the following metrics:

- Medical workforce vacancies (based on vacancies against the establishment at that time)
- Sickness rates (percentage of sickness within the speciality for medical staff)
- Referral growth (from previous referral levels in each speciality)
- Reference costs (sourced from Reference Cost Index including Market Forces Factor)
- Referral to Treatment performance (18ww incomplete against RTT 92% target)
- The number of patients waiting in the backlog
- Average length of stay

8. Ten services were identified as the most vulnerable (prior to the COVID-19 pandemic) and in need of support and more detailed review:

- Cardiology
- Dermatology
- Ear Nose and Throat (ENT)
- Gastroenterology
- Haematology
- Neurology
- Oncology
- Ophthalmology
- Respiratory
- Urology

9. It should be noted that 'Specialist Paediatrics' was also identified as part of the 2020 review of services. However, after initial scoping work was undertaken it was agreed that this work could be addressed through the Maternity, Neonatal and Paediatric workstream within Programme 2 – Core Hospital Services, due to the close interdependencies with wider paediatric provision.

<u>Aims, process and governance</u>

10. Working together across a larger area provides the best opportunity to address some of the long-standing workforce issues facing both acute hospital trusts. It provides an opportunity to create a more resilient workforce and make recruitment to the area more attractive.

11. Working together also gives opportunities to improve the way services operate. Doing things differently will help to reduce waiting lists more quickly than if services continue to work as they do now.

12. The overall aims of the Interim Clinical Plan are to:

- Ensure equity of access to service for patients in all localities – keeping services local where possible.
- Improve consistency in care, treatment and administration through standardisation of patient pathways
- Develop Humber-wide clinical leadership across specialities
- Deliver a consistent approach to clinical prioritisation and managing waiting lists.
- Make best use of clinical and non-clinical workforce capacity.
- Explore potential new models of care – at or closer to home, where appropriate.
- Maximise the productivity of available staff resources

13. The review of the specialties is happening in the following three phases during 2021/22:

- Phase 1 – Haematology, Oncology, Neurology and Dermatology (Q2)
- Phase 2 – Cardiology, ENT and Ophthalmology (Q3)
- Phase 3 – Respiratory, Gastroenterology and Urology (Q4)

14. Collaboration remains critical to the success of the Interim Clinical Plan. This includes joint decision-making that focuses on overall patient impacts rather than being limited by organisational boundaries.

A Committees in Common arrangement has been established across both acute trusts as part of the overall governance arrangements for the Humber Acute Services programme.

15. It is important to note that the Committees in Common (CiC) has delegated authority from both Trust Boards to act as the Board-level decision-making body in relation to the agreed specialties, ensuring effective and efficient joint decision-making in relation to the overall HASR programme including the Interim Clinical Plan.

Other programmes and improvement activity

16. A number or other programmes of work and improvement activities are underway across the Humber, Coast and Vale Health and Care Partnership and also at individual acute trusts. These include:

    - Acute Care Collaborative – a partnership that brings together NHS trusts that deliver acute hospital services across Humber, Coast and Vale. It is about local hospitals working in partnership with one another to give patients access to the very best facilities and staff.
    - Getting It Right First Time (GIRFT) – a national programme designed to improve medical care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies, such as the reduction of unnecessary procedures, and cost savings.
    - Elective Care Programme and COVID recovery – focusing on taking a consistent approach to clinical prioritisation to ensure the care and safety of people is maintained whilst they are on a waiting list; as we continue to work hard to restore service levels following the coronavirus pandemic.
    - Cancer Alliance – The Cancer Alliance brings together all the organisations that commission and provide cancer services in the Humber, Coast and Vale area, enabling effective and co-ordinated partnership working to improve patient experience, awareness and diagnosis, treatment and patient pathways.

17. As such, it is important to note that the scope of the Interim Clinical Plan and the identified services is not static; and matters are kept under review to ensure the improvement activities across different programmes of work remain appropriate, avoiding duplication wherever possible and making the best use of our available resources.

Progress Overview

18. The Interim Clinical Plan is about pooling resources, skills and expertise to provide more resilient services that patients across the Humber region can access equitably; and provide better career opportunities for current and future staff.

19. To do this, we have adopted a consistent framework to review all specialties (in phases as described above), put in place joint clinical leadership and develop a clinical strategy for the services that will deliver the following patient benefits:

    - **Improved patient experience** through more consistent patient-centred services that deliver improved care, treatment and administration.
    - **Reduced waiting times** with an integrated workforce having oversight of single patient lists across specialties, and a consistent approach to clinical prioritisation and management of waiting lists across the Humber geography.
    - **Right care, first time** and being treated in the most appropriate setting
    - Minimise multiple hospital visits, with the provision of **care closer to home** (where appropriate).

- **Improved equity of access** by adopting a whole system approach.
- **Reducing duplication** for patients telling their story, through **integrated digital** solutions that provide better, joint access to patient records across multiple health providers

20. Each identified specialty is the subject of a fundamental review using a consistent framework, which helps provide an overview of progress and next steps against each specialty.

Clinical leadership and clinical strategies

21. Working collaboratively also provides the opportunity for both acute trusts to deliver a number of staff and organisational benefits, including:

- Creating a **more resilient workforce** through joint recruitment that is able to respond to changes in demand for services, with particular benefit to specialities facing recruitment challenges.
- Establishing Humber-wide clinical leadership that helps build a sustainable workforce with pooled resource that **supports staff** to meet the demands of each service and provides **better access to training and development**.
- Developing a **'one team, one service'** approach and providing access to a wider range of colleagues for support, mentoring, sharing knowledge and expertise.
- Providing more **opportunities for innovation** and looking at doing things differently; exploring and trialling new approaches by taking a 'whole system' approach.
- Using **skills, experience and expertise** of all staff to create better ways of working and develop more consistent best practice approaches.
- Enhancing **career development** by providing **more training opportunities** within a single workforce.

22. Each clinical strategy will set out how individual services for patients and staff by establishing and embedding a 'one team, one service' approach.

23. Appendix 1 summarises the progress of developing the clinical strategy for specialities, with some high-level ambitions and objectives (where these are available), alongside some details of the service and a high-level outline of progress and next steps.

Neurology

24. Neurology is a branch of medicine dealing with diagnosis and treatment of a range of disorders and diseases relating to the nervous system (including the brain and spinal cord); and as a speciality within the Interim Clinical Plan, Neurology is the furthest ahead in terms of developing a single service model working across the Humber. As such, Neurology will be used as a pilot to test and adapt the approach, which will then be used to inform, replicate and develop arrangements across other specialties.

25. Neurology service teams across Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been working together as part of the Interim Clinical Plan programme to deliver a single Neurology Service across the Humber, on the basis of the following shared clinical vision and principles:

- Patients will be treated by the most appropriate clinician in the most appropriate setting.
- Clinicians will be able to work from any location, with access to all relevant clinical records.
- Clinicians will be able to request diagnostics and other tests at any site
- Clinicians will have consistent job plans
- All staff will work as a single team with consistent policies, procedures, pathways and support (irrespective of the employing Trust).
- Clinical vacancies will be recruited to as they arise by a single Trust.
- Medical teams will contribute to a single on-call rota covering all sites

- The service will be provided and managed as a single service with a single team
- All referrals will be managed through a single point of access with a single waiting list
- Consistent pathways will be in place at both sites
- Consistent prescribing formularies will be available for all patients

26. Based on these shared principles it is intended to mobilise the single service on the following basis:

    - Hull University Teaching Hospitals NHS Trust (HUTH) will be the named lead provider of Neurology services across the Humber, with a single management team.
    - All activity will be recorded on a HUTH clinical patient record system (Lorenzo) and all referrals will be received through a single point, tracked and managed (through a single Patient Target List (PTL)) by a single clinical administration team at HUTH.
    - A provider-to-provider agreement will be in place for both acute trusts to jointly cover the service costs and patient activity will be carried out across both Trusts, with clinicians able to request diagnostics and investigations at both Trusts.
    - All current and future vacant posts will be recruited by HUTH.

27. By working together across the Humber, we will be able to provide a more resilient, patient focused and equitable Neurology service for all patients across the Humber. Patients will be triaged more quickly and directed to the right specialist clinician straight away; rather than the existing two-step process that involves an initial general neurology assessment and referral (if required) to the relevant specialist Neurologist. While specialist clinics and services will continue to be located at HUTH (as the Specialist Tertiary Neurosciences Centre), the new triaged approach will shorten waiting times for individual patients (particularly on the south bank) and create additional capacity across the service, by streamlining how patients are assessed and directed to the right service. This approach will help reduce waiting lists overall and ensure patients get to the right specialist more quickly.

28. It is also planned to increase the number of consultant neurologists across the single service that will create additional capacity, particularly in Northern Lincolnshire, to in-reach into Emergency Departments and General Medical wards to provide specialist neurology care to patients and clinics for acute care. This will improve the overall quality of care and patient experience, while also reducing hospital admissions and reduce patient's length of stay (as in patients).

29. Patients will also be supported by the Specialist Nurse at their nearest site, rather than having their care automatically transferred to a HUTH consultant. This will be a significant improvement to patient care, as travel can be extremely difficult and challenging with some neurological conditions.

30. The development of a single service model is supported (and informed) by patient feedback previously gathered[1], where patients shared their views on the services provided (summarised below).

What's Good	**What needs to change**
• Responsive services • High quality care • Multidisciplinary care (when services work well together)	• Ineffective communication • Delays and/or lack of capacity • Boundary and access issues
Ideas for change	**Please don't change**
• Single point of contact	• Quality of service

[1] Humber Acute Services - Focus Group Feedback Report (April 2019) – available here

• Better use of IT/digital • Making best use of workforce • Support for broader needs • Improve access for all	• Ability to access

31. The Neurology service continues to look at how services can be organised and delivered in a way that is responsive to what patients have told us in the past, and will tell us in the future. Work is currently progressing collate a full 'You said, We did' report setting out how the service developments have responded to patient feedback. This will be published and made available once finalised.

32. A number of the developments outlined above have not been done before and require detailed technological changes and testing to ensure the new system works as intended, in order to put this type of work into practice across Neurology and other service areas.

33. The developments represent a minor change to the patient pathway in terms of where and how some patients will receive care – for example, being able to go straight to test rather than having to wait for a first outpatient appointment before being referred for a test or to the relevant sub-specialist. Such changes respond to the patient feedback previously gathered and it is anticipated these will significantly improve waiting times, the overall care patients receive and their general experience of the service.

34. Commissioners and GPs have worked with the service teams and are fully engaged in the development of the approach. Primary care colleagues are supportive of establishing and developing a single Humber-wide service. Impact assessments have been conducted and commissioners have been engaged in reviewing contracting and oversight arrangements for the new services. Required documentation to support the change will be published appropriately through relevant commissioners (CCGs).

35. Mobilisation of the single Neurology service is planned to take place during October 2021 and is anticipated to be followed by a further period of transition and development, likely to run until March 2022. During this time the single service will continue to be consolidated and embedded, alongside an ongoing assessment of the longer-term resource requirements (compared to planned assumptions) to ensure the long-term sustainability and delivery of a combined, single service.

Temporary Service Changes

36. As highlighted earlier, and members of Health Overview and Scrutiny Committees will already be aware, over recent years a small number of temporary services changes (on the grounds of patient safety) have been introduced across some Interim Clinical Plan services. Some of these temporary changes (summarised below) pre-date the Interim Clinical Plan, but they all currently form part of overall programme of work.

Service and date(s) of temporary service changes.	Summary of temporary service changes
Ears, Nose and Throat (ENT) services across NLaG (September 2017)	• All inpatient ENT services (including adult and paediatric, elective and non-elective) across Northern Lincolnshire were consolidated onto a single hospital site at Diana Princess of Wales (DPoW) in Grimsby. Previously, services had also been provided at Scunthorpe General Hospital (SGH).

Service and date(s) of temporary service changes.	Summary of temporary service changes
Urology services across NLaG (September 2017)	• Consolidation of all emergency inpatient care across Northern Lincolnshire at Scunthorpe General Hospital (SGH). Previously, services had also been provided at Diana Princess of Wales (DPoW) in Grimsby.
Oncology services across Humber, Coast and Vale (January 2020)	• All first outpatient appointments for new patients to be provided at the Queen's Centre at Castle Hill Hospital, Cottingham or Diana Princess of Wales Hospital, Grimsby. • Patients with Gynaecological or Renal cancers to have their Consultant face to face outpatient appointments at Castle Hill Hospital. • Chemotherapy sessions continued at both Scunthorpe and Grimsby.
Haematology services across the Humber (July – October 2020)	In January 2020, changes were introduced to inpatient provision, with all new Northern Lincolnshire in-patients admitted to Castle Hill Hospital in Cottingham rather than a hospital within Northern Lincolnshire. In July 2020, in response to the fragility and risks associated with locum only cover in Northern Lincolnshire, the following changes were implemented: • Follow up care following discharge to be provided by GPs, with advice and support available (as per NICE guidance). • Advice and Guidance (delivered by Hull University Teaching Hospitals NHS Trust (HUTH)) to be the first point of contact for GPs. • Referrals to be reviewed to identify which patients need to be seen face-to-face and which can be managed via virtual appointments. Additional changes were implemented from August – October 2020: • All new attendances are now to be seen at Castle Hill Hospital in Cottingham. • All doctor-led review appointments for Northern Lincolnshire patients consolidated to Diana Princess of Wales Hospital in Grimsby (DPoW)
Oncology (Breast) services across the Humber (August 2021)	• Newly diagnosed breast Oncology patients to have their first appointment with a specialist at Castle Hill Hospital in Hull; impacting on patients who would previously have been seen in Grimsby or Scunthorpe. • Chemotherapy treatments were not impacted by these changes and continued to be provided at both Grimsby and Scunthorpe for new and existing patients.

37. Reviewing these temporary changes forms part of the Interim Clinical Plan and work continues in this regard. To help inform each review and to help gain insight and understanding of both patient and

staff experiences of the temporary changes, engagement with patients and staff impacted by the temporary changes has taken place. This engagement work has now been completed and examples of the main outcomes are presented in Appendix 2, while the full feedback reports are being finalised. Once completed, these will be published and shared with those who took part in the engagement work and the full reports will also be shared with members of all relevant Health Overview and Scrutiny Committees (HOSCs).

38. It is also proposed to share the outcome of the review of these temporary changes with all relevant, HOSCs, alongside any recommendations for longer-term arrangements. It should also be noted that any proposals to substantially change where and/or how patients might access services in the future will remain subject to the appropriate level of engagement and/or consultation with all key stakeholders, including HOSCs.

Conclusion and recommendations

39. This report provides an update on the progress of those specialties that from part of the Interim Clinical Plan – Programme One of the Humber Acute Services Programme; alongside the future plans and next steps.

40. Members are asked to consider and note the details presented, and:

- Identify any specific aspects where further and/or more detailed information may be required;
- Provide feedback on how they would like to be engaged as the Interim Clinical Plan progresses; and,
- Determine any specific further scrutiny activity.

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Background Papers

Humber Acute Services – Interim Clinical Plan (October 2020), available here.
Humber Acute Services - Focus Group Feedback Report (April 2019), available here

HUMBER ACUTE SERVICES PROGRAMME

PROGRAMME 1: INTERIM CLINICAL PLAN

SPECIALITIES SUMMARY

Summary of Clinical Strategy development	
PHASE ONE:	**Dermatology**
	Haematology
	Neurology
	Oncology
PHASE TWO:	**Cardiology**
	Ear, Nose and Throat (ENT)
	Ophthalmology
PHASE THREE:	**Gastroenterology**
	Respiratory
	Urology

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Humber Acute Services Programme: Interim Clinical Plan

Summary of Clinical Strategy Development

Specialty	Clinical Lead	High level ambitions
Phase 1:		
Dermatology (including Plastic Surgery)	Dr James Haeney	*Outputs of strategic workshop to further explore:* • *Patients treated at the right time, in the right place, by the right person* • *Locality/placed based/community led care where appropriate* • *Integration of plastic surgery into wider portfolio* • *Hub and spoke model* • *Estates and infrastructure fit for purpose, including digital (e.g. imaging). Pilot in place on North Bank.* • *Robust signposting network – working with partners/providers – for example triage of referrals.* • *Improve communications between primary and secondary care – e.g. regular co-located clinics in primary care and access to training*
Haematology / Oncology	Dr James Bailey (haematology) Dr Russell Patmore (oncology)	*In development* • *Deliver sustainable high-quality services in the long term.* • *Improve access and outcomes for patients.* • *All haematology patients referred into a unified Humber service, led by a Humber team.* • *Address equity of access issues and ensure all patients can access the service regardless of location*
Neurology	To be confirmed	• Patients treated by the most appropriate clinician in the most appropriate setting. • All referrals managed through a single point of access with a single waiting list • All staff work as a single team with consistent policies, procedures, pathways and support (irrespective of the employing Trust). • Clinicians able to work from any location, with access to all relevant clinical records. • Clinicians able to request diagnostics and other tests at any site • Medical teams contribute to a single on-call rota covering all sites • The service provided and managed as a single service with a single team
Phase 2		
Cardiology	Dr Simon Thackray	• Delivering more than half of its current out-patient and diagnostic activity in the community settings, rather than acute hospitals, by 2024

Humber Acute Services Programme: Interim Clinical Plan

Summary of Clinical Strategy Development

		• Enhancing the skills of GPs within each Primary Care Network (PCN) through targeting education, training and development. • Exploring how, working with PCNs, we manage patient referrals better to help ensure patients get the right sort of help, in the right place and at the right time. • Encouraging PCN's to adopt a more consistent digitally based approached, linking with hospital services through as few different digital platforms as possible for the end-to-end patient journey. • Increasing visibility of consultant-to-consultant referrals within the same digital platform, providing GPs with an overview of all aspects of patient's treatment and care plans.
Ear, Nose & Throat	To be confirmed	*In development* • *Patients treated by the most appropriate clinician in the most appropriate setting, with the clinical team working as a joint team.* • *Improving allied health professional (AHP) services within Audiology to increase 'Straight to test' pathways, reducing wating times and enabling patients to access appropriate services and only referred to specialist ENT team when required.* • *Closer working with primary care team to ensure patients are supported by the right team at the right place.* • *Review the commissioning of services to ensure consistency across the region, for example 'Ear waxing'.* • *Standardising surgical pathways across the region, in line with the Getting It Right First Time (GIRFT) recommendations.* • *Delivering more activity through day case model where feasible.*

Ophthalmology	To be confirmed	• Focus on the following four main areas where urgent transformation is needed:
		  ○ Wet Age Related Macular Degeneration (AMD)
		  ○ Glaucoma
		  ○ Diabetic Eye Disease
		  ○ Cataract

		• Improve digital connectivity through the development of an Eye Electronic Referral System across the Humber to improve patient experience, ensure patients are seen in the most appropriate setting and reduce waiting times. • Use improved digital connectivity to share digital images to help prevent unnecessary trips to hospital (where clinically appropriate). • Improve collaboration between secondary and primary care through consistent triage, advice and guidance services. • Transfer post-operative cataract assessments to primary care (for low risk patients), based on arrangements already in place in Hull) • Develop Ophthalmology Imaging Hubs to provide care closer to home with simplified care pathways to reduce waiting times.
Phase 3		Gastroenterology, Respiratory, Urology
	To be confirmed	*Not due yet*

Dermatology

Dermatology is the investigation, diagnosis and treatment of skin diseases, including hair and nail conditions. Skin disease is very common in the UK and can present in a wide range of different ways, with some examples including skin cancer, acne, eczema and psoriasis.

Dermatology services are provided by both of the acute hospital trusts[2] in the Humber area and there are some short-term concerns regarding the fragility of services, with a significant variation in the clinical pathways for dermatology services, currently.

Dr James Haeney has recently been appointed as the Clinical Director for Dermatology and Plastic Surgery across the Humber, which will help progress to accelerate. The Clinical Director will be working with the clinical teams of both trusts to shape the services; this will include establishing governance and structure needed to help model the services and progress towards the short, medium, and long-term ambitions for dermatology and plastic surgery provision across the Humber.

Progress

- Service scope expanded to include plastic surgery and Clinical Director appointed for Humber-wide services.
- Service vision and clinical strategy in development.
- Development of digital referral pathway for GPs to access advice and guidance for patients to determine next steps / treatment.

Next steps

- Service vision and clinical strategy to be completed and agreed by November 2021.
- Full implementation of digital referral pathway for GPs.
- Continue to assess any impact of the redesign of individual pathways on staff and patients, and appropriately involve those impacted by any proposed changes.

[2] Hull University Teaching Hospitals Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Haematology

Haematology is concerned with the diagnosis and management of a wide range of benign and malignant disorders of the red and white blood cells, platelets and the coagulation system in adults and children.

The Haematology service provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) has faced medical workforce challenges for some time. In January 2020, permanent changes were introduced to inpatient provision, with all new NLaG inpatients being admitted to Castle Hill Hospital in Cottingham rather than a hospital within Northern Lincolnshire. Additional temporary urgent changes were made to maintain patient safety between July and October 2020, by consolidating Northern Lincolnshire services at Diana Princess of Wales Hospital, Grimsby.

Following implementation of these temporary changes, the service has been undertaking detailed work on the long-term options for the service, which will take into account the patient and staff engagement work undertaken.

The outcome of the options appraisal will inform the development of the haematology clinical service strategy, which is expected to be finalised in November 2021.

Progress

- Inpatient provision transferred from NLaG to HUTH supported by treat and transfer protocol pathway for acute admissions.
- Dr James Bailey appointed to provide clinical leadership across the Humber
- Review of the temporary changes, options appraisal, development of a service vision and clinical strategy all underway.
- Referral Advice System and Advice and Guidance pathways adapted to manage new referrals.
- Trialling a new pathway for joint access/working across different hospital information systems.
- Capacity and demand review concluded, and clinical booking pathway adapted to manage demand, avoid overbooking of clinics and improve overall patient experience.
- Other patient pathways being reviewed to improve outcomes and make best use of resources.

Next steps

- Outcomes of the review of temporary changes and options development to be concluded and reported by November 2021.
- Service vision and clinical strategy to be completed and agreed by November 2021.
- Continue to assess any impact of the redesign of individual pathways on staff and patients, and appropriately involve those impacted by any proposed changes.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Neurology

Neurology is a branch of medicine dealing with diagnosis and treatment of a range of disorders and diseases relating to the nervous system (including the brain and spinal cord).

The Neurology service continues to look at how services can be organised and delivered in a way that is responsive to what patients have told us in the past, and will undoubtedly tell us in the future. Work is currently progressing collate a full 'You said, We did' response; which will be published and made available once finalised.

Progress

Neurology is the furthest ahead in terms of developing a single service model working across the Humber.

Neurology will be used as a pilot to test and adapt the approach, which will then be used to inform, replicate and develop arrangements across other specialties.

Neurology services across Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) aim to deliver a single Neurology Service across the Humber, on the basis of the following shared and agreed clinical vision and principles:

- Patients should be treated by the most appropriate clinician in the most appropriate setting.
- Clinicians should be able to work from any location, with access to all relevant clinical records.
- Clinicians should be able to request diagnostics and other tests at any site
- Clinicians should have consistent job plans
- All staff will work as a single team with consistent policies, procedures, pathways and support (irrespective of the employing Trust).
- Clinical vacancies will be recruited to as they arise by a single Trust.
- Medical teams will contribute to a single on-call rota covering all sites
- The service will be provided and managed as a single service with a single team
- All referrals will be managed through a single point of access with a single waiting list
- Consistent pathways will be in place at both sites
- Consistent prescribing formularies will be available for all patients

By working together across the Humber, we will be able to provide a more resilient, patient focused and equitable Neurology service for all patients across the Humber. Patients will be triaged more quickly and directed to the right specialist clinician straight away; rather than the existing two-step process that involves an initial general neurology assessment and referral (if required) to the relevant specialist Neurologist. While specialist clinics and services will continue to be located at HUTH (as the Specialist Tertiary Neurosciences Centre), the new triaged approach will shorten waiting times for individual patients (particularly on the south bank) and create additional capacity across the service, by streamlining how patients are assessed and directed to the right service. This approach will help reduce waiting lists overall.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

41. The development of a single service model is supported (and informed) by patient feedback previously gathered[3], where patients shared their views on the services provided (summarised below).

What's Good	**What needs to change**
• Responsive services • High quality care • Multidisciplinary care (when services work well together)	• Ineffective communication • Delays and/or lack of capacity • Boundary and access issues
Ideas for change	**Please don't change**
• Single point of contact • Better use of IT/digital • Making best use of workforce • Support for broader needs • Improve access for all	• Quality of service • Ability to access

Next steps

Based on these shared principles it is intended to mobilise the single service on the following basis:

- Hull University Teaching Hospitals NHS Trust (HUTH) will be the named lead provider of Neurology services across the Humber, with a single management team.
- All activity will be recorded on a HUTH clinical patient record system (Lorenzo) and all referrals will be received through a single point, tracked and managed (through a single Patient Target List (PTL)) by a single clinical administration team at HUTH.
- A provider-to-provider agreement will be in place for both acute trusts to jointly cover the service costs and patient activity will be carried out across both Trusts, with clinicians able to request diagnostics and investigations at both Trusts.
- All current and future vacant posts will be recruited by HUTH.

Patients will be supported by the Specialist Nurse at their nearest site, rather than having their care automatically transferred to a HUTH consultant. This will be a significant improvement to patient care, as travel can be extremely difficult and challenging with some neurological conditions

It is also planned to increase the number of consultant neurologists across the single service that will create additional capacity, particularly in Northern Lincolnshire, to in-reach Emergency Departments and General Medical wards to provide specialist neurology care to patients and clinics for acute care.

[3] Humber Acute Services - Focus Group Feedback Report (April 2019) – available here

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

This will improve the overall quality of care and patient experience, while also reducing hospital admissions and reduce patient's length of stay (as in patients).

A number of the developments outlined above have not been done before and require detailed technological changes and testing to ensure the new system works as intended, in order to put this type of work into practice across Neurology and in other service areas. Mobilisation of the single Neurology service is planned to take place during October 2021 and is anticipated to be followed by a further period of transition and development, likely to run until March 2022. During this time the single service will continue to be consolidated and embedded, alongside an ongoing assessment of the longer-term resource requirements (compared to planned assumptions) to ensure the long-term sustainability and delivery of a combined, single service.

The Neurology service continues to look at how services can be organised and delivered in a way that responds to what patients have told us in the past, and will undoubtedly tell us in the future. Work is currently progressing collate a full 'You said, We did' response; which will be published and made available once finalised.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Oncology

Oncology is a branch of medicine that deals with the prevention, diagnosis and treatment of cancer. In recent years, Oncology services have seen the introduction of new and more effective treatments and at the same time have become increasingly challenged because of a growing national and international shortage of medical and clinical oncologists. In addition, patients are often living longer with their cancer, receiving more lines of treatment (with increased complexity) and are often on treatment for prolonged periods of time – rather than having what used to be seen as traditional chemotherapy for a defined short period.

Hull University Teaching Hospitals NHS Trust (HUTH) provides a range of high-quality oncology services at the Queen's Centre, Castle Hill Hospital in Cottingham for patients from Hull, East Riding and surrounding areas; and for a number of years, arrangements have been in place for HUTH to provide a range of oncology services at Scarborough, Bridlington, Diana Princess of Wales and Scunthorpe General hospitals, on behalf of the respective acute trusts in those areas.

In recent years, workforce challenges continue locally, with a number of consultant vacancies (reflecting the national and international shortage) and an increase (and growing) demand for services – resulting in the Oncology team being unable to continue to deliver all aspects of the current service. Cancer referrals are expected to continue to grow in the coming months and years.

Oncology services have also seen the introduction of new and more effective treatments and at the same time have become increasingly challenged because of a growing national and international shortage of medical and clinical oncologists. In addition, patients are living longer with their cancer, receiving more lines of treatment (with increased complexity) and are often on treatment for prolonged periods of time rather than having what used to be seen as traditional chemotherapy for a defined short period.

Continued workforce challenges and the need to ensure the safety of patients resulted in the following temporary service changes being implement across the Humber in January 2020:

- All first outpatient appointments for new patients to be provided at the Queen's Centre at Castle Hill Hospital, Cottingham or Diana Princess of Wales Hospital, Grimsby.
- Patients with Gynaecological or Renal cancers to have their Consultant face to face outpatient appointments at Castle Hill Hospital (with chemotherapy sessions for these patients continuing at both Scunthorpe and Grimsby).

In August 2021, due to further workforce pressures, additional temporary changes were introduced specifically relating to breast oncology service across the Humber and impacting on patients who would previously have been seen in Grimsby or Scunthorpe – with all newly diagnosed breast oncology patients will have their first appointment at Castle Hill Hospital in Hull; (with chemotherapy sessions for these patients continuing at both Scunthorpe and Grimsby).

Following implementation of these temporary changes, the service has been undertaking an options appraisal on the long-term options for the service, which will take into account the patient and staff engagement work undertaken.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

The outcome of the options appraisal will inform the development of the oncology clinical service strategy, which is expected to be finalised in November 2021.

Progress

- Service stabilisation measures and mitigations implemented, with ongoing review to ensure effectiveness and to understand the overall impact.
- Elements of other pathways reviewed as part of ongoing mitigations to address service challenges, such as the use of telephone follow-ups (where clinically appropriate).
- Dr Russell Patmore appointed to provide clinical leadership for services across the Humber
- Review of the temporary changes, options appraisal, development of a service vision and clinical strategy all underway.

Next steps

- Outcomes of the review of temporary changes and options development to be concluded and reported by October 2021.
- Service vision and clinical strategy to be completed and agreed by November 2021.
- Continue to assess any impact of the redesign of individual pathways on staff and patients, and appropriately involve those impacted by any proposed changes.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Cardiology

Cardiology is the medical specialty that involves the diagnosis and treatment of diseases, conditions, or defects of the heart and circulatory system. The circulatory system is made up of blood vessels (arteries and veins) that carry blood away from and towards the heart. Through arteries, the circulatory system carries oxygen, nutrients, and hormones to cells throughout the body, while the veins help remove waste products, like carbon dioxide.

Working collaboratively is a significant priority for the cardiology service and cardiac services locally and, in line with the NHS Long Term Plan, by 2024 the service is aiming to deliver more than half of its current out-patient and diagnostic activity in community settings, rather than acute hospitals – using facilities such as community diagnostic hubs (CDHs), community cardiology clinics, and maximising the use of technology to offer patients an alternative to a traditional face-to-face appointment (where appropriate) – for example with the use of telehealth or virtual appointments.

This will also involve a more integrated approach and closer working with local GP practices (through Primary Care Networks (PCNs)) – in ways similar to the Connected Health network model outlined in Annex 1.

Progress

- Dr Simon Thackray appointed as Clinical Director for Humber-wide services.
- Through the development of its service vision and clinical service strategy, the cardiology service is aiming to maximise opportunities for integration and collaboration by promoting a greater degree of joined-up working between local GP practices, community services and hospitals for the benefit of people across the Humber and wider region. Some other examples of opportunities to help deliver more integrated cardiology services include:
    - Enhancing the skills of GPs within each Primary Care Network (PCN) through targeting education, training and development.
    - Exploring how, working with PCNs, we manage patient referrals better to help ensure patients get the right sort of help, in the right place and at the right time.
    - Encouraging PCN's to adopt a more consistent digitally based approached, linking with hospital services through as few different digital platforms as possible for the end-to-end patient journey.
    - Increasing visibility of consultant-to-consultant referrals within the same digital platform, providing GPs with an overview of all aspects of patient's treatment and care plans.

Next steps

- Service vision and clinical strategy to be completed and agreed by November 2021.
- Further roll-out of the Connected Health Network (CHN) model (detailed below).
- Focus on actions to deliver the agreed service vision and clinical strategy.

Annex 1

Humber Acute Services Programme: Interim Clinical Plan

The Connected Health Network model

Introduction

Northern Lincolnshire and Goole NHS Foundation Trust and Meridian Health Group have piloted an innovative model for delivering outpatient services, working across traditional boundaries and putting the patient at the centre of the care delivery model.

The Connected Health Network (CHN) model represents a transformative break from the traditional model of patients being referred by primary care into secondary care, by health and care professionals working across organisational boundaries, with GPs working in partnership with specialists to provide ongoing care and support to patients when they need it. The CHN can be considered as an extension of the GP practice rather than the traditional model which sees GPs referring patients to secondary care, subsequent waiting lists for patients and then patients eventually discharged by the specialist to the care of their GP until specialist advice is once more required and the cycle repeats for the patient.

In order to reduce cardiology outpatient waiting times and provide cardiology patients with integrated care, this pilot scheme involved senior clinicians from NLaG worked with colleagues at Meridian Primary Care Network (PCN) to deliver a radically different model of cardiology outpatient care. This involved partners working across traditional boundaries and referral processes by sharing care and putting the patient at the centre of the delivery model.

What's different about the Connected Health Network (CHN) model

The traditional model of patient care often includes patients being referred from primary care (GPs) into secondary care (hospitals) for specialist care and then discharged back from the specialist to the care of their GP once the assessment and treatment has been completed. This cycle is repeated each time the GP needs specialist advice in the care and treatment of the patient.

The CHN model brings GPs and specialists together in partnership to provide ongoing care and support to patients when they need it, enabling fast and easy communication and decision-making between GPs and specialists, with the patient avoiding visiting clinical settings wherever possible.

How the Connected Health Network (CHN) model works

GPs refer into the service using their own primary care patient record system without needing to refer into secondary care. The CHN administration process is jointly managed by administrative staff from the PCN and secondary care, with shared access to the primary care patient record. The administrative team carry out a digital literacy assessment of every patient and obtain their consent for how they would like to be contacted e.g. text, email, telephone, letter.

Specialist will typically review the referral within a week and in most cases the patient does not need to be seen in person and any additional information can be obtained by speaking to the patient directly from any location.

In cases instances where invasive diagnostics are needed and where the patient needs to attend hospital, the specialist will make the necessary arrangements, supported by administrative colleagues who ensure all clinic administration is completed and facilitate arrangements with patients. Both the primary care and secondary care records are also updated to ensure all systems remain up-to-date.

Annex 1

Humber Acute Services Programme: Interim Clinical Plan

The Connected Health Network model

Benefits of the Connected Health Network (CHN) model

The Connected Health Network (CHN) model offers the opportunity to deliver a number of benefits to patients in terms of reduced waiting times, seamless care and only attending hospitals when needed.

The CHN pilot delivered some impressive results from working in a different way:

- waiting times for patients drastically reduced (typical wait time for CHN referral = 1 week compared with 16 week wait time for new outpatient appointment).
- The backlog of follow up appointments for Meridian PCN cardiology patients was cleared within 4 months.
- Only 30% of patients required hospital based intervention.
- Minimised 'in person' clinical attendances and supported patients to make use of digital communication

The CHN model is currently being rolled out in cardiology across additional Primary Care Networks.

Summary

The Connected Health Network (CHN) model is a great example of some of the outcomes we are trying to achieve through the Interim Clinical Plan; and how working differently can help us deliver improved patient experiences, reduce waiting times, and make better use of our collective resources to deliver good patient outcomes.

There are plans to trial the CHN model across additional specialties during 2021/22.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Ear, Nose and Throat (ENT)

ENT services cover the diagnosis and treatment of conditions and diseases affecting the ear, nose, throat, head and neck. This can include anything from balance disorders, nasal polyps, snoring and nasal blockages to more complex areas such as tumours of the throat and larynx, head and neck cancers and thyroid disorders.

There are workforce challenges and long waiting times within ENT services, which have been significantly impacted by COVID-19. Waiting times are now amongst the longest of all services

Progress

- Service vision and clinical strategy in development.
- Discussions held with Audiology teams across both Trusts to review current pathways, challenges and priorities.
- Primary/Secondary care group established to co-produce joint pathways of care.
- Continuing to work with regional Getting It Right First Time (GIRFT) team and Humber, Coast and Vale (HCV) recovery group for implementing GIRFT recommended pathways.

Next steps

- Recruit to Humber-wide clinical lead.
- Outcomes of the review of temporary changes to be concluded and reported by November 2021.
- Service vision and clinical strategy to be completed and agreed by November 2021.
- Streamline pathways to improve consistency of services across the Humber footprint - sharing resources where appropriate.
- Focus on GIRFT recommended pathways for high volume/ low complexity procedures; aiming to increase day case activity.
- Review ‘straight to test’ pathways for Audiology to reduce waiting lists and minimise delays for patients.
- Work with HUTH Audiology and ENT team to develop case for change to establish a Balance Assessment Service in NLaG (not currently established).

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Specialty Summary

Ophthalmology

Ophthalmology is a branch of medicine that deals with the structure, functions, and diseases of the eye. The increasing demand for eye health services means there is an urgent need to modernise the service, reduce the flow of patients into the Hospital Eye Service and treat patients within other settings.

The vast majority of ophthalmology / eye health care is delivered in the Hospital Eye Services at our two local acute trusts; NLaG and HUTH. Very little treatment to resolution is delivered in primary care and community ophthalmology services are not provided locally. Unlike many specialties where patients are seen, treated and discharged, many ophthalmology patients may remain on the patient list for many years; and the four main areas within ophthalmology where urgent transformation is needed are:

- Wet Age Related Macular Degeneration (AMD)
- Glaucoma
- Diabetic Eye Disease
- Cataract

<u>Opticians and optometrists</u>

Across the Humber, there are 97 opticians with General Ophthalmology Service (GOS) contracts, as follows:

- 36 in the East Riding of Yorkshire;
- 28 in Hull;
- 17 in North Lincolnshire; and,
- 17 in North East Lincolnshire.

Currently opticians and optometrists can only make referrals to the Hospital Eye service (HES) via email or a paper referral and cannot access the NHS e-Referral service. In addition, presently there is no digital connectivity between the two trusts and they use different Electronic Patient Records (EPR) systems.

Improving digital connectivity between community providers and hospital-based services will improve referrals and management of patients across providers. The ability to share digital images with hospital teams will help to prevent unnecessary trips to hospital for some patients.

A provider to deliver an Eye Electronic Referral System across the Humber has been identified following a rigorous procurement process, and formal appointment is expected in the very near future. Following this appointment there will be a period of contract mobilisation, with full system roll out planned to start by November 2021. Alongside roll out of the Eye Electronic Referral System, revised pathways will be developed and agreed to allow for triage and advice and guidance to be implemented using images acquired through the new system.

It is anticipated these improvements will allow some patients with low-risk conditions to be managed effectively by their local optician, whilst also creating more capacity within the Hospital

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Eye Service to treat patients with more serious conditions. It will also allow patients to be seen quicker in an appropriate setting and help reducing waiting lists and waiting times.

Further work has also been undertaken to reach an agreement in principle for Post-Operative Cataract Assessments (for low-risk patients) to be carried out in primary care settings, such as opticians and optometrists. This too would provide care closer to home for many patients, while freeing up capacity in the Hospital Eye Service to treat patients with more serious conditions. Contract negotiations are underway and are expected to be concluded in the near future.

Treating patients in other locations

The development of "Community Ophthalmic Imaging Hubs" is another aspect that could address some of the challenges facing ophthalmology services. While patients would still remain under the overall care of their current clinician, "Imaging Hubs" would allow much of the ongoing monitoring of conditions such as Glaucoma, Wet Age-Related Macular Degeneration (AMD), Diabetes and other retinal conditions to be carried out in community settings closer to home for many patients.

Creating 'Imaging Hubs' would also free up more hospital appointments for those patients who need ongoing active management of their conditions and planned care to avoid sight loss. By taking a collaborative approach, both trusts could maintain their presence in existing locations while improving patient access to services and making some services closer to patients' homes.

A draft business case proposing two community imaging hubs (1 north bank; 1 south bank) is in development, alongside a capital investment bid in the region of £1M.

Progress

- Provider for Eye Electronic Referral System agreed following procurement process
- Draft business case proposing two community imaging hubs (1 north bank; 1 south bank) developed and capital investment bid submitted (£0.5M per imaging hub).
- Agreement in principle for Post-Operative Cataract Assessments to be moved into Primary Care and contract negotiations underway.

Next steps

- Eye Electronic Referral System contract to be finalised with system roll out planned for October/November 2021.
- Revised pathways to be agreed to allow for triage and advice & guidance to be implemented using images acquired in primary care and submitted with referrals.
- Finalise community imaging hubs business case for consideration through respective internal governance arrangements by November 2021.
- Post-Operative Cataract pathway and processes to be finalised in September 2021, and contract negotiations to be concluded.
- Service vision and clinical strategy to be completed and agreed by November 2021.

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Specialty Summary

Gastroenterology

Gastroenterology is a branch of medicine concerned with the investigation, diagnosis, treatment and prevention of conditions and diseases affecting the stomach and intestines, in addition to the liver, gallbladder, biliary tree and pancreas.

There are significant challenges within gastroenterology services in relation to workforce, capacity and demand and waiting times. Gastroenterology also spans both programmes 1 and 2, which means looking at immediate as well as longer term changes, and there are strong interdependencies with endoscopy services.

Progress

- Scoping work for the speciality.

Next steps

- Finalise the scoping work.
- Service vision and clinical strategy to be completed and agreed in 2022.

Humber Acute Services Programme: Interim Clinical Plan

Specialty Summary

Respiratory

Respiratory services are concerned with the treatment and care for patients with various respiratory conditions including chronic obstructive pulmonary disease (COPD), asthma, bronchiectasis, interstitial lung diseases and tuberculosis (TB).

Most recently, respiratory services remain heavily utilised in the treatment and care of patients affected by the immediate and longer-term impacts of COVID.

Progress

- Scoping work for the speciality.
- Some initial work around pathway mapping – specifically in relation to Home Ventilation.

Next steps

- Finalise the scoping work.
- Service vision and clinical strategy to be completed and agreed in 2022.

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Specialty Summary

Urology

Urology is the branch of medicine concerned with the diagnosis and treatment of conditions and diseases affecting the female urinary system and the male genitourinary tract. This includes the diagnosis and treatment of disorders affecting the kidneys, ureters, bladder, prostate and male reproductive organs.

Urology services have seen significant increases in referrals year on year, in particular linked to urgent and cancer pathways. This has led to significant waiting time challenges within the service, for both routine and cancer care.

Progress

- Service vision and clinical strategy in development.
- Continuing to work with regional Getting it right first time (GIRFT) team and Humber Coast and Vale (HCV) recovery group for implementing GIRFT recommended pathways.

Next steps

- Outcomes of the review of temporary changes to be concluded and reported by November 2021.
- Service vision and clinical strategy to be completed and agreed in early 2022.
- Streamline pathways to improve consistency of services across the Humber footprint - sharing resources where appropriate.
- Focus on a number of GIRFT recommended pathways for high volume/ low complexity procedures; aiming to increase day case activity.

Appendix 2

Summary of engagement responses on temporary service changes

Service area	Stakeholders	Key messages	Comments / Response
Ear, Nose & Throat (ENT)	Patients	• Most respondents extremely satisfied with the care received. • All respondents travelled to appointments by car – with most using their own vehicle. • Respondents reported the temporary changes had little or no impact on the quality of their care or experience. • Respondents reported the temporary changes had little or no impact on the quality or their experience of aftercare.	• With a limited number of responses, we have to be careful how we interpret and use the data at this stage. • The feedback received is being used by the teams reviewing the temporary changes.
	Staff	• All respondents said they found it easy or very easy to communicate with ENT colleagues across different sites if they needed advice or support. • 50% (2) of respondents rated their experience of working in the ENT department as good or excellent. • Overall feedback suggests there has been limited improvement to staff's day-to-day working as a result of the temporary changes.	
Urology	Patients	• The feedback captured is largely positive with all respondents telling us their quality of care and the success of their treatment was very good. • All respondents said communication was good ((4) 80%) or very good ((1) 20%) • The overall experience of care was rated very good ((3) 60%) or good ((2) 40%). • All respondents were able to get to SGH in less than 45 minutes travel time from their homes. • 80% (4) respondents made their own way to Scunthorpe General Hospital to access treatment.	• With a limited number of responses, we have to be careful how we interpret and use the data. • The feedback received is being used by the teams reviewing the temporary changes.
	Staff	• Most respondents who answered (89% (8)) said they found it easy or very easy to communicate with Urology colleagues across different sites if they needed advice or support. 1 (11%) respondent said it was very difficult.	

Appendix 2

Summary of engagement responses on temporary service changes

Service area	Stakeholders	Key messages	Comments / Response
		• Mixed views on whether the temporary changes have led to overall improvements. • Majority of respondents (78% (7)) do not think providing all emergency inpatient care on a single NLaG site is the best model of care for patients and staff alike. • Majority of respondents (56% (5)) would support the temporary changes becoming permanent.	
Oncology	Patients	• The majority of respondents (290 (94%)) rated their experience of the current oncology service as excellent or good. • 62.5% of respondents did not experience any delays with their first appointments. • Respondents living within DN15, DN16, DN17, DN19 and DN20 post code areas of Scunthorpe and its surrounding villages were more adversely impacted by the changes made in January 2020. • A strong desire for oncology services to be returned to Scunthorpe General Hospital, with patients keen to receive their cancer care closer to home. • Concerns about the financial impacts associated with the changes in location, including additional fuel costs, taxi costs now they are unable to use public transport, parking costs and bridge tolls. • A strong preference for face-to-face appointments • Existing Patient Transport Services are not being sufficiently accessed by some oncology patients, with some unaware of the support available and if they were eligible.	• Overall engagement outcomes have been used to inform the options appraisal work on the long-term delivery options for the service, which in turn will inform the development of the oncology clinical service strategy. • Given the previous temporary changes introduced, future proposals are likely to include the provision of services on a footprint that at least includes the whole Humber, Coast and Vale footprint. • It is proposed to share the outcome of the oncology options appraisal with all relevant Health Overview and Scrutiny Committees (HOSCs) during October 2021. • Following feedback about existing Patient Transport Services, Cancer Alliance instigated some work to increase awareness and visibility of Patient Transport Services among Oncology patients. • There is also a specific transport workstream associated with Programme 2 (Core Hospital Services) with a number of different partners represented, including transport providers, third
	Staff	• A significant proportion of staff felt the changes had had a negative impact on their mental health or emotional well-being. • Further engagement with clinical teams is needed to better understand and consider wider system / service issues such as poorer care for certain patient groups, difficulties in accessing	

Summary of engagement responses on temporary service changes

Service area	Stakeholders	Key messages	Comments / Response
		appropriate opinions, and an inability to transfer cases to appropriate care facilities. • Improved communication with staff about the change process, including transparency, clear communication, earlier / more communication throughout the process is needed in future. • Greater staff involvement in service planning and decision-making processes, so they can help inform and shape oncology services for the future. • Investment in new digital technology, especially for the use in video conferencing and patient video consultations. • While understanding the necessity and rationale for the consolidation of services to Grimsby (Diana Princess of Wales) and Hull (Castle Hill Hospital), there remains a strong feeling that some patients, particularly in North Lincolnshire, are disadvantaged and do not have equitable access to services. • More oncologists are needed to help elevate the pressure on the service. • Concerns around patient safety and quality of care provided under the current temporary service delivery arrangements.	sector organisations and local authority transport planners.
Haematology	Patients	• Majority of respondents very satisfied with the level, method and timeliness of the communication about the changes. • For most respondents the location of their appointments did not change as a result of the changes. • Where the location of appointment changed, most received a new appointment and the majority saw a 1-4 week delay in the new appointment time. • Most patients found travelling to Castle Hill Hospital for their first outpatient appointment easy. • Overall, respondents noted the biggest impacts of the changes on to family (taking time off to take to/ from appointments), the	• Following implementation of the temporary changes, the service has been undertaking an options appraisal on the long-term delivery options for the service, taking into account the patient and staff engagement work undertaken. • The outcome of the options appraisal will inform the development of the haematology clinical service strategy, which is expected to be finalised in November 2021. • Proposed to share the outcome of the review of temporary changes with all relevant Health

Summary of engagement responses on temporary service changes

Service area	Stakeholders	Key messages	Comments / Response
		distance travelled and the additional cost of attending appointments. • Most respondents travelled to their appointments by car – either as a driver or passenger. The method transport used was not impacted for most by the change in location. • Of the patients receiving follow-up, most respondents received this face-to-face with hospital staff; and most respondents highlighted face-to-face appointments as their preferred type of follow-up. Telephone follow-ups was the second most popular type of follow-up appointment. • Based on their experience of haematology outpatient services, over 90% of respondents rated the quality of care as either good or excellent.	Overview and Scrutiny Committees (HOSCs) by November 2021. • There is also a specific transport workstream associated with Programme 2 (Core Hospital Services) with a number of different partners represented, including transport providers, third sector organisations and local authority transport planners.
	Staff	• All respondents made aware of the changes and overall satisfied with the level, method and timeliness of the communication. • No detrimental impact on mental health/ wellbeing or work-life balance. • Average travel times to/from work not increased for most. • The majority of respondents felt staff support / morale had improved. • Mixed views on whether stress levels had improved or not. • Generally, NLaG staff feel there has been less improvement to their day-to-day working than staff at HUTH.	
Oncology (Breast)	• Longer-term provision of breast oncology services needs to be considered within the context of oncology services overall. As such, these services have been included in the overall options appraisal work for oncology services and will be considered as part of the overall service provision and proposals for the future.		