Potential Downgrading or closure of Boston Pilgrim Hospital A & E, Vascular, Maternity & Paediatric Facilities

QUESTIONS RAISED BY THE FOCUS GROUP

1. How much cash in real terms will be saved by moving midwifery and paediatrics and vascular surgery including anaesthetists to Lincoln County Hospital?

2. What is the cost of the proposed move of the above services to Lincoln County?
   A. is it in the region of 5 to 10 million?
   B. if there is no saving out of the 45 million that has been identified, then why do it and why spend the 5 to 10 million on the cost of the move?

3. How many medical negligence cases have there been in the midwifery department at Lincoln County over the last 10 years?
   A. what is the insurance premium per midwifery birth or operation that is being applied to Pilgrim Hospital by U L HT because of the negligent cases that have taken place in Lincoln County?
   B. why is a high insurance premium being applied to pilgrim hospital midwifery department – (deemed unfair and affects the budget adversely?)

4. What is the predicted extra cost of patient transport that any strategy to move such a great amount of services from pilgrim would have to account as a major part, especially availability of ambulances, of a risk basis assessment to move emergency operations OR planned operations to Lincoln:
   a. to take the population of the Boston and Skegness region to ULHT County Hospital Lincoln for the above services ?
   b. What prior evidence, research and consultation has ULHT done for its proposed services shift to Lincoln, to take into account Stakeholders needs (the local people) who will have much difficulty getting to Lincoln - for a wide variety of reasons?
   c. EMAS is in serious overspend.
      Have EMEAS been approached:
      1. can they deliver an increased frequency of service to meet the extra demand that would be created by the proposed moves. Do they have currently sufficient resources?
      2. Will they will be responsible for and if so, will they accept the cost OR will they charge ULHT? If so, has ULHT taken the extra Ambulance charges in account in their costings / savings calculations in their strategy document?
         a. Who will buy the new Ambulances and be responsible for the increased Ambulance Service need?
         b. where is the consultation document that shows that ULHT have actually assessed and calculated the extra Ambulance need?

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5. With the high number and Value of negligence case officially recorded at County Hospital Lincoln why would any GP and CCG in the Boston and Skegness and East region support the opening of a specialist emergency centre at County hospital, Lincoln – especially for Maternity.?
   How has the CCG quantified that RISK?

6. If the CCG purport to represent all the GPs in Boston and Skegness and East Lincolnshire then does the CCG feel that it is incumbent upon them to ensure the continuation of midwifery, paediatrics, vascular and anaesthetist operational service at Boston Pilgrim hospital to the benefit of the population?

   a. 81% of which in a recent HealthWatch report wished to have local services and not travel to Lincoln because of the high cost and difficulties to get time off work losing income to attend services that are currently available in Boston Pilgrim.

   b. To what extent will the CCG be taking the majority stakeholder views into account?

   c. How will the stakeholders be contacted and consulted to ensure ALL are FULY aware of the proposed changes?

7. a. What is the STATUS of the latest, revised Strategy presentation from ULHT?
   Has it been presented to anyone in Lincolnshire (LCC/ LHAC/ CCG's)?
   Or presented to NHS England ?

   Will LHAC or any other nonULHT body, association, Committee or group (whether or not representing the residents of Lincolnshire / stakeholders) seek the views of the Stakeholders / residents in Lincolnshire prior to any end Consultation?

   Does the CCG intend to put out questionnaires and seek the views of the patients, patient liaison groups, stakeholders (residents) of South and East Lincs when the next ULHT strategy document is released.

   Are the residents considered to be stakeholders and consulted during the process PRIOR to the Public Consultation?

   IF NOT then exactly who and which committees etc, will be consulted by ULHT as part of the progress of their Strategy for change?

   What INPUT and IMPACT will LHAC have in regard to the Revised ULHT strategy.

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Has LHAC and the East CCG seen or been made aware of the latest SCHEDULE for ULHT's revised Strategy?

Will ULHT or East CCG (whether in agreement or not) have to present their revised Strategy to the Health & Scrutiny committee chaired By Cllr C Talbot?

b. Has the CCG seen the / a revised ULHT strategy?
if so - how does it DIFFER from Dr S Kapadia's July 15 presentation and the presentation sent in officially to NHS England?

d. Has the Government's (national) Midwifery Services REVIEW been completed yet?
If so, has the CCG or LHAC seen it? Is a copy available ?
If not do you have any news of when it will be available?

d. Regarding the timetable for the Public Consultation regarding ULHT's strategy Does that Consultation take place PRIOR or AFTER LHAC has seen the Strategy and discussed it?

e. When will the Consultation date be :- having been postponed from Dec 15 to February 16, to June 16 to WHEN?

8. Staff unsettled / unrest at Boston Pilgrim
We are informed that three senior Doctors have left Pilgrim already
M/s Ahmed (Peads), Becku (Obs) and Gardner.
There is much unrest amongst staff (especially senior)
What action is the SENIOR management at ULHT taking to allay "fears "of closures and job losses and rumours which are rife…. and settle staff down?

9. Agency staff are employed at very high cost:

9.1 What is the percentage ratio of Agency staff compared to "on the payroll" employed staff. (Anecdotal information suggests 50%)
9.2 What is the extra cost of Agency staff versus the same number of employed staff?
9.3 Why is the figure (%) so high and what pro-active steps have HR in ULHT taken to reduce agency staff and employ staff?
9.4 Are agency staff employed deliberately so that there are little or no redundancy costs where services are cut?

10. Pilgrim hospital covers a large area of high employment, much work is carried out in an uncontrolled environment / adverse conditions (field work is a LARGE employer), hence stakeholders see the need for localised A & E.
Has this been listed for discussion or included on a Stakeholder risk assessment?

11. Please explain how ULHT sees benefits from all their proposed changes?

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Where are the benefits :

a. to whom
b. for what purpose?

12. Maternity NEW Building:
Anecdotal information from Pilgrim says:

a. March 16- there was one meeting of Maternity and the Children's ward staff informing them that they were closing.
b. The staff in the hospital have been told NOT to call the new ward the “new maternity ward.”
c. April 16 - New, latest information is that it will be downgraded to a “Nurse” led unit not a Consultant or Doctor led unit? PLEASE READ THIS IN CONJUNCTION WITH THE REPORTED COMMENTS LAST YEAR FROM ULHT SHOWN BELOW

   Can you please explain what the connotation is of a “nurse” led unit? This is causing concerns for many inside Pilgrim and locally.

In July 31st 2015 this was reported in the Grantham Journal

It would mean all <u>consultant-led birthing procedures such as caesarians</u>, will go to one site, leaving midwives at the other dealing only with low-risk and home births.

Speaking to The Standard following the meeting, deputy director of operations at ULHT Tina White responded to concerns over the distances people, including mums-to-be and specialist emergency cases could have to travel to be treated

“We have to be good around national standards around travel and the risk of that increased travel time, so we have to be aware of work within those guidelines and standards. The national standard is 60 minutes for maternity,” she said.

She accepted, however. that traffic and the highways infrastructure around parts of the county could be difficult. She said: “We do have to look at that. When you are local, you realise how long it can take you to get to different sites, and we have all allocated an hour for journeys and found it’s not long enough, but you have got to make considerations.

At face value, this apparent downgrade activity seems totally at odds - despite no public consultation and also in spite of the NHS England rejecting the previous plan including the maternity CONSULTANT-LED BIRTHING PROCEDURES (EMERGENCY) shift to Lincoln – via Air Ambulance? There is only one…. What if it is busy ?