

## Escalation Paper

Statement regarding:	De-commissioning and cessation of health services in Lincolnshire
In response to:	Information received from patients and other stakeholder organisations
Statement prepared:	31 August 2017
Statement circulation:	<p><b>Escalation paper sent to - East, South, South West and West Lincolnshire Clinical Commissioning Groups for action and response within 20 working days from your receipt of the paper;</b></p> <p>For reference: Lincolnshire Health and Wellbeing Board; Lincolnshire Health Scrutiny Committee; NHS England; Healthwatch England; this paper and responses will be shared with the general public</p>

**This paper highlights concerns raised by patients, carers, service users and other stakeholders to Healthwatch Lincolnshire regarding de-commissioning of health services in Lincolnshire. Please find below the reasons why Healthwatch Lincolnshire is bringing this to your attention?**

In 2016 Healthwatch Lincolnshire was made aware, due to the high number of patients contacting us, of changes as to how patients could in future access INR blood test service from their GP (ceased to offer the service in many cases) in East Lincolnshire. Patients raised the changes with us due to the serious concerns they had as to what the impact such changes would have on them as a patient. In addition, patients were very unhappy that the first they knew of this change was as they tried to access the service when they were told it had ceased, ie they had received no prior notification.

Since this time we have been made aware again through patient and stakeholder feedback that immediate closure of many other services is occurring. Examples of these include low vision service, ear wax removal, 24 hour BP, diagnostic spirometry, audiology, varicose veins and tonsillectomy. Whilst we acknowledge that not all of the above services are commissioned by the Lincolnshire CCGs, it is important to highlight the range and growing number of services that have ceased in Lincolnshire, as we are concerned that the overall long term impact is not being considered.

We are also aware that how services are commissioned is not consistent throughout the county, for instance West CCG audiology service remains at the overcrowded County Hospital site when the service for the rest of the county has been moved to a ‘high street’ provider, and this suggests possible inequalities for many service users?

Finally, we are also aware that at the North West Anglia Foundation Trust (NWAFT) Council of Governors meeting on 17 August it was highlighted that South Lincolnshire CCG has a long list of non-emergency procedures they would no longer be commissioning with NWAFT.

**How does Healthwatch Lincolnshire feel this affects patients?**

- Patients are being given little or no warning of any changes as to the way in which they are able to access these services. If alternative services are made available, patients in many cases will have further to travel. Extended travel affects both the patient and their carers, especially where services are much further away from home.
- From the feedback received, Healthwatch Lincolnshire believes that the impact of cessation of non-emergency services is in some cases affecting patient's health and overall wellbeing. For instance, one patient with hearing problems could not hear traffic noise without regular ear waxing and feared they would be harmed by stepping out into the road; other patients who require regular blood testing were concerned they would no longer be able to attend regular checks and therefore any changes to their condition would not be picked up. In these case, we believe cessation of such services will most affect vulnerable patients whose health is already concerning.

**Questions to East, South, South West and West Clinical Commissioning Groups (CCG).**

**Healthwatch Lincolnshire requires responses to the following questions (within 20 working days from receipt):**

1. That the CCGs provide us with a list of all services that you have already de-commissioned, and the reasons why these services were selected.
2. That the CCGs provide us with notification of all services you are intending to de-commission during the next 2 financial years, and the reasons why these services will be selected.
3. That the CCGs confirm if all services have been subject to Equalities Impact Assessment (EIA). Most importantly, in answering this question we would like to know who completed the assessments and if as part of this work how many patients and service users were consulted with and included as part of the discussion and final decision.
4. There appears to have been no public consultation completed with regards to the services that have already ceased, we would be keen to know if the CCGs will be ensuring any plans for future de-commissioning of services will include public consultation as part of your EIA?

5. That de-commissioning of services in Lincolnshire will not reduce patient choice. Where alternative providers are available, we would be keen to know if you consider alternative providers have the capacity to accept additional patients and that you can reassure us Lincolnshire patients will receive the same level of care.
6. As most of the de-commissioned services are classed as non-emergency but do form an essential part of self-care, how you think limiting access to such services will impact Lincolnshire residents and most importantly do you think reducing these services will affect the future STP initiatives around 'care closer to home' and patients responsibility around self-care?

This statement has been prepared on behalf of Healthwatch Lincolnshire Public Experience Committee by:

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