

## Public consultation on the future of urology services in ULHT hospitals

### 1. Introduction

This consultation exercise was launched on Monday 17 May and ran for eight weeks until Friday 23 July 2021.

The intention was to share our proposals with staff, stakeholders, patients and public of Lincolnshire and hear their feedback on the proposals, including potential risks, issues and concerns.

All feedback received will be considered as part of decision-making on future service models.

We have used a number of different approaches to gather patient, public and staff views on the proposals for change, which has elicited feedback from over 175 individuals.

### 2. Consultation activities and response rates

Activity	Date	Participation
Staff and public survey	Run 17/05/21- 23/07/21	153
Public engagement event (virtual) 2pm	21/05/21	0
Public engagement event (virtual) 6.30pm	09/06/21	0
ULHT Patient Panel meeting	14/06/21	22
Presentation at Lincolnshire Health Scrutiny Committee	23/06/21	Committee members
Public engagement event (virtual) 10am	24/06/21	1
Public engagement event (virtual) 10am	13/07/21	0
Public engagement event (virtual) 6.30pm	20/07/21	0

In total, this means our consultation exercise has listened to over 175 people.

### 3. Promotion

The consultation exercise, including the survey and public engagement events, have been promoted widely across Lincolnshire, using the following methods:

- Social media promotion- multiple posts across all ULHT social media channels throughout consultation duration (2-3 posts per week).
- Website pages and promotion.
- Emailed directly to all ULHT Membership and stakeholders (over 2,000 individuals).
- Shared with partner NHS organisations for wider dissemination to membership, colleagues and stakeholder database.
- Shared with media and promoted in local media.
- Poster displayed in NHS premises.

## Findings

### Survey-

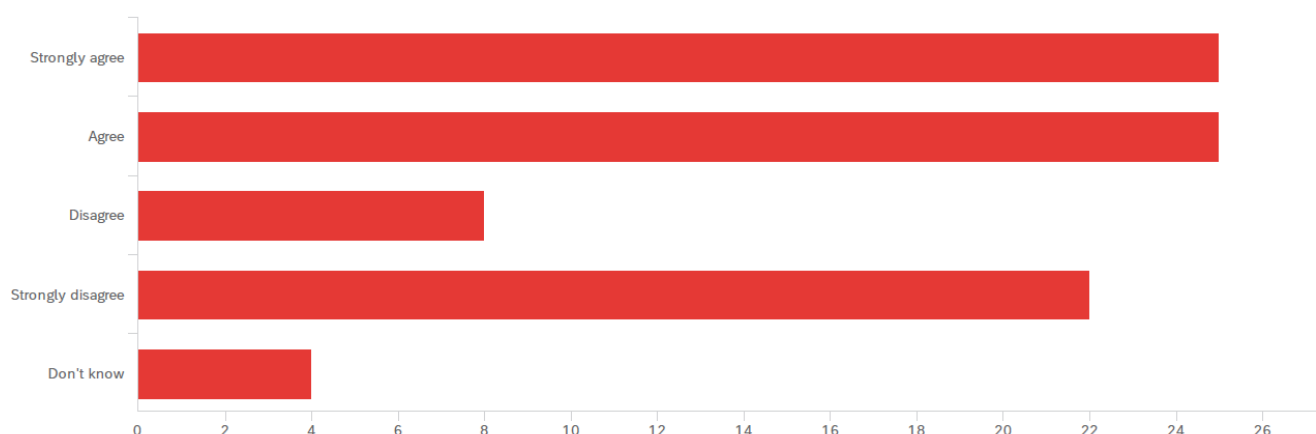
The survey was circulated using all of the above methods and attracted 153 responses from public, patients, stakeholders and staff.

Overall, the sentiment of survey results were split between those who felt that the proposed service model was a good idea for a range of reasons and those who felt that the service change should not be done.

The full results of the survey can be found on our website.

A summary of the key questions asked which will assist in decision-making is described below:

**All emergency admissions to be seen at Lincoln hospital 7 days-a-week, an increase in dedicated planned surgery at Pilgrim Hospital, Boston and Grantham hospitals. Planned surgery will continue at Lincoln and Louth Hospitals and outpatients will remain at all sites. To what extent do you agree with this proposal?**



Overall, the majority of respondents (60%) agree or strongly agree with the proposed change to the urology service. There are a significant number, however, who do not agree (36%) and a small percentage who are not sure either way (4%).

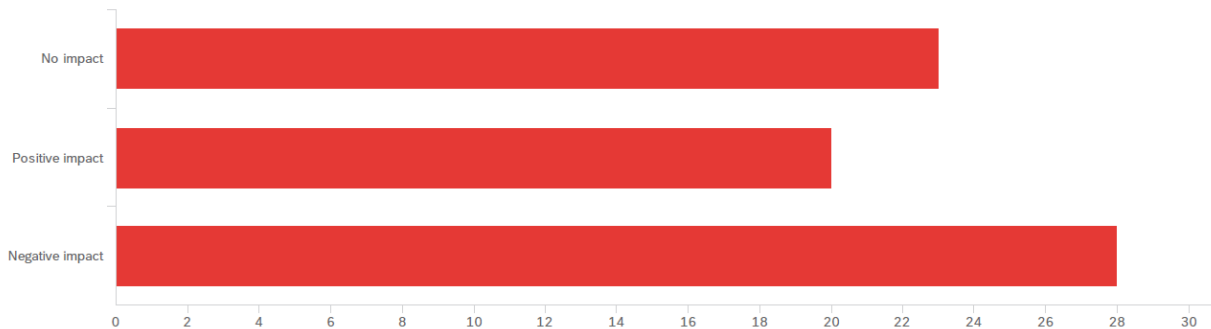
### **Please tell us why you agreed or disagreed with this proposal and if you have any other suggested proposals**

Key points included:

- Seems like a better use of resources
- Excellent idea/ support for principle- multiple comments
- Support separation of elective and planned activity
- Lack of confidence in Pilgrim for planned care- therefore positive that emergencies may not be treated there
- Concern around lack of transport infrastructure
- Concern about increased travelling times and possible safety risks for those in Boston and the East coast- multiple comments
- Concern about 'big picture' of this being one of a number of services proposed to move away from Pilgrim

- Concern about capacity at Lincoln to cope with increased activity
- Concern about impact on ambulance service/ambulance availability to transport emergencies
- Questions around impact on other services- maternity and gynaecology
- Belief that this is a financially-motivated proposal

**Please tell us about the impact this proposal might have on you:**



There were fairly evenly split responses between the three options, but slightly more respondents said it would have a negative impact on them (39%), than said it would have a positive or no impact.

**Please tell us the reason for you answer above**

Key points included:

- Concern that the proposal would put lives at risk due to travelling times and difficulties with access to ambulances
- Concern over increased travel times- specifically the impact on Boston area residents and a resulting inequality of service across the county
- Concerns of lack of access to public transport
- Happy to see less risk of planned procedures being cancelled
- Not a current service user, so no impact anticipated
- Patients not in Boston area believe they will see no impact
- Happy to travel for expert care
- Worried about impact on other services at Pilgrim

**Please tell us any other suggestions you have for improving our urology services or what could be considered to mitigate any concerns you might have:**

Key points included:

- Individual patient stories
- Need local services to remain and be funded to do so
- Don't want the change to happen/ keep the service as it is
- Believe it is a service improvement which will improve recruitment
- Need dedicated urology beds at Pilgrim
- Suggestion to have dedicated on-call surgeons
- Would like to see continuity of consultant throughout an individual's care
- Would like more regular outpatient appointments
- Direct admission to Pilgrim should be considered- instead of A&E

- Communication with patients needs to improve
- Listen to patients
- More staff needed
- Centralise to Pilgrim rather than Lincoln
- Consider introduction of more services at Grantham and Louth

### **Consultation meetings-**

Only one attendee came to our engagement events. Feedback was that they now have a better understanding of the service.

### **Lincolnshire Health Scrutiny Committee-**

Comprehensive response, summarised as:

- Committee does not feel it can support the proposals.
- Welcome a reduction in cancellations and improvements to elective activity.
- Concern about removal of services from Pilgrim hospital.
- Keen to see the views of the local community taken into account.
- Concern around impact on patients who would need to travel a greater distance for emergency urology care by ambulance.
- Concern around risks associated with 'walk in' patients and increased risk during transfer.
- Concerns around impact on travel arrangements and access to transport for patients upon discharge from Lincoln hospital, who may need to get home to the Boston area.
- Questions over possible impact on East Midlands Ambulance Service (EMAS).
- Noted suggested positive impact on staff recruitment and training, and a request to see evidence of this being the case if the change is implemented.

### **ULHT Patient Panel-**

The proposals were taken to our ULHT Patient Panel who provided the following feedback:

- Possible to see the benefits of making the system more efficient- fewer cancellations are better.
- Concern about impact upon EMAS.
- Understand it is not ideal to have people on call as well as doing day job.
- Question about understanding and evaluating the impact on patients of any change.
- Question on financial implication of proposed change.
- Concern about why Lincoln chosen as main site and impact on Pilgrim.
- Concern about impact on patients who live on the orders of Lincolnshire.

## **4. Themes**

Collating all of the evidence from the above described consultation exercise, the below themes have emerged:

### **Positive feedback for the proposed service model:**

- **Staff:**
  - Praise for staff currently working in the service.
  - Support for the model that protects staff time and improves staff recruitment
- **Use of resources:** Feeling that the proposed service model would be a better use of resources
- **Patient experience:**
  - Support for the separation of elective and planned activity
  - Feel this would result in a reduction in cancellations of elective activity
  - Support a reduction in elective waiting times
  - Feel more confident being cared for at a 'specialist' centre
- **Making the most of expertise:** Patients happy to travel for expert care
- **Activity:**
  - Welcome increased elective activity at Pilgrim, Grantham and Louth hospitals
  - Keen to see a retention of patient choice for elective procedures

#### **Concerns raised about the proposed service model:**

- **Travel and transport:**
  - Concern about delays in treatment due to emergency transport to another hospital site
  - Risks associated with walk-in emergency patients to Pilgrim and their care
  - Concerns about how Boston-area patients would get back home after discharge from Lincoln hospital- including eligibility and availability of patient transport service
  - Concerns about Lincolnshire's transport infrastructure, and the impact that will have on travel times
  - Worries about impact on ability for family to visit those in hospital
  - Concerns about increased impact on those within certain Protected Characteristic groups due to limited access to transport- particular concerns for those who are older, those on low incomes and families with young children
- **Concern about impact on other providers:**
  - Questions about East Midlands Ambulance Service (EMAS) ability and resources to cope with increased number of transfers
  - Concern about Lincoln hospital capacity to cope with increased emergency patient numbers
- **Patient safety:** Concern about risks connected with not receiving emergency care as quickly- worse outcomes
- **Concerns about more and more services being moved away from Pilgrim- disadvantaging population of Boston and the East Coast**

#### **Neutral feedback included:**

- **Questions about impact on other services in the hospitals:** Including gynaecology and maternity services
- **Keen to see evaluation of patient experience data and impact upon staff recruitment if the change is made**

**Mitigation measures consultees felt could be put in place to help address concerns included:**

- Provision of dedicated urology beds at Pilgrim
- Suggestion to have dedicated on-call surgeons
- Improved continuity of consultant throughout an individual's care
- More regular outpatient appointments available
- Direct admission to Pilgrim should be considered- instead of A&E
- Communication with patients needs to improve
- Centralise to Pilgrim rather than Lincoln
- Consider introduction of more services at Grantham and Louth.