

Appendix 1

EXCLUSION PROTOCOL

Ambulances / GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E department and Emergency Assessment Unit

The following Specific Patient Groups

- Acute surgical admission
- Acute stroke
- Gastro-intestinal haemorrhage (fresh blood or melena).
- Severe abdominal pain and acute abdomen (refer patient directly to LCH.)
- A female of childbearing age with lower abdominal pain.
- A male under 30 years of age with testicular pain.
- A patient with a suspected abdominal aortic aneurysm.
- Patients with an ischaemic limb needs admission to the on-call vascular team at PHB
- All Obstetric and Gynaecological patients
- Head injury – Glasgow Coma Score < 15
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies (e.g. acute glaucoma)
- Severe ENT emergencies (e.g. bleeding)

Patients with Major Injuries

- All major trauma involving head, cervical spine, chest, abdominal or pelvic injuries.
- All suspected and actual spinal trauma and patients with abnormal spinal neurological examination
- Multiple peripheral injuries involving more than one long bone fracture above the knee or elbow.
- Head injuries with a Glasgow Coma Score < 15
- All gunshot wounds.
- All penetrating injuries above the knee or elbow.
- Scalds and burns covering >15% body surface area.
- Burns to face, neck, eyes, ears or genitalia.
- Electrical burns, significant inhalation injuries or significant chemical burns.

Patients with Significant Mechanism of Injury who need Admission or Assessment

- Ejection from vehicle.
- Death in same passenger compartment.
- Roll over RTA.
- High speed /impact RTA (speed > 30mph, major vehicle deformity, passenger. compartment intrusion, extraction time > 20 mins).
- Motorcyclist RTA > 20mph or run over.
- Pedestrian thrown, run over or > 5 mph impact.
- Falls > 3m.

ADMISSION PROTOCOL

A patient MAY be brought to Grantham and District Hospital if they require immediate Airway and/or Breathing resuscitation.

Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E.

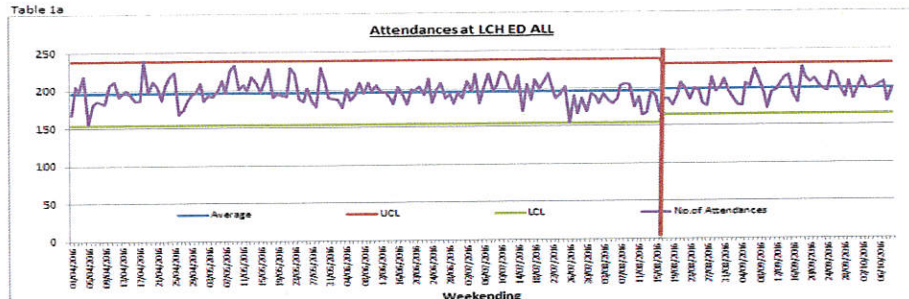
For example:

- All suspected shoulder, arm, wrist and hand fractures (including compound [open]).
- All suspected hip fractures.
- All suspected femoral, tibia, ankle and foot fractures (including compound [open]).
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, and ankle.
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomata.
- All hand injuries (may require subsequent transfer after assessment).
- Children's suspected fractures. If confined to one area and are haemodynamically stable may be brought to Grantham. (May require subsequent transfer after assessment).

Appendix 2

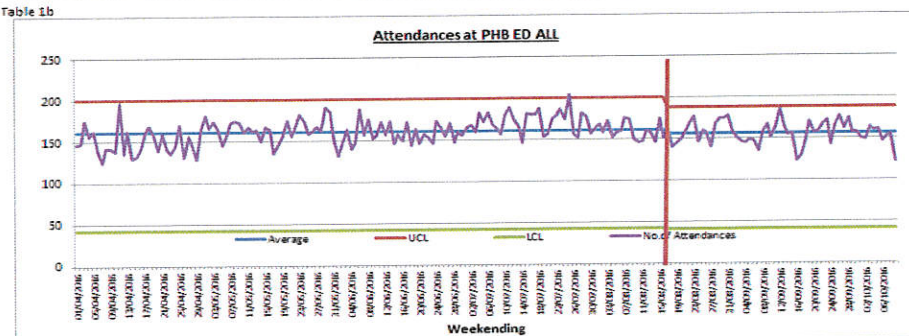
Attendances to the EDs at LCH, PHB and GDH before and after reduced ED opening times at GDH

Table 1a



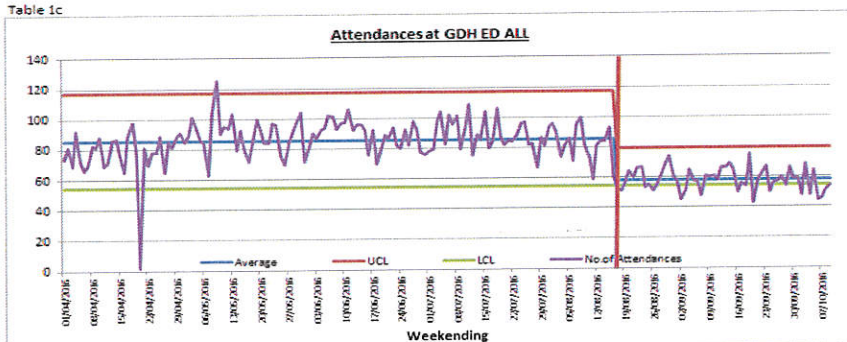
LCH Attendance average
1st April - 16th August 196
LCH Attendance average
17th August - 9th October 198

Table 1b



PHB Attendance average 1st
April - 16th August 161
PHB Attendance average
17th August - 9th October 157

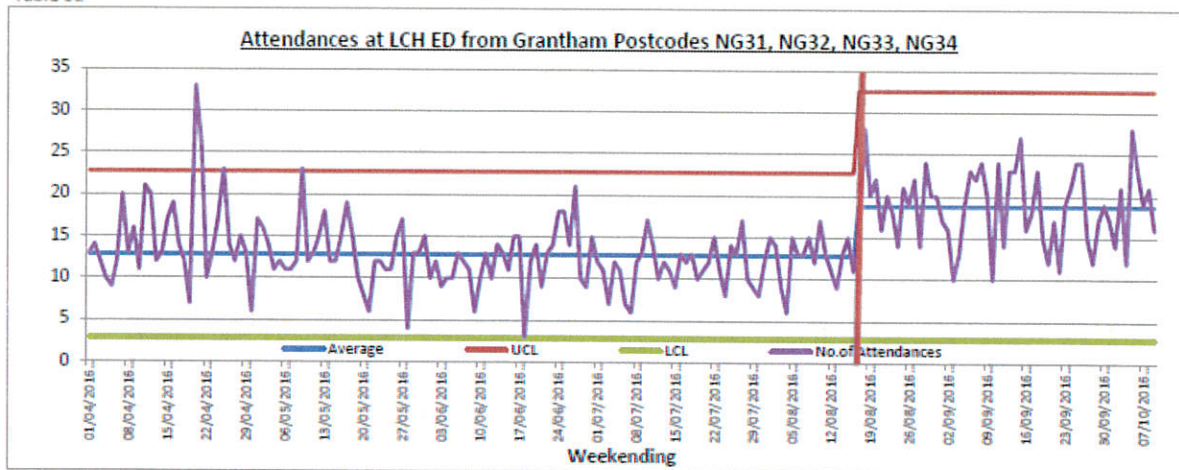
Table 1c



GDH Attendance average 1st
April - 16th August 86
GDH Attendance average 17th
August - 9th October 58

Appendix 3

Attendances to EDs at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34



Appendix 4

Attendances to EDs at LCH and PHB by 999

Table 5a

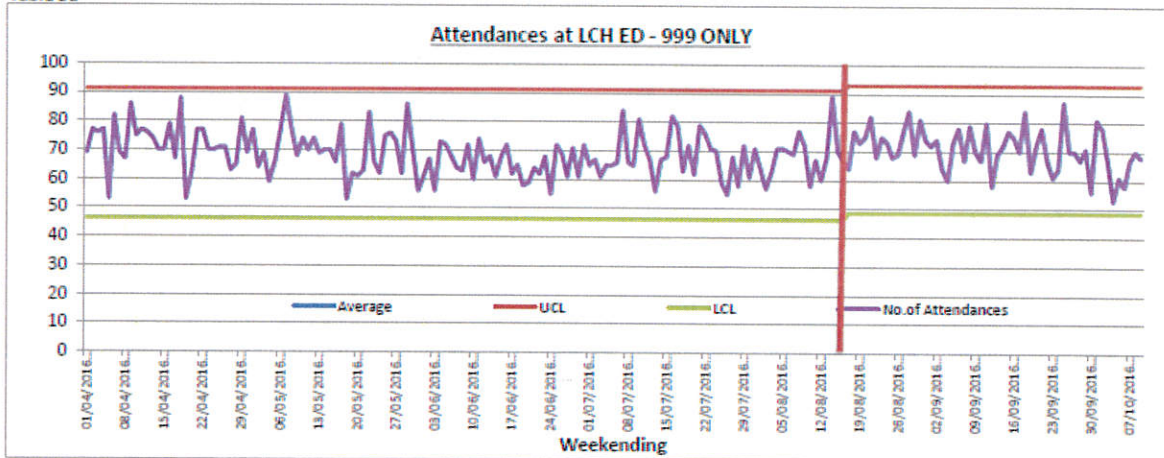
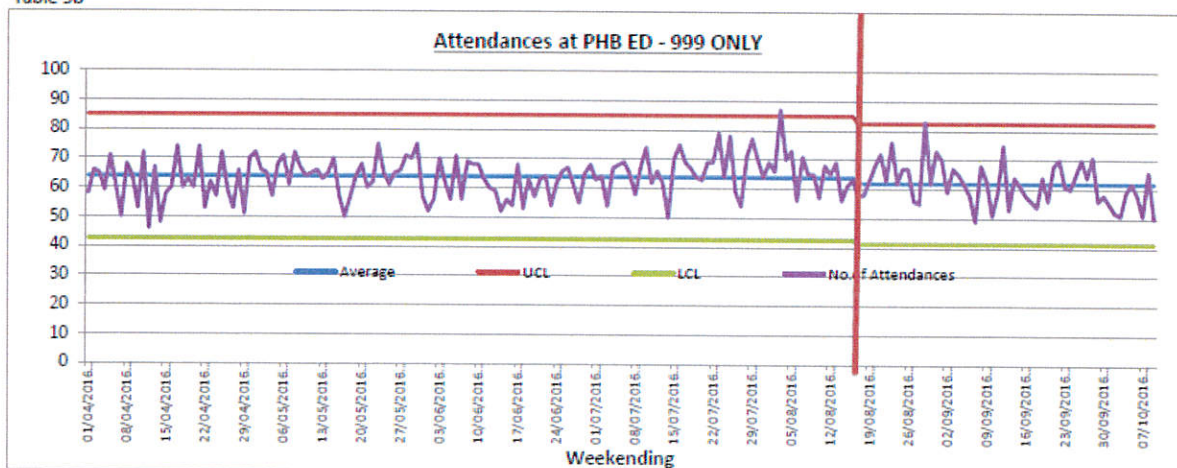


Table 5b



Appendix 5
 Attendances by 999 to the EDs at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34.

Table 6a

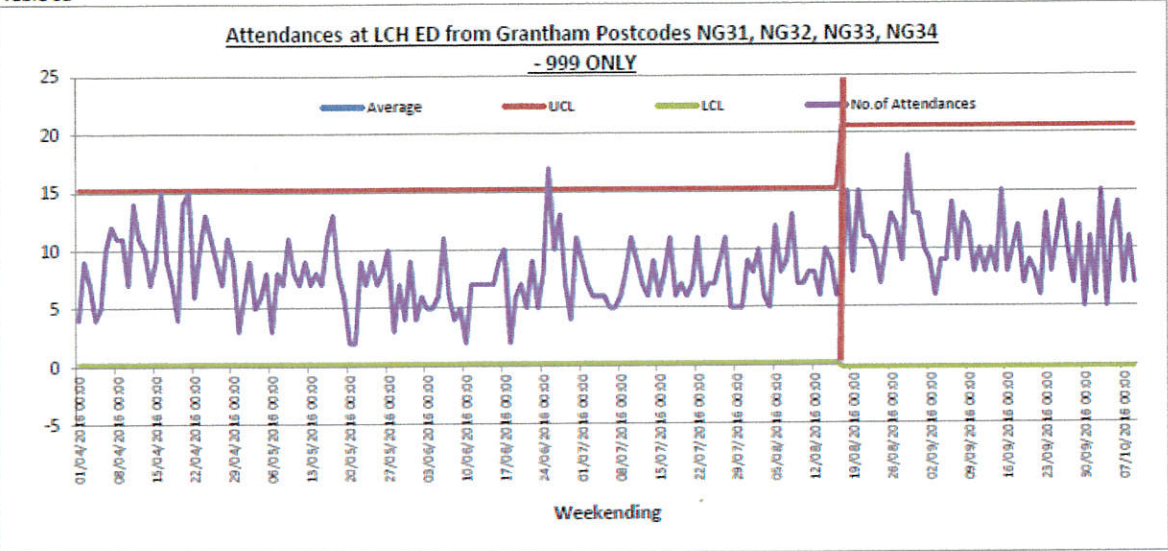
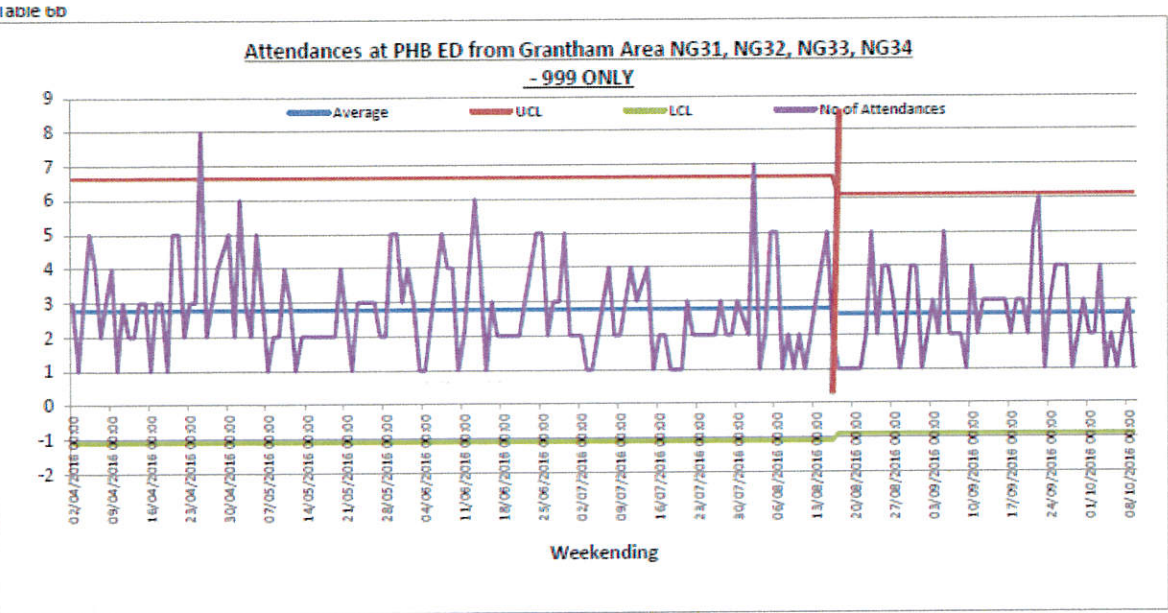
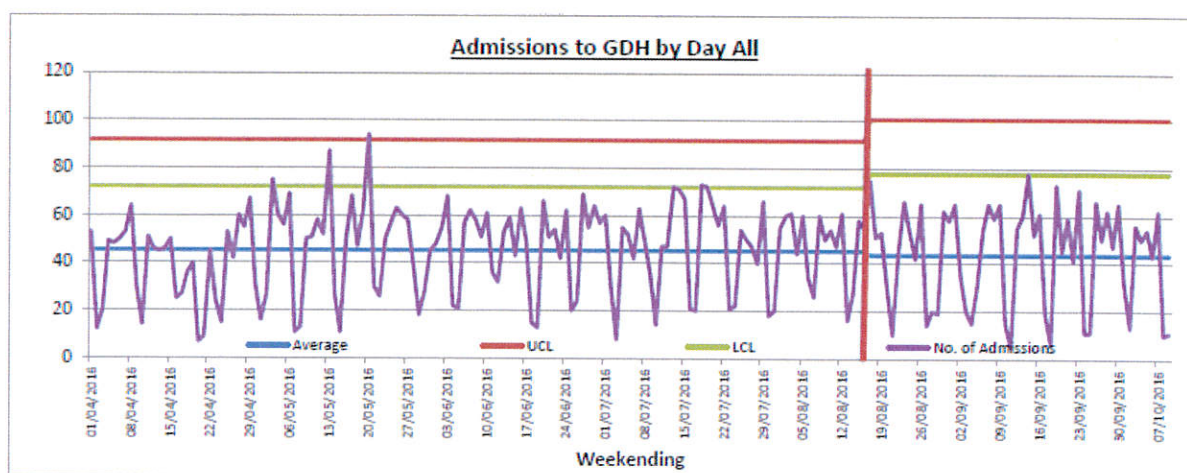
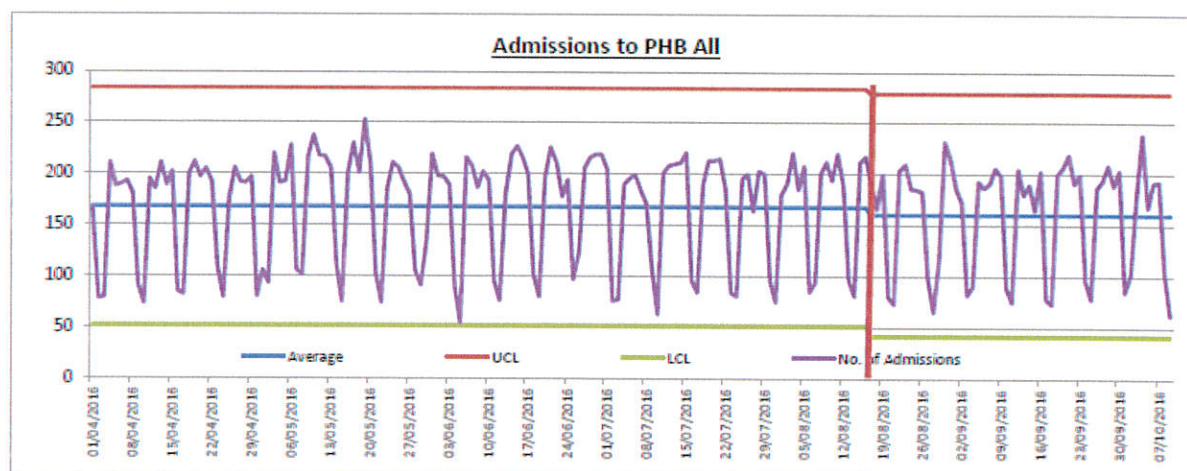
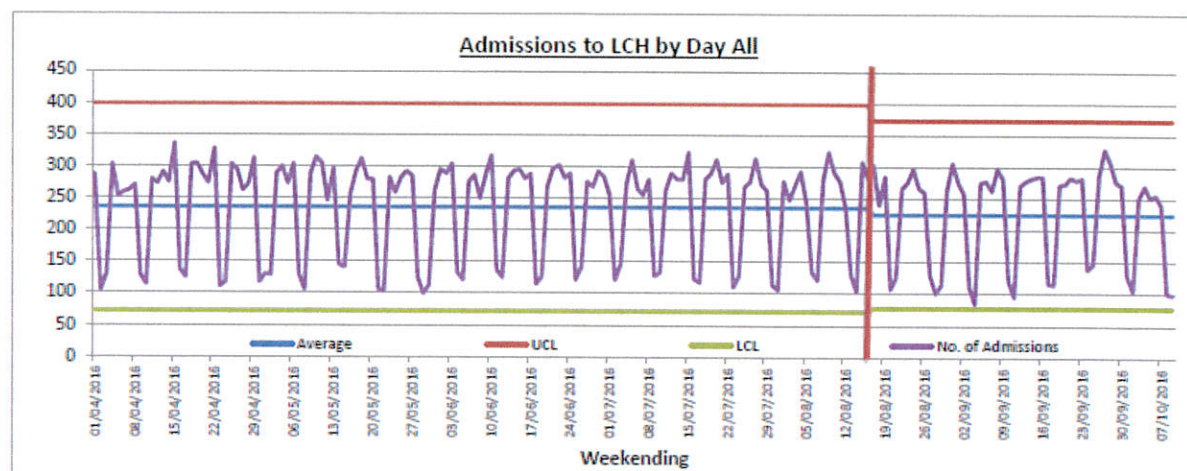


Table 7a



Appendix 6

Total admissions to LCH, PHB and GDH



Appendix 7

Emergency admissions to LCH, PHB and GDH

Table 7a

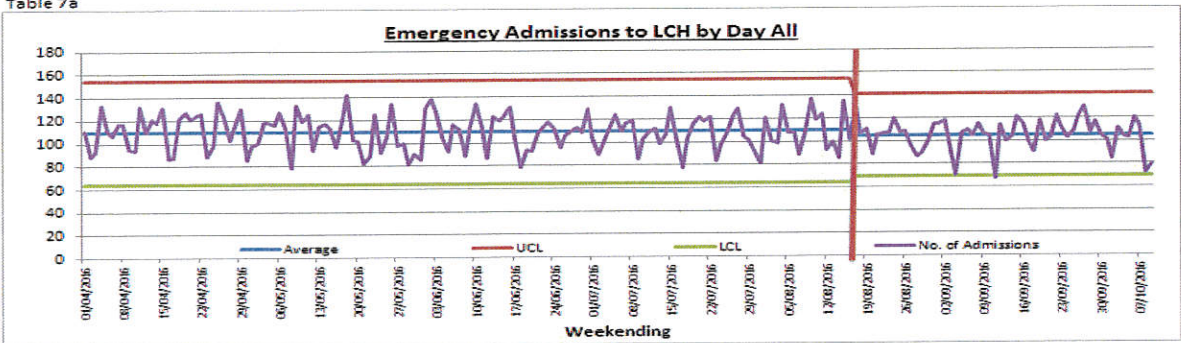
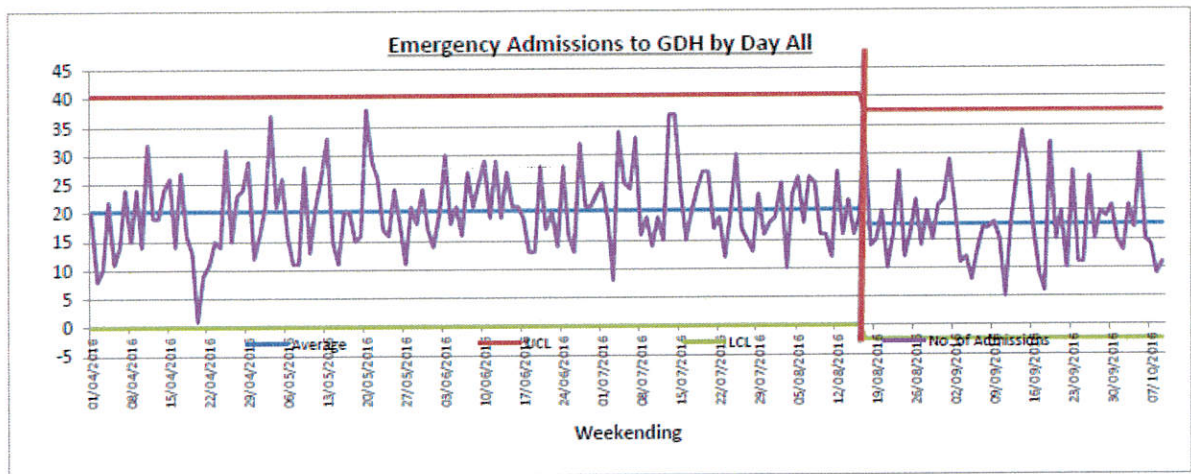
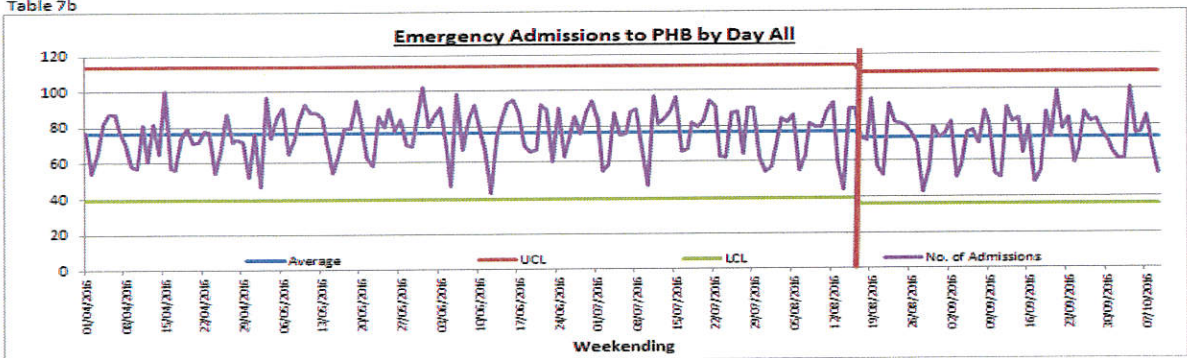


Table 7b



Appendix 8

Table 8a

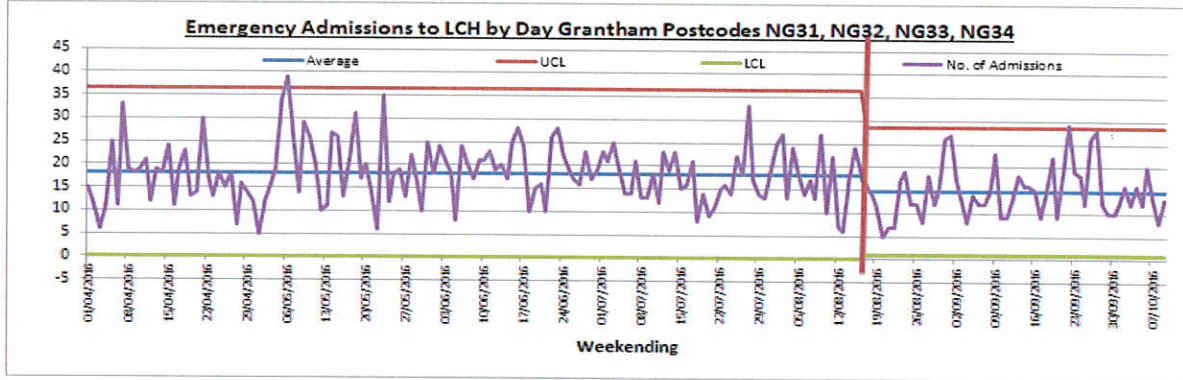
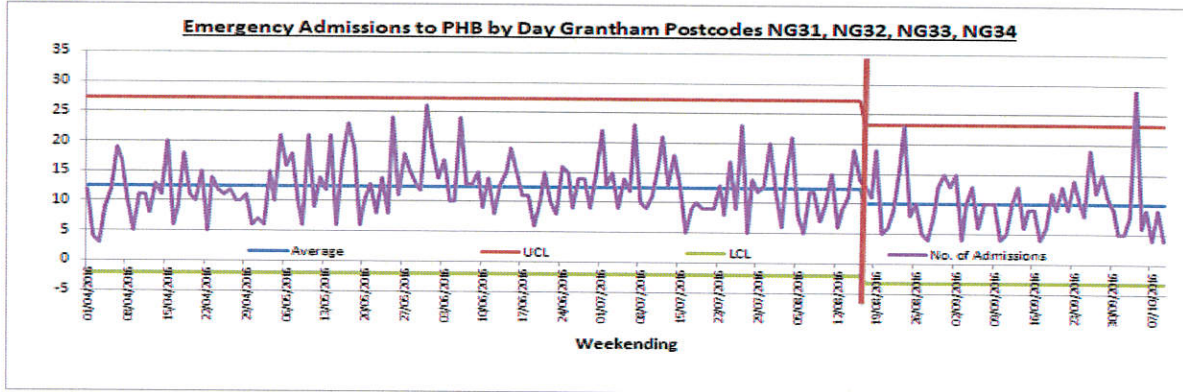
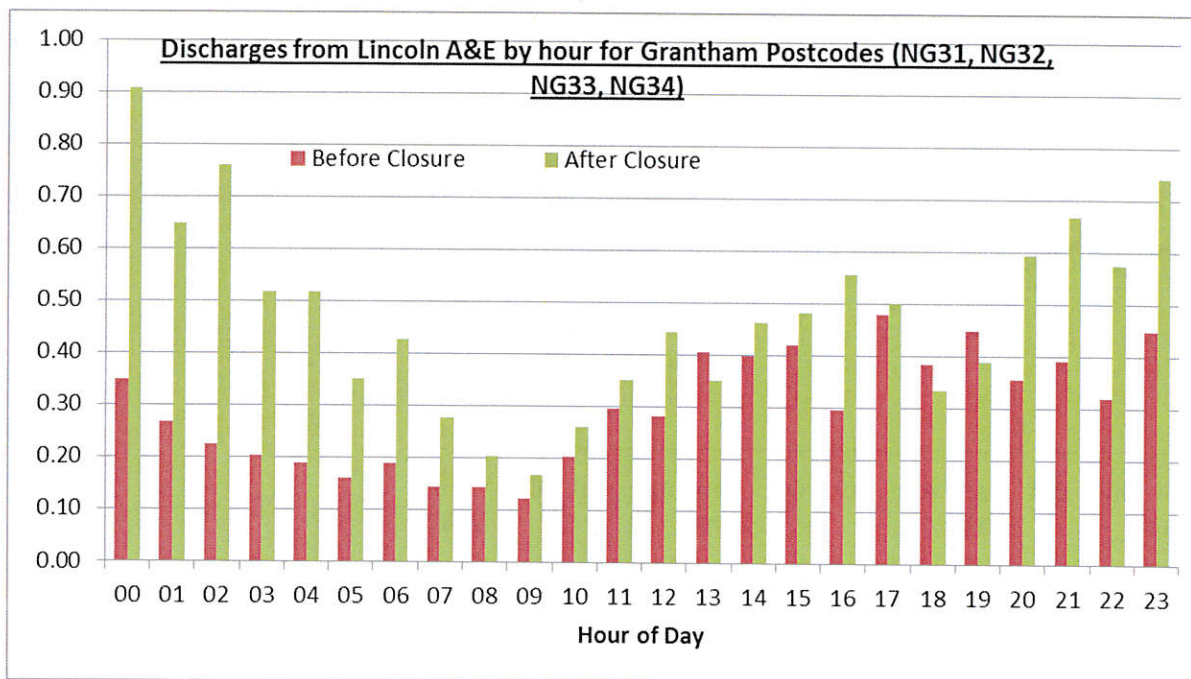


Table 8b



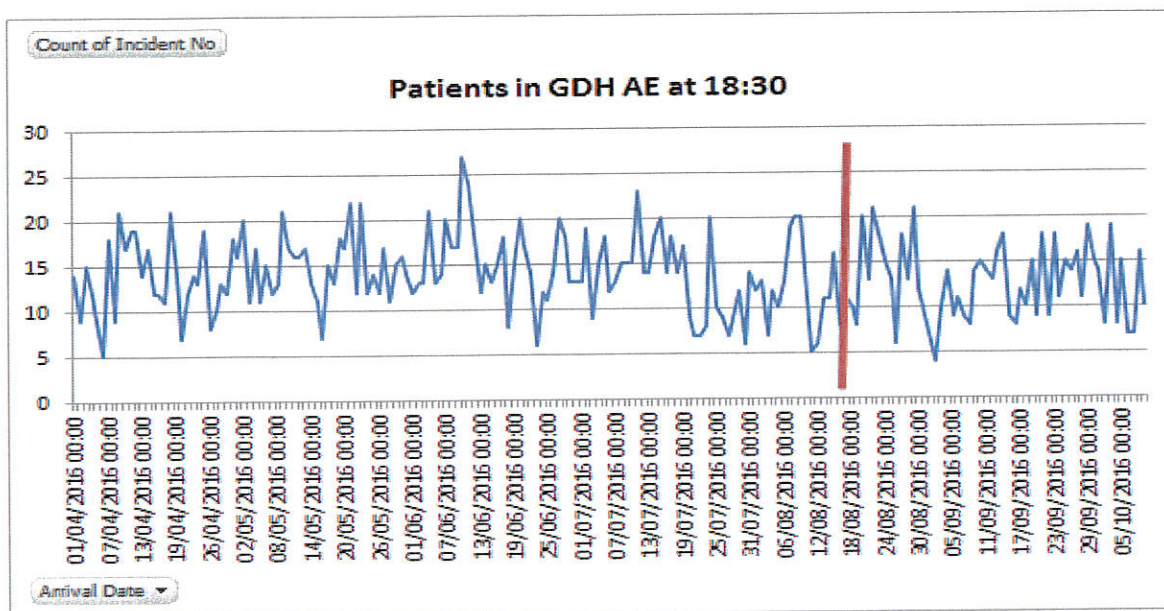
Appendix 9

Discharges per hour from ED at LCH to Grantham and Sleaford post codes NG31, 32, 33 and 34.



Appendix 10

Number of patients in the ED department at GDH when the department is closed at 18.30 hrs



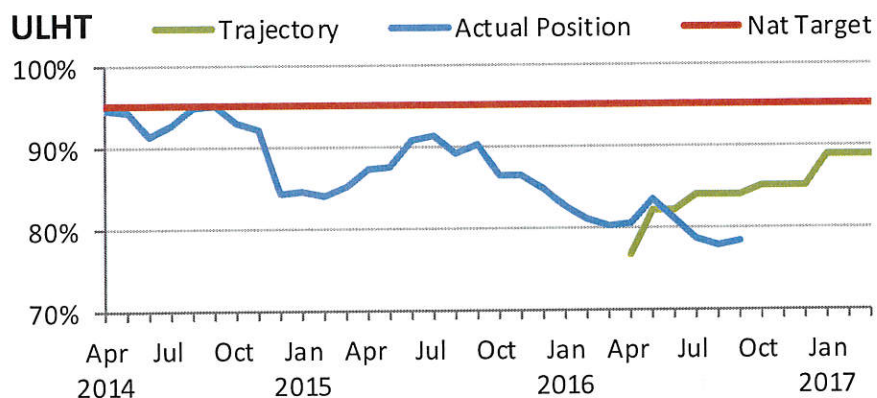
Appendix 11

4 hour performance report 7 weeks before and after the 17th August with historical performance and trajectory.

AE 4hour performance

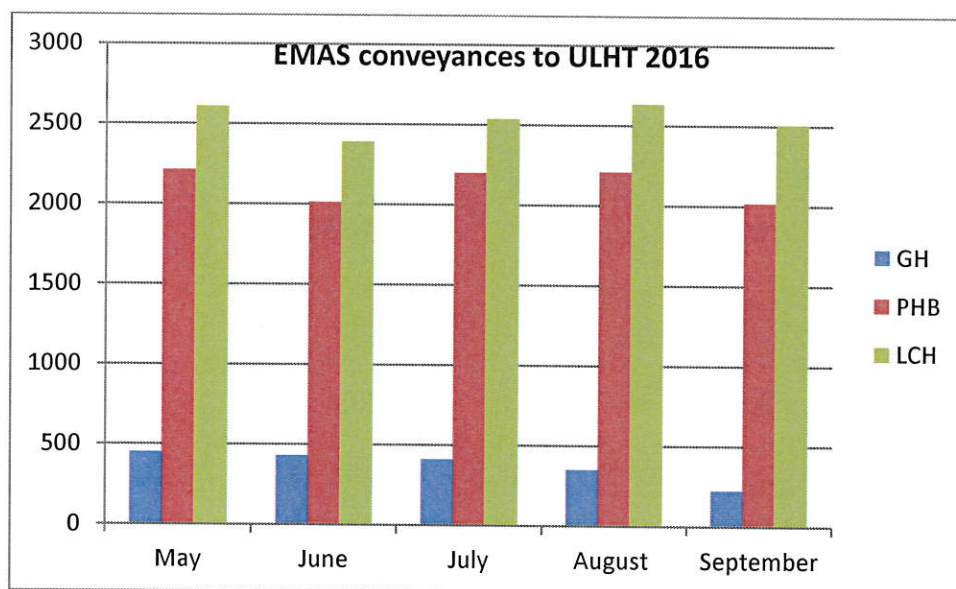
Data taken from Weekly Sitrep reported files

	Grantham	Lincoln	Boston	Trust
7 weeks post closure	95.19%	74.47%	74.56%	77.46%
7 weeks pre closure	90.26%	76.32%	76.07%	79.07%
Variance	4.93%	-1.85%	-1.51%	-1.61%



Appendix 12

Weekly EMAS conveyances to ULHT from May to September 2016



Appendix 13

Weekly EMAS conveyance from GH to LCH, PHB and other sites between 18.00 and 10.00 hrs

	ULHT	LCH	PHB	Other
From GH before	13.8	11	2.7	1.3
From GH after	5.5	4.3	1.2	1.7
From ED before	10.3	8.4	1.9	1.1
From ED after	3.2	2.3	0.99	1.1

Data 59 days before and after closure

EMAS data

Appendix 14

EMAS job cycle time

	On scene	Travel	Job cycle	n
DCA before mins	35	13	92	1389
DCA after mins	35	13	97	1325
FRV before mins	54	8	64	704
FRV after mins	51	9	64	731

Data 59 days before and after closure EMAS data

DCA – double crewed ambulance

FRV – fast response vehicle

Appendix 15

EMAS R1 performance in SW Lincolnshire

	75% target 8 mins	95% target 19 mins
Before 17 th August	64.52	93.55
After 17 th August	64.84	100

Data 59 days before and after closure

EMAS data

Appendix 16

EMAS handover times and ambulances waiting more than 30 minutes.

Average Ambulance Handover Times

Data taken from EMAS monthly handover data

	Grantham	Lincoln	Boston
Since Closure	00:20:33	00:30:25	00:23:15
July	00:22:24	00:28:30	00:22:16
Variance	00:01:51	00:01:55	00:00:59

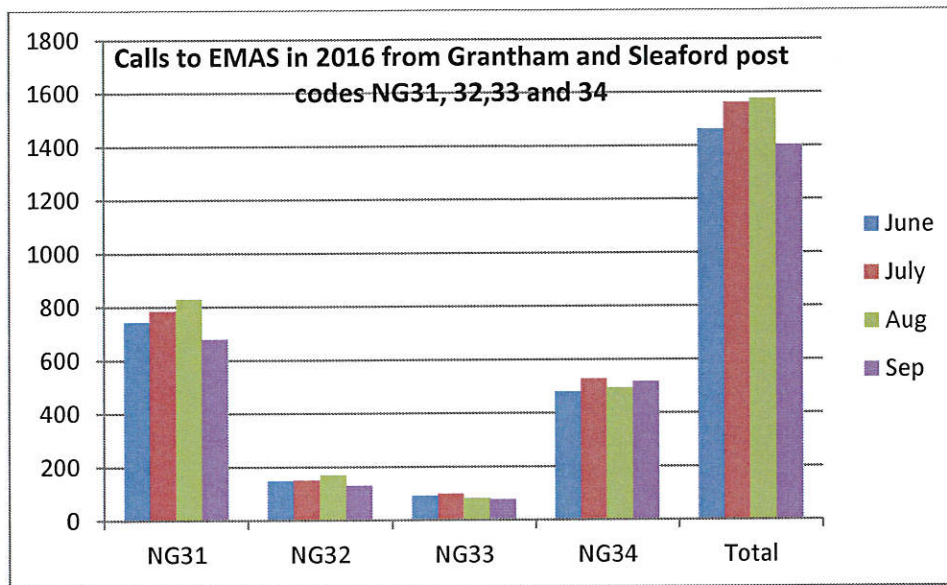
Ambulances waiting more than 30mins (Daily Average)

Data taken from EMAS monthly handover data

	Grantham	Lincoln	Boston
Since Closure	2	28	16
July	3	23	15
Variance	1	-5	-1

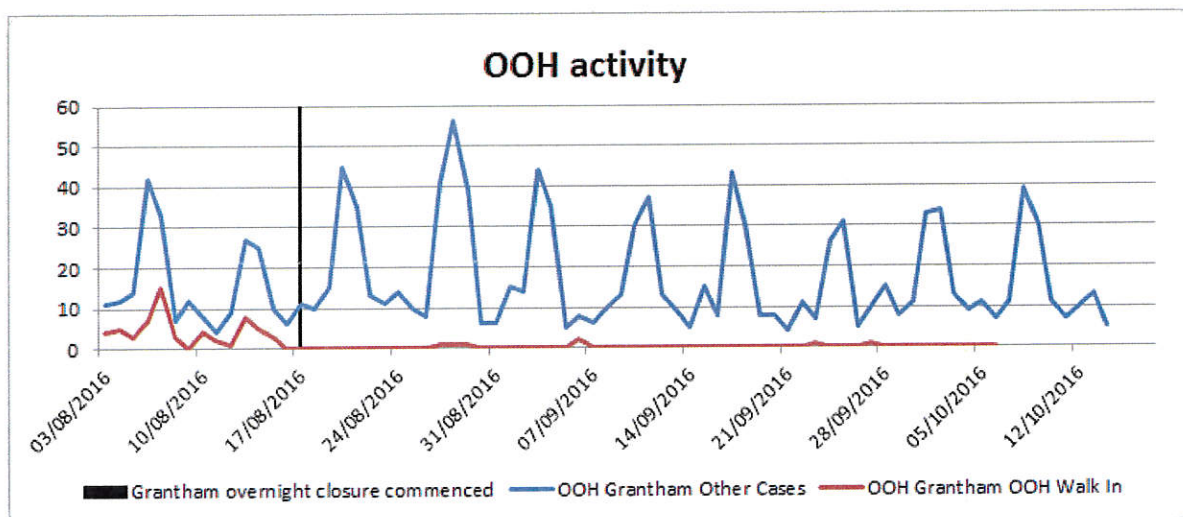
Appendix 17

Calls to EMAS from post codes NG31, 32, 33 and 34



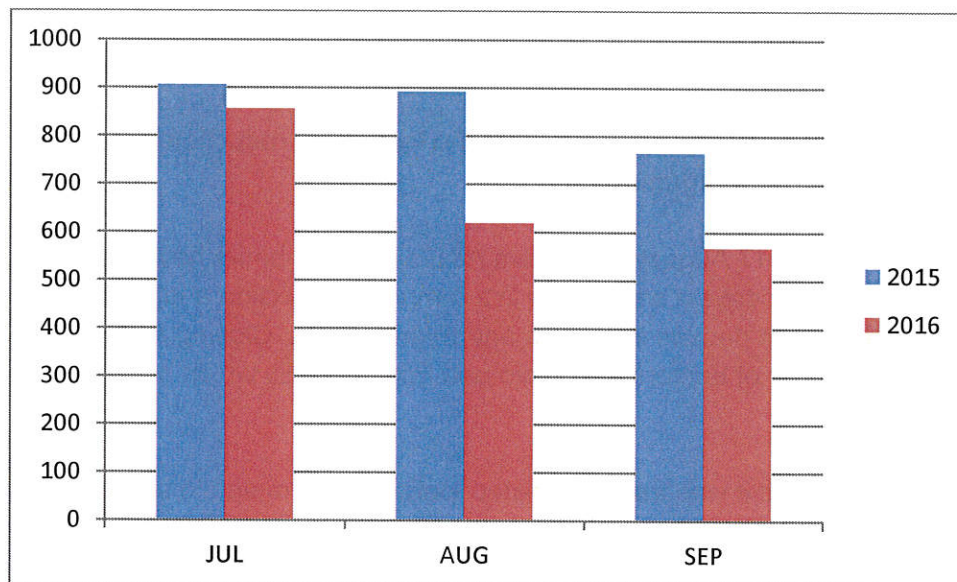
Appendix 18

Out of hours activity and the walk in minor injuries unit



Appendix 19

Number of out of hours cases handled at Grantham Base



September 2016 data is an extrapolated view based on the first 3 weeks of data
LCHS data

Appendix 20

Letter to stakeholder organisations on 19th October

Dear

I'm writing to you to ask for you to share the impact, if any, that the temporary reduction in opening hours of Grantham A&E has had upon your organisation.

As you will be aware, since Wednesday 17 August, Grantham A&E's opening hours have been reduced to cover 9am to 6.30 pm, seven days a week. This is a temporary decision and was made due to a severe shortage of middle grade doctors in Lincoln and Pilgrim A&Es. Closing A&E overnight helped us to boost the number of doctors at Lincoln and Pilgrim A&Es which are our busiest units.

This wasn't an easy decision to make but it was made to protect patients and maintain safe services.

ULHT has been working hard to recruit permanent and agency doctors to make our rotas more sustainable, this work will continue over the coming weeks and months.

We have always been open that although this is a temporary decision we will only reopen Grantham A&E when our overall staffing levels make it is safe to do so.

In November, our Trust Board will review the closure, impact and progress made in making our rotas more sustainable. Thereafter, it will be making a recommendation to the wider system, including regulators, to decide whether we are able to restore full services or if a different course of action is necessary. Before we do this, I want to take into account a range of views to help inform our decision.

I want to know how the closure is affecting others. With this in mind, would you please send me any information that illustrates how the reduction in opening hours is affecting your services? It would be extremely useful to receive any supporting data in relation to the pre change and post change periods that would support any suggested impacts. If there has been an impact, what steps have you taken to mitigate against these impacts.

Please also share any other thoughts or views you would like ULHT to consider in reviewing our decision.

I'd be grateful if you could send me the information by the close of play on Friday 14 October 2016. It would also be helpful to receive a response even if there has been no impact to report.

I would like to thank you for your support and understanding during what has been a difficult time for our patients and the wider system across Lincolnshire.

Regards,

Appendix 21

Letter from Army Training Regiment

1. I was copied your email (below) by our regimental Adjutant wrt the impact the night time closure of Grantham A+E facilities have had on our staff. I am 2ic of A Sqn, which delivers Army Reserve recruit training within Army Training Regiment (Grantham) to appx 1100 recruits/year. The closure of local A+E facilities has already had, and will have, a definite impact on the medical support we, as an Army training organisation, are required to provide to our soldiers training here on our courses. Consequently, I am taking this opportunity, as you have requested, to comment on the impact of reduced A+E, particularly 'silent hours' facilities at Grantham Hospital.
2. From a practical pre-course planning point of view, we have had to revise our medical support plan to our training comprehensively. During the week M-F 0800-1700 are recruits/trainees are able to make use of our military regional medical facility at RAF Cranwell and they regularly refer our soldiers for further medical review, ie X-ray, at Grantham A+E; this service remains almost unaffected as RAF Cranwell is closed after 1700hrs and opens at 0800hrs; Grantham A+E closes after Cranwell although it doesn't open again until an hour later in the morning. However, during silent hours weekdays and weekends (when RAF Cranwell is closed) after 1830hrs, we now have to travel further to use the 'lower treatment level classified' Minor Injuries Unit (MIU) at Newark Hospital which is open 24 hours. Other than when we are conducting our 72 hour outdoor field training on Beckingham Training Area, when Newark is much closer than Grantham Hospital, this contingency entails additional night time travel from our barracks which can eat considerably into our recruits' and administration personnel's already very intensive trg programme. We currently have a recruits' course w/ 67 persons that started Sat 03 to 18 Sep and have so far had to take 2 x recruits to Newark when Grantham was closed; of these, one had to be referred for further important medical intervention to Kings Mill Hospital in Mansfield. To-date, our service/treatment experience at Newark MIU has been good.
3. Returning to our medical support plan, the contingency for Grantham A+E's night time closure is now for us to utilise Newark MIU which should be able to cater for the majority of our 1st line recruit injuries. I have contacted and spoken with the Deputy Manager of Newark MIU so he was forewarned of our revised silent hours medical plan and our intention to make primary use of his facility, particularly when we train at Beckingham and definitely will require hospital medical cover after 1830hrs that Grantham is not now able to provide us with. Any fully fledged A+E support required when Grantham is closed will now have to be via Lincoln County Hospital which is a considerable imposition on our training delivery time and administration; we have a route card for our drivers to get there but propose to use Newark MIU on the assumption/basis they are closer/quicker to reach, and seem, so far, to process us relatively quickly and would be able to refer us on, after initial professional stabilisation/intervention, for more serious medical issues.
4. Overall, we have had to adjust our medical support plan to suit the facilities available and it has been tested, albeit minimally so far, and proven to work. This said, we will have a better initial assessment after our Beckingham 72 hour field training period this weekend (09-12 Sep) and after this training course is completed on 18 Sep 16; our judgement is out at present but I will admit I am very relieved the planned junior doctors' strike for next week was cancelled!!
1. I hope this gives you an overview of our medical support issues, wrt Grantham's reduced A+E service, to-date. Should you wish to discuss any points or issues I have raised further, pse do not hesitate to contact me.

Appendix 21

Grantham A&E engagement findings report

1. Introduction

We began engagement around Grantham A&E as soon as the decision was made to alter the opening hours of the department for safety reasons. The engagement was informed by the quality impact assessment which identified groups who may be adversely affected by the reduction on opening hours.

This included immediately briefing local MPs, Lincolnshire Health Overview and Scrutiny Committee, local council leads, other NHS bodies, Healthwatch Lincolnshire and stakeholder organisations.

Engagement has taken a number of different forms. We have contacted in excess of 50 groups in the greater Grantham area. Some invited us to attend their meetings to talk about the change, others asked us to send information to them about the change rather than meeting with them.

Resources were created to assist in the engagement. This included a patient information leaflet produced in English, Polish, Russian, Latvian and Lithuanian. [Link to leaflet?]

Posters were created and displayed around Grantham hospital, and extensive awareness-raising carried out using local media, social media and the Trust website.

The engagement meetings were led using the below questions as a structure, apart from where questioning was led by the attendees themselves.

- 1) What do you understand/know about the change that has taken place?
- 2) What impact has the change had on you?
- 3) When was the last time you used Grantham A&E at night?
- 4) Which groups do you think will feel this change most acutely?
- 5) What worries you most about the AE being closed at night?
- 6) What could we put in place to lessen the impact to the community of Grantham?
- 7) What do you think the solution is long term?
- 8) Other notes

These questions were also shared on the ULHT Facebook and Twitter profiles, asking followers to email the responses to the communications team or to comment on the posts.

2. Engagement response rates and groups

Since 17 August, we have visited and spoken to 16 groups in the Grantham and district area and sent information to a further 16 groups (they told us they just wanted information).

Overall, we listened to 124 people at meetings and over 200 at St Wulfram's Church meeting, plus 65 who commented on Facebook. We reached far more people on social media. The Facebook posts had a combined reach of 3,117 with 42 shares and 65 comments. Twitter posts had 549 impressions and an engagement of 12.

Geographical areas covered: Grantham central, Sleaford, Ruskington, South Lincolnshire, Allington, Corby Glen.

3. Engagement already carried out:

Group	Protected characteristic	Action	Numbers at event
Disability groups			
Sleaford dementia cafe	Dementia	Meeting 24.08.16	30
Transforming care learning disabilities	Learning disability	Meeting 21.09.16	
Grantham Stroke Club	Stroke	Meeting 29.09.16	19
Grantham dementia alliance	Dementia	Meeting 30.09.16	
Grantham social club for the blind	Blind / communications impairment	Meeting 10.10.16	12
Grantham Hard of Hearing Club	Deaf	Info sent	
Grantham & District Talking Newspaper for the Blind	Blind / communications impairment	Info sent	
South Lincolnshire Blind Society/ Lincolnshire Sensory Service	Blind / communications impairment	Info sent	
Grantham & District Mencap Ltd (Cree Centre)	Learning disability	Info sent	
CANadda	Mental health	Info sent	
Grantham Mencap mothers group	Learning disability	Info sent	
Grantham Breathe Easy group	Serious conditions	Info sent	
United Together	Serious conditions	Info sent	
Age			
Sleaford White heather club	Older people	Meeting 30.09.16	17
Grantham Senior Citizens Club	Older people	Meeting 27.09.16	19
Race			
Grantham migrants forum	Migrants	Meeting 20.09.16	
Migrant community network	Migrants	Info sent	
Pregnancy and maternity			
NCT – Grantham and Sleaford	Pregnancy women and young families	Info sent	
Allington toddler group	Pregnancy women and young families	Info sent	
SSnap Lincoln	Young families and carers	Info sent	
Carers			
Carers First group	Carers, mental health	Meeting 07.10.16	12

Group	Protected characteristic	Action	Numbers at event
Glasshouse Project	Carers	Info sent	
Lincolnshire Carers and Young Carers Partnership	Carers	Info sent	
Low income groups			
Bala House	Homelessness	Info sent	
Other			
St Peter's Hill PGG	All	Meeting 16.08.16	6
Sleaford dementia care	Age	Meeting 16.08.16	
Corby glen PPG	All	Meeting 13.09.16	
LPFT listening event	Mental health	Meeting 14.09.16	
Ruskington PPG	All	Meeting 20.09.16	9
Health Overview and Scrutiny Committee	All	Meeting 21.09.16	
South Kesteven District Full Council	All	Meeting 22.09.16	
Fighting for Grantham hospital group	All	Meeting 29.09.16	c 200
South Lincolnshire Healthwatch provider meeting	All	Meeting 29.09.16	
LSWCCG Patient Council	All	Meeting 30.09.16	
Fighting 4 Grantham Hospital group	All	Meeting 06.10.16	
Addaction	Substance misuse and migrants	Info sent	

4. Themes

1) What do you understand/know about the change that has taken place?

Every person spoken to said that they understood the change had taken place because of a shortage of doctors, most said the change had been well publicised in the local media and generally understood why the decision had to be made.

A large number of respondents said they were aware that the doctor shortage was not at Grantham hospital, but at other hospitals in Lincolnshire. Overall most people said they felt that the people of Grantham are considered less important than residents of other parts of Lincolnshire.

Comments included: "This has happened because ULHT took over the hospital, when it was just Grantham hospital it wasn't under threat all the time."

The majority of people had heard that the change has put a major strain on the ambulance service. Around half were aware that there is an extended out of hours service.

A small number of people said they felt the change was made because it's part of a slow downgrade of Grantham hospital overall and felt there was a conspiracy. A small number also said

they felt the reason for the change was because of hospital managers not planning staffing adequately or seeing the problem coming.

2) What impact has the change had on you?

Only one person we spoke to had been directly impacted by the change so far. The main impact of the decision, expressed by nearly everyone we spoke to, has been the feeling of worry, fear and stress caused to the population of Grantham. People said they felt vulnerable and anxious without an overnight A&E near to their homes.

Comments included: "I worry that one of my family could be taken ill and not get the treatment they require."

And: "It has caused added stress as I have disabled children and need local services. The alternatives are too far away and it is not acceptable."

A few people mentioned they were concerned that if people go to Grantham A&E just before 6.30pm, they could be sent home before treatment has finished because the department would close.

A small number of people quoted the impact they have heard reported, not direct impact, in response to this question. Generally there was a feeling of a lack of confidence in the Trust.

3) When was the last time you used Grantham A&E at night?

The majority of respondents said that they had never used Grantham A&E at night. Two people had used the A&E recently at night and a small number had used it in the last two years.

A small number of people said that they felt this question was not relevant, as it was not about when they last used A&E, but the availability of the service for the future.

4) Which groups do you think will feel this change most acutely?

The general feeling was that everyone in Grantham and the surrounding area would feel the impact of this change. Particular groups mentioned frequently in response included older people, those who don't drive, have no transport or are on a low income and children. It was raised that the cost of a taxi to Lincoln from Grantham was around £70.

There was frequent mention of the impact the change has had on the ambulance, police and fire services.

A small number of individuals said they felt other groups were feeling the change acutely, including people with mental health conditions and learning disabilities, pregnant ladies, carers and people with chronic conditions and allergies.

Comments included: "It's older people I worry about because they won't ring an ambulance because they don't want to put anyone out."

Respondents in the Sleaford and Ruskington area mostly said that they already expect to travel for hospital care, and that although they had heard about the change it did not unduly concern them, as Lincoln is not much further away for them than Grantham.

5) What worries you most about the A&E being closed at night?

The most common response to this question was that people were concerned about the East Midlands Ambulance Service (EMAS) being under pressure, there being a shortage of ambulances and ambulances queueing outside A&Es.

Comments included: "I worry that there will not be enough ambulances to come out to you when you need it."

Many people said that they were concerned people would die because of a delay in getting treatment when being transferred to other hospitals, particularly as winter approaches and the road conditions deteriorate.

Comments included: "Someone is going to die if they can't get access to immediate medical attention."

Many mentions were made of the fact that Grantham is growing, saying that demand for hospital services is only going to grow. A number of people also mentioned the proximity of Grantham to the A1 and what would happen if there was an accident on the road at night.

A small number of respondents said they felt this was the start of A&E being closed completely or that they believe it won't re-open at the same level it was before. These same people mentioned their concern that there had been no consultation on the decision.

Mental health groups raised a specific concern that without the A&E there was a lack of provision for mental health problems at night.

6) What could we put in place to lessen the impact to the community of Grantham?

Everyone we talked to said the biggest thing that could be done was to fully re-open the A&E department 24 hours a day.

Accepting that this was not immediately possible, most people said that the biggest thing that would make a difference would be directing more ambulance resources in the Grantham area to cope with increase in numbers.

A small number of people said more should be done to publicise the out of hours service. Others also suggested providing transport between Lincoln and Grantham to bring patients back after A&E treatment, improving the quality of the 111 service or providing accommodation near Lincoln- a patient and visitor hotel.

7) What do you think the solution is long term?

Around half of those spoken to said they would like to see hospital services re-instated at Grantham.

Comments included: "Reinstate all services that have been taken away from Grantham."

Many of those we spoke to said that the long term solution is around the recruitment and retention of doctors, suggesting financial incentives, better working conditions, flexibility and advertising to make people want to come and work in Lincolnshire.

Comments included: "You need to be able to offer more money and better terms and conditions to doctors to attract them to work here."

Suggestions were also made by small numbers of people around considering putting in place a 24 hour minor injuries unit alongside A&E, working more closely with EMAS and Lincolnshire Police to understand the impact on them and listening to and speaking to local people and use their views to shape decisions.

A number of respondents said they would like to see a change in the management of the hospital away from ULHT or to a private provider.

8) Other notes

A small number of respondents expressed a suspicion that ULHT is not telling the truth on figures and reasons for the change.

Two people said they recognised that the A&E issues are a knock-on effect of current difficulties in getting a GP appointment in some areas.

5. Impact on protected characteristic groups

The majority of people we spoke to said the change had not had an impact on them, but when prompted said it would impact on groups in the following ways:

Age

- Impact on older people who don't drive, who have to rely on public transport or ambulances.
- Families with young children struggle with transport.

Disability

- Concerned about how they would get to A&E if they don't drive. Would rely on ambulances or public transport.
- No provision for people with mental health problems at night.
- Those with suicidal thoughts and mental health issues can be regular users of A&E. Can't wait long for an ambulance after a suicide attempt.
- Blind/partially sighted- lack of transport.
- Need a mental health specific A&E service.
- Very few disabled taxis if you needed to get a taxi.

Pregnancy and maternity

- Impact on pregnant women who may have problems with their pregnancy and need to access A&E.

Social deprivation

- People may rely on taxis to get to hospital, not affordable for those on low incomes
- Low social-economic backgrounds will rely on ambulances alone, so will be disadvantaged compared to those with transport.

6. Next steps

Further engagement meetings planned, as below.

We are also continuing to contact other groups to see if we can come to their meetings or send them information, including those covering migrants, mother and baby, mental health, substance misuse, respiratory, pregnancy and carers.

Group	Protected characteristic	Action
Carers First Sleaford	Carers, mental health	Meeting on 19.10.16
Grantham U3A	Older people	Meeting on 25.10.16
Alzheimer's group	Older people, carers, disability	Meeting on 26.10.16
Grantham Locality Forum – ULHT meeting	All	Meeting on 02.11.16
Grantham and area PPG representatives	All	Meeting on 21.11.16
Social media engagement	All	Regular posts asking for comment

