

Nuclear medicine engagement report

1) Introduction

A full public consultation on the future of the nuclear medicine service in Lincolnshire's hospitals was launched on Monday 28 February 2022, initially to run for 12 weeks.

This followed a review of the service, both by clinicians and with the input of the ULHT Patient Panel, looking at the sustainability of the service going forward and possible future options.

Before the consultation was launched, the following pre-engagement took place:

- Review of patient experience data around the nuclear medicine service for the years 2018 and 2020.
- Presentation to Lincolnshire Health Scrutiny Committee 15/09/21
- Options development workshop with ULHT Patient Panel 19/10/21

At the beginning of the consultation we had planned four virtual engagement events for participants to attend, due to uncertainty around the safety of face-to-face events in the wake of the COVID-19 pandemic.

During the course of the consultation, there was a request from the Lincolnshire Health Scrutiny Committee that we consider putting on additional face-to-face consultation events, to maximise the opportunity for our public to contribute and given the waning risks around COVID-19.

We therefore added an additional three face-to-face events to our schedule, in the places where it was felt the most impact of any service change might be felt (based on postcode data).

As a result of these additional meetings, we extended the consultation period by an extra two weeks due to the Lincoln City Council local election purdah period, which ran from 21/03/22 to 05/05/22 and prevented us from holding face-to-face meetings for a period of time.

In total, the consultation ran for 14 weeks from Monday 28 February 2022 to Monday 6 June 2022.

2) Engagement activity and response rates

Staff engagement around this proposed service change has been undertaken outside of this public engagement process, with a series of staff meetings.

However, staff were also encouraged to fill in the survey and attend engagement events if they wished.

Public engagement around the future of this service has taken a number of different forms; to enable everyone who wishes to participate to give their views.

This has included public meetings held both virtually and in person, an online survey, paper copies of surveys, direct approaches to nuclear medicine patients and offers of attendance at any patient groups across Lincolnshire.

All engagement meetings have been held in a standard format, with a presentation about the challenges faced and potential options by Head of Nuclear Medicine Laura White, followed by an opportunity for members of the public to offer their views and ask follow-up questions.

In addition, we have carried out a public online survey (also available in paper copy), which was promoted in the local media, on social media, and shared with community groups.

We have held six engagement meetings- two in person and four virtually, which have attracted 10 attendees. The planned face-to-face engagement event planned in Spalding on 10/05/22 was cancelled on the day, due to no members of the public having booked in to attend, in spite of extensive advertising both on social media and in the local media.

We have also attended the Lincolnshire Health Scrutiny Committee, the ULHT Patient Panel, a Lincolnshire CCG meeting and one GP practice Patient Participation Group meeting.

In addition we have received 22 pieces of individual correspondence about the proposed change and options which have been individually logged. The survey has also attracted 919 responses.

Therefore, overall we have listened to over 990 people who have provided their views on this subject.

Meeting	Detail	Numbers at event
Virtual engagement meeting	08/03/22	0
ULHT Patient Panel	15/03/22	20
Lincolnshire HSC	16/03/22	Panel members
Virtual engagement meeting	28/03/22	1
Virtual engagement meeting	13/04/22	2
CCG meeting	14/04/22	9
Virtual engagement meeting	03/05/22	0
Sidings PPG meeting	03/05/22	7
Face to face engagement meeting	10/05/22 in Spalding	CANCELLED
Face to face engagement meeting	23/05/22 in Grantham	4
Face to face engagement meeting	31/05/22 in Skegness	3

3) Promotion

During the course of the consultation, we have carried out extensive communication with our staff, public, patients and stakeholders about the nuclear medicine service and opportunities to engage. This has included:

- Media press releases issued to all local media on 28/02/22 and 05/04/22 (eliciting a good level of local online, print and broadcast coverage)
- Regular ongoing social media messaging through ULHT corporate Facebook, Twitter and Instagram accounts. Including reminder messaging in advance of each public meeting
- Ongoing advertising on ULHT website
- Column across local publications The Lincolnite, Boston Standard series and Grantham Journal series w/b 25/03/22
- Stakeholder messages, asking for word to be spread to constituents, staff and on social media channels, on 28/02/22 and 05/04/22
- Posters and flyers displayed in hospital nuclear medicine departments
- Flyers distributed at Boston Asda roadshow event on 08/04/22
- ULHT staff-facing messaging including in Weekly Roundup, CEO blog, ULHT Bulletin, staff intranet and on closed staff Facebook group.

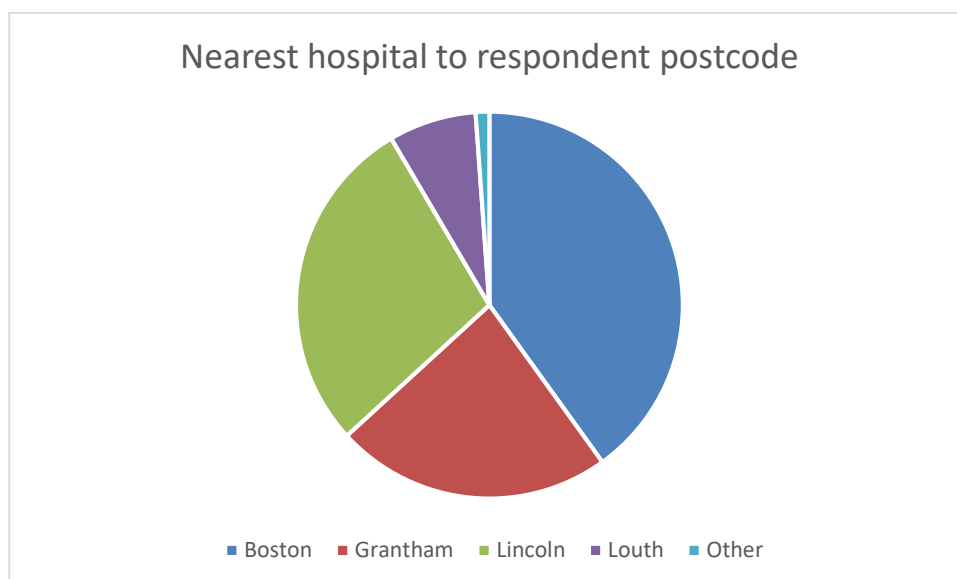
4) Findings

Survey

The survey was circulated using all of the channels described above and ran from Monday 28 February 2022 to Monday 6 June 2022. It attracted 919 individual responses.

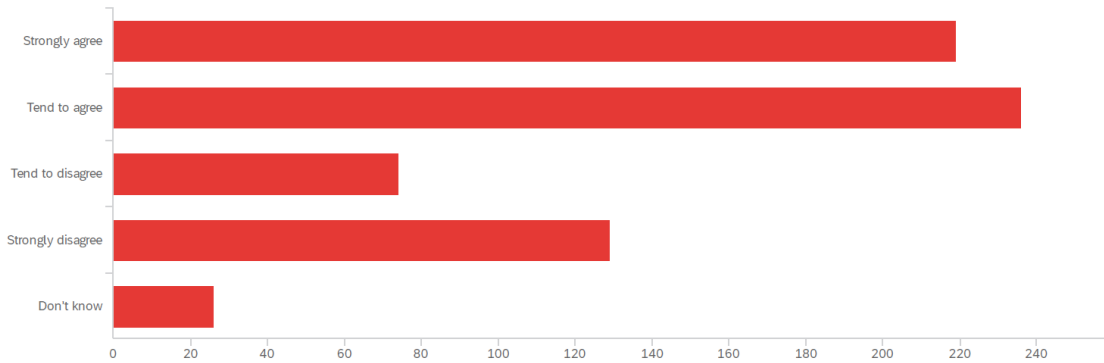
The full results of the survey can be found on our website.

For information on split of respondents based on the nearest hospital to their postcode, please see below. Other hospitals include those outside of Lincolnshire.



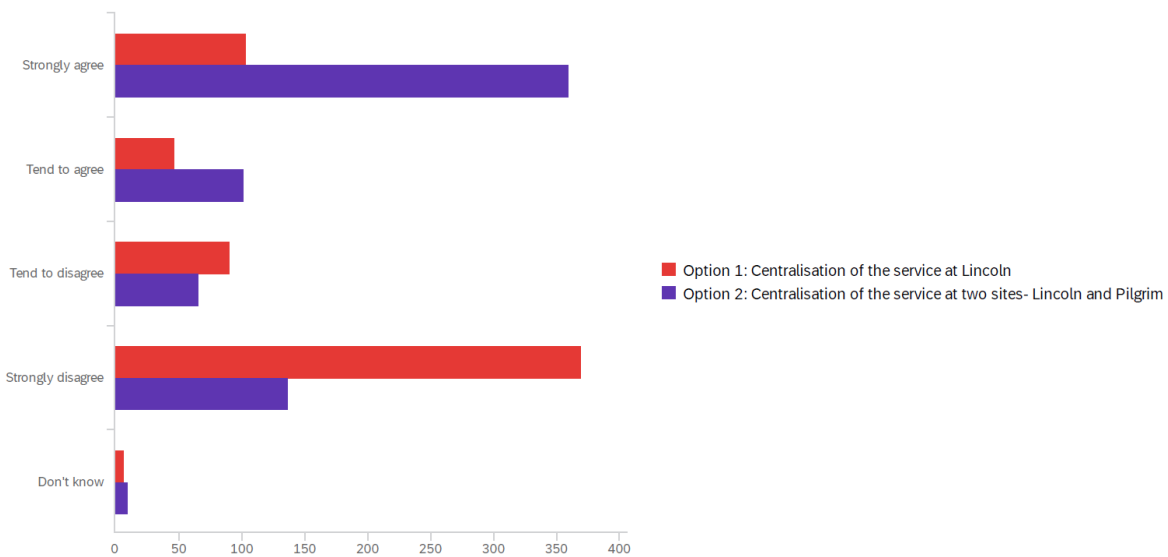
A summary of responses to the key questions asked is outlined below:

How much do you agree or disagree that the Nuclear Medicine service needs to change to ensure a safe and sustainable service to patients in Lincolnshire?



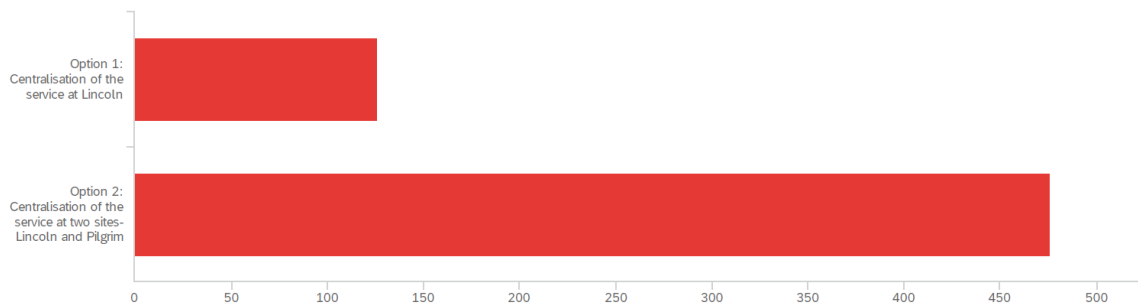
Of the respondents who answered this question, over 66% either tended to agree or strongly agreed. 30% either tended to disagree or strongly disagreed.

Please tell us how much you agree or disagree with proposed Option 1 or proposed Option 2



Overall, the trend of responses was to broadly agree with Option 2, rather than Option 1.

What is your preferred choice for changes to nuclear medicine services?



Overall, 79% of respondents said they preferred Option 2, and 21% of respondents preferred Option 1.

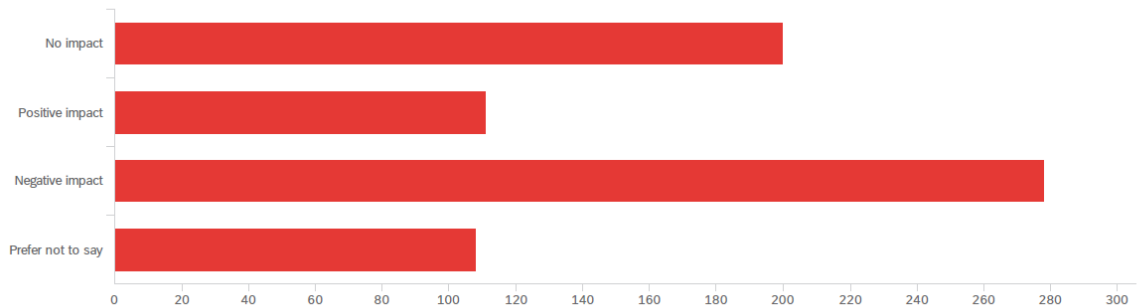
Please tell us why you chose your preferred option and if you have any other suggested proposals to address the identified challenges?

Key points included:

- The service needs to be at Pilgrim to save patients travelling so far and to efficiently serve all the areas to the east of the county and coastal areas
- Lincolnshire is a large county and so needs two centres to provide greater resilience and better patient access
- Better to have a robust service of excellence on one site, than poor practice on two sites
- Preferably keep all three sites open.
- It should be Lincoln and Grantham
- Transport cost and availability is a big consideration. The elderly population would find it more difficult to travel or to find transport.
- The ambulance service will not be able to support patient travel to one site because of increased distance for some patients
- Move the whole service to Louth
- Centralisation at Lincoln would be detrimental to breast services that require vital nuclear medicine support, particularly at Boston
- The radiopharmacy is already at Lincoln and it is the most central option.
- Low numbers of patients will be affected, all of whom only have to access the service very rarely.
- Moving nuclear medicine from Grantham will put undue pressure on the current echo appointments which can delay chemo starting.
- Centralise it to Grantham
- Provide mobile services to all ULHT sites
- Believe centralisation to one site will be more cost effective, however there needs to be an assurance that transport for people without their own cars/ access to public transport will be addressed
- COVID has shown the benefit of splitting resources to help minimise spread of infection. If you have just one centre it increases the risk and reduces options to manage the crisis.
- People have to travel for other specialised services, this is no different
- Spreading the appointments between hospitals will provide patients with more choice.

- Opposed to centralisation of services at Lincoln
- Would prefer to avoid all paediatric nephrology patients having to travel to Lincoln for imaging
- Fuel prices and the cost of living are increasing.

Please tell us about the impact the proposed changes to nuclear medicine services might have on you:



39% of respondents felt that any service change would have a negative impact on them, 29% said they felt it would have no impact and 16% said that they felt it could have a positive impact.

Please tell us the reason for your answer and what could be done to reduce any negative impacts.

Key points included:

- Don't want to travel further
- As I get older, travel becomes more difficult
- Lack of public transport in Lincolnshire
- Difficult to navigate an unfamiliar hospital
- Centralisation makes sense, to make best use of the staff you have
- Better to have a centre of excellence
- Having a better funded service will likely improve the quality of the service
- Worry about impact on breast surgery at Pilgrim if service removed from there
- Easier to recruit staff in Lincoln if centralised
- Should be aiming to make services available more locally and closer to home
- Travel can cause anxiety and worry
- Worry about availability of car parking at Lincoln
- Worry for the staff who will be affected by any change
- One site could lead to unnecessary delays for treatment
- Four hour round trip to Lincoln by bus for people from Skegness
- Want to see the service secure for the future
- Centralisation never works
- Newer equipment and a more efficient service would benefit me
- Having a service at Grantham should not be ruled out

- Worried I may not be well enough to travel long distances
- Patients may refuse treatment because of long travel times, leading to deterioration in their condition
- Negative impact in terms of travel for those living in South Lincolnshire and the East Coast
- Would like to have a choice of where I go
- Not practical to centralise
- Impact of travelling isn't just cost- time off work, carers for children etc.
- Have to travel for most things anyway
- Positive impact of having these services in Lincolnshire, not out of county
- Worried about population increases and the need for these services increasing
- Worried about resilience of just one site if equipment breaks down
- Concerned centralisation will result in long waiters on the cancer pathway
- Would like to see more modern equipment with lower dose imaging of patients- safer
- Discrimination against Grantham population

Suggestions to reduce negative impacts:

- Put on a free inter-hospital bus service
- Improve car parking facilities at Boston and Lincoln
- Develop more services in Peterborough and Kings Lynn
- Invest more
- Centralise management structure
- Retain current service
- Explore the possibility of mobile service
- Have one camera on each site
- Centralise at Grantham only- most central location
- Find the funding to increase the service, not decrease it
- Extend the volunteer driving scheme

Consultation meetings

Of seven public consultation meetings that were scheduled, three did not go ahead due to no attendees being present. The remaining four attracted a total of 10 attendees. A summary of the feedback from these meetings is below:

- Don't like either of the two options being put forward.
- From Grantham, Boston is impossible to get to on public transport.
- Should put any centralised facility in Grantham as it is in the middle of the county.
- We need to take into account that there are places in Lincolnshire that are far away on the coast.
- It would be wrong for people to have to travel 50-plus miles when they are obviously not well
- People in poorer communities would struggle to access the service.
- Could we put transport on?
- You can't put more pressure on the ambulance service, they are already stretched.

- Need to remember that sometimes patients need to go back two days in a row for tests, which is worse if you have to travel a long way.
- Transport is easier from Grantham to Lincoln than to anywhere else in the country- so Lincoln would be preferred option for centralisation
- Plans must take into account future population increases, especially in Grantham and Boston.
- Concerned about the practical implications of a nuclear medicine service change on the breast service.
- Could we explore mobile scanners as an option?
- Can understand the options given, due to staffing issues and pressures.

ULHT Patient Panel

A presentation was made to 20 members of the ULHT Patient Panel as part of the consultation exercise.

A summary of the feedback from the panel is below:

- Have we explored why so many referrals come from LN postcodes?
- The question of transport urgently needs to be answered
- With the issues around training of technicians, is there a possibility to link in with the University of Lincoln?
- You have known about the A&E plans at Pilgrim for years. If you are knocking down the nuclear medicine department doesn't it mean that you have already made the decision to close the Boston unit?
- The more sites you can deliver a service from the better for transport reasons.
- Need to remember that the LN postcode goes as far as the East Coast, so use of postcodes gives a misleading impression of locations.
- Need to consider people going elsewhere (out of county) when developing the options.
- Will need to improve waiting facilities at Lincoln, if more patients are seen there
- Need to look at the solution logically. Two sites are better for patient accessibility, but the service is split and staff have to share and it will hamper making this a service of excellence.
- If you do centralise at Lincoln and put on transport, you could make it a better and quicker service of excellence.
- Could consider taking an apprentice at Boston to secure staffing numbers in the next two years
- Need to compare patient experience and having a centre of excellence. Patients will use this kind of service only once, and therefore will experience any inconvenience only once- and in exchange they get the best facilities, equipment and staff. It has to be centralisation at Lincoln.

Lincolnshire Health Scrutiny Committee response

Lincolnshire Health Scrutiny Committee received a presentation on the challenges facing the nuclear medicine service in September 2021, and then another presentation asking them for their response to the public consultation in March 2022.

Both of these constructive meetings allowed councillors to ask questions of the service lead and determine their response to the changes being proposed.

The HSC provided a formal response to the consultation with outlined that they:

- Tend to disagree that the nuclear medicine service in Lincolnshire needs to change.
- Tend to disagree with Option 1
- Tend to disagree with Option 2

The committee's response included the following comments:

"The Health Scrutiny Committee for Lincolnshire cannot support either options 1 or 2. Option 1 - The Committee is very concerned that the consultation exercise pre-supposes a conclusion that the nuclear medicine service will be centralised at Lincoln County Hospital, so cannot support option 1."

The grounds of this response were multiple, but included:

(1) Impact on patients – Either option would displace thousands of patients per year

(2) Impact on staffing – Whilst the difficulties in recruiting, training and retaining staff have been explained, patient numbers over recent years have not reduced, and it is not clear how these difficulties would be addressed by a centralised service.

(3) Age of gamma cameras – If cameras are unreliable because of their age, the Trust should be seeking replacement of at least two cameras as soon as possible, irrespective of the service configuration.

(4) Car parking - On a practical level, centralising at either one or two sites will lead to more patients attending both Boston and Lincoln, putting more strain on the patient car park at these two hospitals.

The committee believes that any change to the service would have a negative impact on the population of Lincolnshire, on the grounds of travel and transport, patient car parking issues, and the potential need to transfer inpatients.

Clinicians' views

A number of ULHT clinicians formally responded to the consultation by email, raising concerns about various elements of the proposed service change and impact upon other specialties and services that have not been addressed in consultation paperwork. This is specifically in relation to Option 1- Centralising the service at Lincoln hospital.

A summary of the concerns raised is below:

- Cardiology services use cardiac nuclear imaging as part of diagnosis as well as assessment of the extent of Myocardial Ischaemia. From a cardiology perspective there is a strong argument to keep the service running on the Pilgrim site to keep up with demand.
- Nuclear medicine is used regularly for orthopaedic revision patients, and displacing the services from Pilgrim would seriously hamper the work-up of these patients who already have mobility issues.

- For urology patients, there is a great advantage for nuclear medicine being continued at Pilgrim. Urology patients are elderly and accessing the services at Lincoln would be a challenge.
- Some pregnant ladies require VQ scans, and it would put a strain on them to have to travel to Lincoln from Boston.
- Concerned for patients with PD that need Datscans, as if they need to travel to Lincoln is going to be much more difficult for them. The same for elderly patients that need bone scans. Concern that any change will affect the most vulnerable population for whom it is difficult to travel.
- Endocrinology service receive patients from Spalding and beyond who would not be happy /able to travel further for investigations. This would compromise/delay management.
- Could have a significant impact on breast cancer surgery currently carried out at Pilgrim.
- Implication on paediatric renal outpatients.

Other responses

- One of the Pilgrim cameras was purchased through Pilgrim Heart and Lung Fund (PHLF) registered charity, and just recently software for gated assessment of myocardial function was purchased through the same charity, and is just about to start running.
- Suggestion that it was a biased consultation, considering a service at Grantham was not put forward as an option.
- Felt that the public were not able to comment as early as possible in the decision making process.
- **Boston MP Matt Warman**- no case for the centralisation of services at Lincoln.
- **Rotary club of Boston**- responded to say that the service must be retained at Boston, due to transport issues to other sites and also co-dependent services. It also raised the issue of equipment within the department that has been funded by charity, including the Rotary Club of Boston, and they would regard the removal of this equipment to be totally unacceptable and of dubious legality.
- **Sidings PPG**- Would like to see more efforts to recruit and retain staff. Concerns about transport infrastructure in Lincolnshire and the impact upon the East Coast population of any change. Believe that the two site model is the only feasible option.
- **Lincolnshire CCG**- Would strongly back the consolidation at LCH option – makes sense in terms of supporting the ambition for excellence in NHS care and best possible care for patients, and creating best service model for great staff to thrive in.

5) Themes

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

General comments:

- Majority of people recognised the need for change
- Recognition that centralisation to achieve a more robust and specialised service is preferable
- Travel and transport was the biggest area of concern
- Concerns raised about health inequalities across the county/ inequality of service

- Clinicians felt that co-dependent services had not been fully consulted or taken into account in options development
- Some felt that a 'do nothing' option should have been put on the table, others felt that centralisation at Grantham should have been considered
- No overall agreement on preferred way forward, due to the above
- Of the two options presented, Option 2 was preferred
- Issues raised around purchase of equipment at Pilgrim by charity, and issues around movement and disposal of that
- Consideration still needs to be made around the short-term future of the Pilgrim service due to the ongoing A&E redevelopment

Areas of concern around change:

- **Travel and transport-** Issues with access for people with no transport, lack of public transport provision, questions about possibility of putting on transport, concerns about car parking on Lincoln site if centralised there, possible negative impact upon ambulance service
- **Inequality-** Concerns around possible disadvantage to those who are elderly, disabled or on low incomes as a result of possible further distances to travel for treatment and cost of fuel
- **Co-dependent services-** Concerns that the full impact of any change on other co-dependent services has not been fully understood or addressed.
- **Other interests-** Charity donations of equipment to the Pilgrim service could pose an issue
- **Resilience-** Concern that a service at just one site is not very resilient in the face of issues such as fire, pandemic etc.
- **Choice-** Concerns that a one-site service provides no patient choice of location for treatment
- **Waiting lists-** Concerns about the impact any centralisation will have on waiting lists

Areas of support for change:

- **Cost effectiveness-** Recognition that service would operate more efficiently from fewer sites
- **Ability to specialise-** Recognition of benefits of a specialist service on one site
- **Patient impact-** Patient number affected would be low, compared to relative benefit
- **Staff-** Recognition that consolidation would result in best use of staffing resource and possible improved experience for staff
- **Co-located service-** Recognition that the radiopharmacy at Lincoln means Lincoln needs a service

Preferred outcome:

There was no overall consensus on the preferred outcome from the consultation findings. Support for Option 2 (a two-site model) was overwhelming from the patient survey, but less so from other engagement activities. Many suggestions were made about the need to look at a 'no change' option or to explore a continuation of service or centralisation of service at Grantham hospital.

Constructive suggestions:

- Put on a free inter-hospital bus service
- Improve car parking facilities at Boston and Lincoln
- Explore the possibility of mobile service
- Have one camera on each site
- Centralise at Grantham only- most central location
- Extend the volunteer driving scheme
- Work more closely with University of Lincoln on recruitment
- Focus on staff retention.