

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE**

**27 JUNE 2017**

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**NHS ENGLAND CONSULTATION: CONGENITAL HEART DISEASE SERVICES  
UPDATE FROM THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**


The Health Scrutiny Committee for Lincolnshire considered and approved its response to the NHS England consultation on Congenital Heart Disease on 15 March 2017, with the response submitted to NHS England on 17 March 2017.

The Health Scrutiny Committee for Lincolnshire did not support the proposed decommissioning of Level 1 congenital heart disease services from the East Midlands Congenital Heart Centre and the Committee's full response - appended to this paper – reflected this. The Committee also made a series of recommendations to NHS England as part of its response.

Following the submission of the response, NHS England indicated its intention that the NHS England Board would make a decision on the proposals on 30 November 2017. However, as the consultation period was extended from the original closing date of 5 June to 17 July 2017, it is not known if NHS England will adhere to its plan for a November decision. The Health Scrutiny Committee for Lincolnshire will consider the decision of the NHS England Board once it has been made.

**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**

20 June 2017

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**PROPOSALS TO IMPLEMENT STANDARDS FOR CONGENITAL HEART DISEASE SERVICES FOR CHILDREN AND ADULTS IN ENGLAND**

**RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE CONSULTATION QUESTIONS**

**Meeting the standards**

1. *In what capacity are you responding to the consultation?*

- Current CHD patient
- Parent, family member or carer of a current CHD patient
- Member of the public
- CHD patient representative organisation
- Voluntary organisation / charity
- Clinician
- NHS provider organisation
- NHS commissioner
- Industry
- Other public body
- Other

If other, please specify.

The Health Scrutiny Committee for Lincolnshire is responding to the consultation as a Health Overview and Scrutiny Committee, constituted in accordance with Section 244 of the National Health Act 2006. NHS England is obliged to consult on its proposals in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, although this is not clearly stated in the consultation document.

The Health Scrutiny Committee for Lincolnshire hereby gives notice to NHS England that the Committee is treating the consultation as one being undertaken in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Accordingly, although the Committee has responded to the consultation using the form provided, the Committee cannot be constrained in its response by the questions posed by NHS England. Further, the Committee is entitled to include and has included recommendations in this response, as provided for under Regulation 23(5) of the Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Committee draws the attention of NHS England to the obligation on NHS England to give due consideration to these responses and to address the recommendations by virtue of Regulation 23(5) Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and the guidance issued by the Secretary of State for Health.

2. *In which region are you based?*

- Not applicable/regional/national organisation
- England – North East
- England – North West
- England – Yorkshire and The Humber
- England – East Midlands
- England – West Midlands
- England – East of England
- England - London
- England – South East
- England – South West
- Scotland
- Wales
- Northern Ireland

3. *NHS England proposes that in future Congenital Heart Disease services will only be commissioned from hospitals that are able to meet the full set of standards within set timeframes. To what extent do you support or oppose this proposal?*

- Strongly support
- Tend to support
- Neither support or oppose
- Tend to oppose
- Strongly oppose

4. *Please explain your response to question 3.*

Whilst NHS England has approved a detailed set of standards for delivering congenital heart disease services, it is not applying these standards in an equitable or fair manner. This assertion is supported by two examples:

- (1) NHS England has granted Newcastle upon Tyne Hospitals NHS Foundation Trust additional time to meet the co-location standard. As a consequence of this inconsistency on the part of NHS England, NHS England is accepting that lower standards of care will be available to patients in the Newcastle catchment for an indeterminate period of time.
- (2) As NHS England does not plan any changes to the 'catchment' of Newcastle upon Tyne NHS Foundation Trust, and in the absence of any population growth in its area, Newcastle upon Tyne NHS Foundation Trust is going to fail to meet the standard for 500 operations per annum for an indeterminate period of time. As in (1) above, this means that NHS England is accepting that lower standards of care will be available to patients in the Newcastle catchment for an indeterminate period of time.
- (3) NHS England appears to have arbitrarily dismissed the growth plan prepared by University Hospitals of Leicester NHS Trust. The Health Scrutiny Committee for Lincolnshire would like to see evidence from NHS England that it has discussed the growth plan with the Trust. This growth plan of University Hospitals of Leicester NHS Trust sets out how the Trust will meet all the standards, including the key standard B10(L1) *[125 operations per surgeon per annum, averaged over three years, undertaken in teams of four surgeons]* by 2021. The Health Scrutiny Committee for Lincolnshire cannot find any evidence in any of the consultation documents that NHS England has undertaken any assessment of the growth plans of any of the other centres. This is a clear demonstration that NHS England is being inconsistent in its application of the standards.

Furthermore, NHS England is demonstrating inconsistency in its decision making on standard B10(L1), as it is applying this standard with immediate effect, rather than applying an average in three years' time.

**The Health Scrutiny Committee for Lincolnshire RECOMMENDS to NHS England that it applies the standards for the delivery of congenital heart disease services in Level 1 centres consistently, to ensure that each centre is treated equitably and fairly.**

5. *Can you think of any viable actions that could be taken to support one or more of the trusts to meet the standards within the set timeframes?*

As stated in the response to Question 3, the Health Scrutiny Committee for Lincolnshire contends that NHS England is not applying the standards equitably and fairly. Equitable treatment of each of the Level 1 providers would mean that each provider would receive the same degree of support, but at the same time be subject to the same level of scrutiny. Currently some centres are receiving support that is not available to others, and some centres are not being scrutinised in the same way.

As stated in the response to Question 3, **the Health Scrutiny Committee for Lincolnshire RECOMMENDS to NHS England that it applies the standards for the delivery of congenital heart disease services in Level 1 centres consistently, to ensure that each provider is treated equitably and fairly.**

***Central Manchester University Hospitals NHS Foundation Trust and University Hospitals of Leicester NHS Trust***

*If Central Manchester and Leicester no longer provide surgical (level 1) services, NHS England will seek to commission specialist medical services (level 2) from them, as long as the hospitals meet the standards for a level 2 service. To what extent do you support or oppose this proposal?*

- Strongly support
- Tend to support
- Neither support or oppose
- Tend to oppose
- Strongly oppose

### **Royal Brompton and Harefield NHS Foundation Trust**

6. *The Royal Brompton could meet the standards for providing surgical (level 1) services for adults by working in partnership with another hospital that provides surgical (level 1) services for children. As an alternative to decommissioning the adult services, NHS England would like to support this way of working.*

*To what extent do you support or oppose the proposal that the Royal Brompton provide an adult only (level 1) service?*

- Strongly support
- Tend to support
- Neither support or oppose
- Tend to oppose
- Strongly oppose

### **Newcastle upon Tyne Hospitals NHS Foundation Trust**

7. *NHS England is proposing to continue to commission surgical (Level 1) services from Newcastle upon Tyne Hospitals NHS Foundation Trust, whilst working with them to deliver the standards within a different timeframe. To what extent do you support or oppose this proposal?*

- Strongly support
- Tend to support
- Neither support or oppose
- Tend to oppose
- Strongly oppose

### **Travel**

*We know that some patients will have to travel further for the most specialised care including surgery if the proposals to cease to commission surgical ( level 1) services from Central Manchester University Hospitals NHS Foundation Trust (adult service); Royal Brompton & Harefield NHS Foundation Trust (services for adults and children); and University Hospitals of Leicester NHS Trust (services for adults and children) are implemented.*

8. *Do you think our assessment of the impact of our proposals on patient travel is accurate?*

- Yes
- No

9. *What more might be done to avoid, reduce or compensate for longer journeys where these occur?*

The Health Scrutiny Committee for Lincolnshire does not accept NHS England's approach to implementing the congenital heart disease commissioning standards, on the basis that they are not being applied equitably and fairly. If the standards were applied equitably and fairly, the Health Scrutiny Committee for Lincolnshire believes that there would be no need for mitigation for the longer journeys which NHS England is intending to impose on the people of Lincolnshire.

Paragraph 96 of the consultation document refers to an average increase in journey time for children using Leicester of 14 minutes. The Health Scrutiny Committee for Lincolnshire has considered the details on travel times provided on pages 34 and 35 of *Equality and Health Inequalities Analysis – Draft for Consultation*. The Health Scrutiny Committee for Lincolnshire is clearly concerned about Lincolnshire patients, and understands that most of these patients would be required to travel to Leeds, according to the maps on pages 32-34 of *Equality and Health Inequalities Analysis – Draft for Consultation*. The Health Scrutiny Committee for Lincolnshire does not accept the way NHS England is relying on average increases in travel times, which does not recognise the impact in a county such as Lincolnshire. NHS England also needs to pay appropriate attention to patients who have to use public transport.

The Health Scrutiny Committee for Lincolnshire would like to reiterate recommendation 10 of the Independent Reconfiguration Panel in 2013 [*Advice of the Independent Reconfiguration Panel on Safe and Sustainable Proposals for Children's Congenital Heart Services – Submitted to the Secretary of State for Health on 30 April 2013 and published on 12 June 2013*] which states:

*"More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered."*

Recommendation 10 of the Independent Reconfiguration Panel refers to the issue of accessibility, and this remains a matter of great concern for the residents of Lincolnshire.

## **Equalities and health inequalities**

*We want to make sure we understand how different people will be affected by our proposals so that CHD services are appropriate and accessible to all and meet different people's needs.*

*In our report, we have assessed the equality and health inequality impacts of these proposals. Do you think our assessment is accurate?*

Yes

No

10. *Please describe any other equality or health inequality impacts which you think we should consider, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?*

The Health Scrutiny Committee for Lincolnshire is disappointed that NHS England has not fully taken account of the equality and health inequality impacts affecting rural areas such as Lincolnshire. There are levels of rural deprivation in Lincolnshire, particularly in the east of the county, where people are unable to access public services with ease, particularly because of an absence of reliable public transport.

## **Other impacts**

*We want to make sure that the proposed changes, if they are implemented, happen as smoothly as possible for patients and their families/carers so it is important that we understand other impacts of our proposals.*

11. *Do you think our description of the other known impacts is accurate?*

Yes

No

12. *Please describe any other impacts which you think we should consider, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?*

Paragraph 113 of the consultation document refers to ECMO [Extracorporeal Membrane Oxygenation] and states that as a result of decommissioning services from University Hospitals of Leicester NHS Trust, 55 children would be affected by the Trust no longer being able to provide cardiac or respiratory ECMO mobile ECMO for children. NHS England has failed to explain how mobile ECMO services will be provided in the future, as the services provided by University Hospitals of Leicester NHS Trust are specialised and provide support to children throughout the country.



**The Health Scrutiny Committee for Lincolnshire RECOMMENDS that NHS England demonstrate its plans for replacing the existing mobile ECMO service for children provided by University Hospitals of Leicester NHS Trust.**

Paragraph 108 of the consultation document refers to the paediatric intensive care units (PICUs) at University Hospitals of Leicester NHS Trust: one at Glenfield Hospital; and the other at Leicester Royal Infirmary. NHS England states that the future of the PICU at Glenfield Hospital is uncertain, whereas the provision of the PICU at the Infirmary would be unaffected, whether the proposals are implemented or not. NHS England does not state that the reason the PICU at Glenfield Hospital is closing is to meet the co-location standard set by congenital heart disease standards. The Health Scrutiny Committee for Lincolnshire understands that the concern of University Hospitals of Leicester NHS Trust is the overall level of PICUs in England, and the impact of decommissioning Level 1 services on the viability of the Trust being able to continue providing PICU at all.

Any other comments

13. Do you have any other comments about the proposals?

Unnumbered Question Between Questions 5 and 6 - Level 2 Centres

The Health Scrutiny Committee for Lincolnshire would like to explain its answer to the 'unnumbered' question between consultation questions 5 and 6 (*page 33 of the consultation document / page 12 of the consultation summary document*). In response to this question the Committee states that it neither supports nor opposes the proposal relating to the commissioning of Level 2 services from Central Manchester University Hospitals NHS Foundation Trust and University Hospitals of Leicester NHS Trust. The Health Scrutiny Committee for Lincolnshire is disappointed that services relating to two trusts have been combined into a single consultation question. The proposed decommissioning of Level 1 services from Central Manchester would still leave a Level 1 centre in the north west region. If Level 1 services are decommissioned from Leicester, there would be no Level 1 centre in the East Midlands.

In its response to the consultation on the proposed congenital heart disease standards in November 2014, the Health Scrutiny Committee for Lincolnshire drew attention to the NHS England's aim of "*tackling variations so that services across the country consistently meet the demanding performance standards and are able to offer resilient 24/7 care*". The Health Scrutiny Committee for Lincolnshire queried at that time whether operating in some parts of the country with Level 1, Level 2 and Level 3 centres, whilst other parts of the country operated with Level 1 and Level 3 centres, was consistent.

### Growth Plan of University Hospitals of Leicester

Paragraph 33 of the consultation document states that NHS England does not accept the growth plan of University of Hospitals of Leicester to reach an overall caseload of 500 by 2021. NHS England fails to state the reasons for not accepting the growth plan of University of Hospitals of Leicester NHS Trust. The Health Scrutiny Committee for Lincolnshire seeks assurance from NHS England, supported by evidence, that it has given due consideration to the growth plan of University Hospitals of Leicester NHS Trust. The Health Scrutiny Committee for Lincolnshire would expect this evidence to include dates and times of visits by NHS England to University of Hospitals of Leicester NHS Trust to discuss the growth plan.

Paragraph 33 of the consultation document states that NHS England does not consider the projections of University Hospitals of Leicester NHS Trust of an overall caseload of 500 by 2021 as sound. The caseload of University Hospitals of Leicester NHS Trust is growing, and is planned to grow as a result of patients beginning to use the Trust from the Northamptonshire and Peterborough areas. **The Health Scrutiny Committee for Lincolnshire RECOMMENDS that NHS England facilitate meaningful discussions with University Hospitals of Leicester NHS Trust on the development of its caseload and catchment area.**

### Special Case Status for Newcastle upon Tyne Hospitals NHS Foundation Trust

On 8 July 2016, NHS England stated that it was minded to cease services at Newcastle upon Tyne Hospitals NHS Foundation Trust. This was supported by the publication of *Paediatric Cardiac and Adult Congenital Heart Disease Standards Compliance Assessment: Report on the National Panel* on 15 July 2016. However, the consultation document refers to the need for Newcastle upon Tyne Hospitals NHS Foundation Trust to be treated as a special case, as it will be given longer to address the co-location standard. This is another example of inconsistency on the part of NHS England.

### Interventional Cardiology

Paragraph 35 of the consultation document refers to interventional cardiology and the requirement in the standards for each centre to have a team of three interventional cardiologists, with the lead cardiologist undertaking a minimum of 100 procedures per annum and the other two members of the team providing a minimum of 50 procedures per annum. NHS England fails to mention in this paragraph that it is not only Leicester, but most centres in England are going to struggle to meet this standard. **The Health Scrutiny Committee for Lincolnshire RECOMMENDS that NHS England applies the same level of scrutiny to the ability of each centre to meet the interventional cardiology standard.**

### Tendentiousness of the Consultation Document

In the following paragraphs, the Health Scrutiny Committee for Lincolnshire would like to highlight some defects in the consultation document, where NHS England deliberately presents information in a way to diminish University Hospitals of Leicester NHS Trust.

Paragraph 34 of the consultation document refers to patients being transferred from Leicester to other centres. NHS England makes three omissions from this paragraph (and from the document as a whole):

- (1) NHS England does not indicate that the number of cases that have been transferred from Glenfield to other centres (Great Ormond Street Hospital and Newcastle) is very small, and does not state the reasons for these transfers (heart transplants).
- (2) NHS England has failed to publish information in the consultation document on the number of transfers from other centres.
- (3) NHS England has failed to identify the link between paragraph 34 and standards.

Paragraph 36 of the consultation document refers to the arrangements for the co-location of services. The reference to the original co-location proposal of University Hospitals of Leicester NHS Trust has been included in this paragraph, but this is irrelevant as paragraph 36 states clearly that Trust's proposal to move paediatric cardiac Level 1 services to Infirmary site would allow it to achieve full compliance with the co-location requirements. The Health Scrutiny Committee for Lincolnshire believes that NHS England has included such a reference to diminish University Hospitals of Leicester NHS Trust.

Paragraphs 39-40 of the consultation document make a comparison between the cessation of surgery at the John Radcliffe Hospital in Oxford and the proposals for University Hospitals of Leicester NHS Trust. The Health Scrutiny Committee for Lincolnshire objects most strongly to the inclusion of these two paragraphs, as the circumstances in Oxford prior to 2010 have not occurred in Leicester.

### Absence of Information on Centres Meeting All the Standards

Paragraph 57 of the consultation document refers to two key standards. The Health Scrutiny Committee does not understand why the standard requiring 125 procedures per annum per surgeon is now being applied with immediate effect, rather than being averaged over a period of three years.

Paragraphs 59-60 of the consultation document refer to the findings of the National Panel in May 2016. It clearly states that as of May 2016 not one of the centres was meeting all the standards. At no point since the publication of *Paediatric Cardiac and Adult Congenital Heart Disease Standards Compliance Assessment: Report of the National Panel* on 15 July 2016 has NHS England provided any information on the plans of any of the centres to meet the standards. Either NHS England is ignorant of these plans or it is being secretive because publication of

these plans would lead to scrutiny and most likely indicate that it was still the case that no centre met all the standards.

### Consultation Meetings

Paragraphs 75-79 of the consultation document refer to the consultation process. The Health Scrutiny Committee for Lincolnshire has already set out its concerns in relation to the content of the consultation document, but the Committee is also concerned on aspects of the consultation process. NHS England states that as many people as possible, with an interest in CHD services in England, have an opportunity to contribute their views. The Health Scrutiny Committee for Lincolnshire is not convinced that NHS England has made adequate arrangement for public meetings:

- (1) The Health Scrutiny Committee for Lincolnshire would like to draw NHS England's attention to its inclusion of a series of meetings of health overview and scrutiny committees in the programme of meetings with stakeholders and the public. A meeting of a health overview and scrutiny committee, held under the local government legislation, is a 'meeting open to the public', rather than a 'public meeting'. At a public meeting people would expect to be able to speak and ask questions, whereas there is no automatic right for members of the public to speak at health overview and scrutiny committees, which are simply open to the public.
- (2) The Health Scrutiny Committee for Lincolnshire would like to record its concern that the public meetings are all limited in terms of number of attenders, with some consultation meetings only accessible with a ticket obtained in advance. In particular the Committee would like to record its concern that the venue for Lincoln would be limited to 100 people.

### Extent of the Consultation Period

The Health Scrutiny Committee for Lincolnshire would like to record its concerns that the consultation period is running from 9 February to 5 June 2017 and as a result is extending into the local government pre-election period. The Health Scrutiny Committee for Lincolnshire accepts that it can meet during this period, and continue with its standard business, including responding to consultations. However, the limitations on local government publicity that apply during the purdah period will inevitably impact on the quality of the Committee's engagement and communication with the communities which the Committee represents.

The Committee's concern is not simply related to the pre-election period itself, which will begin no later than 27 March 2017 – this is the final date by which the notice of the county council election must be published by district councils. The period following 4 May 2017 is one in which a health overview and scrutiny committee will not be able to conduct any business, pending the appointment of committees by a newly elected council at its annual meeting.

### Increased Caseloads and Inequitable Application of Commissioning Standards

Paragraph 101 of the consultation document refers to the impact on other centres of additional operations, if NHS England's proposals were to be implemented. As stated above the Health Scrutiny Committee for Lincolnshire understands from the maps on pages 32-34 of *Equality and Health Inequalities Analysis – Draft for Consultation* that most Lincolnshire patients would be treated at Leeds General Infirmary. The additional patients from Lincolnshire and elsewhere would lead to a 10% increase in the Leeds caseload. Newcastle upon Tyne Hospitals NHS Foundation Trust is completely omitted from the table in Paragraph 101. It can thus be construed from paragraphs 101 and 102 that NHS England does not envisage any significant increase in the Newcastle caseload, as a result of its proposals. However, the 2015/16 caseload of Newcastle upon Tyne Hospitals NHS Foundation Trust stands at 328, well short of the 500 cases required per annum as part of the standards. The maps on pages 32-34 of *Equality and Health Inequalities Analysis – Draft for Consultation* do not indicate any change of the catchment of Newcastle upon Tyne Hospitals NHS Foundation Trust.

Similarly the table in paragraph 101 states that University Hospital Southampton NHS Foundation Trust would be expected to have an increase of 20 cases per annum. On the basis that University Hospital Southampton NHS Foundation Trust would be expected to treat 400 cases per annum (Caseload 380 for 2015/16, plus an additional 20 cases), this Trust will fail to meet the overall target of 500 cases by 2021.

Even allowing for NHS England's statement that the table in paragraph 101 should be treated as a 'guide', NHS England is putting forward a proposal that endorses both Newcastle upon Tyne Hospitals NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust failing to meet the required standard of 500 operations per annum. It can thus be concluded that either NHS England has failed to consider this shortfall or it has considered it, but is content with delivering lower standards of care at Newcastle upon Tyne Hospitals NHS Foundation Trust.

**The Health Scrutiny Committee for Lincolnshire RECOMMENDS that NHS England provides a clear clarification on:**

- (a) How NHS England envisages both Newcastle upon Tyne Hospitals NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust meeting the 500 operations per annum standard, with minimal or no change to their catchments.**
- (b) Why NHS England is endorsing the acceptance of lower standards of**

**care in the Newcastle and Southampton catchments by failing to bring forward proposals that would implement congenital heart disease standards equitably across England.**

#### Decision-Making and Transparency of Decisions

The Health Scrutiny Committee for Lincolnshire notes that paragraphs 52- 63 set out the decision making process from July 2015 (the approval of the commissioning standards). The Health Scrutiny Committee is not convinced that NHS England has acted transparently in its decision-making on the standards, as the Specialised Services Commissioning Committee of the NHS England Board meets in private and its papers are not available for public inspection. The reports of the Specialised Services Commissioning Committee to the NHS England Board are brief and do not inform. The Health Scrutiny Committee for Lincolnshire strongly believes that the decision making process is not transparent.

The Health Scrutiny Committee for Lincolnshire would also like the NHS England to confirm as soon as possible the date of the decision by the NHS England Board on the outcome of the consultation.

#### Conflict of Interest – Preferential Treatment

The Health Scrutiny Committee for Lincolnshire notes that Professor Huon Gray from the University Hospital Southampton NHS Foundation Trust is listed as a co-author of the foreword to the consultation document. The Health Scrutiny Committee for Lincolnshire understands that Professor Gray is undertaking a national role for NHS England.

The Clinical Reference Group for Congenital Heart Disease, which scored the clinical self-assessments from each hospital provider, is chaired by Dr Trevor Richens, Consultant in Congenital Heart Disease, from the University Hospital Southampton Foundation Trust.

The Committee would like assurance from NHS England that both Professor Gray and Dr Richens are not in breach of any provisions relating to conflict of interest, in any professional or managerial capacity, as both Professor Gray and Dr Richens are employed by the one of the trusts, listed in the consultation document.

Without a categorical assurance from NHS England on these points, the credibility of the consultation and NHS England's decision making are undermined and could be construed as defective. **The Health Scrutiny Committee for Lincolnshire RECOMMENDS that NHS England provide categorical assurance that there have been no conflicts of interest in the assessment process relating to Level 1 centres.**

**Councillor Mrs Christine Talbot  
Chairman of the Health Scrutiny Committee for Lincolnshire**

17 March 2017