

BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 21 May 2024 Board meeting:

Ref	Questions / Comments
No.1 (Item 10)	<p>What are the implications of current budgetary decision making on the delivery, quality and safety of services provided to the public?</p> <p><i>Question submitted by Healthwatch Bucks and Healthwatch Oxfordshire</i></p>
Response	<p>Attention is being given to the quality and safety of services, and the decisions that are being made as a system in this context. A robust governance framework is in place focusing on this, reporting up to the Population Health and Patient Experience Committee. The Chief Medical Officer and Chief Nursing Officers across the system are sighted on any savings proposals and will ensure a robust Equality and Quality Impact Assessment is undertaken to ensure impact and any implications for other parts of the system are understood.</p>
No. 2 (Item 11)	<p>We are all supportive of the strategy changes to support primary care, but need to be careful that there are no unintended adverse consequences.</p> <p>Primary care practices are introducing segmentation so that earlier appointments will be given to frailer and more vulnerable patients and consequently others will have to wait longer.</p> <p>I am aware of people waiting 4 weeks to have worrying skin growths examined. Are we going to see an uptick in advanced melanoma and other cancers or can we devise a more intelligent approach?</p> <p>To put it sharply, how can it make sense to have a 2-week diagnostic pathway for urgent diagnosis when some patients have to wait 4 weeks for an appointment?</p> <p>Can we have urgency intelligently implemented throughout the patients journey from primary to secondary care?</p> <p><i>Questions submitted by Tom Lake</i></p>
Response	<p>The implementation of the primary care strategy will use continuous improvement approaches. This means that any change to service provision big or small will be monitored for impact which will enable us to identify any unintended consequences as they emerge.</p> <p>Patient segmentation is explained within the glossary of the strategy document. It allows health and care professionals to use the data held on a patient to inform the care of that individual. Patients have always been seen from a timing point of view depending on their clinical need and urgency. Segmentation is just one tool that will help direct patients to the right healthcare professionals first time & used with other triage methods. The value of segmentation is that it helps improve continuity for those with multiple or complex conditions, with their GP or appropriate coordinating clinicians. It does not mean that other patients are expected to wait because they may appear to be otherwise well. Segmentation would be a tool used at point of initial contact with a practice, it is not used to influence onward care as in the case of the cancer pathways. These should happen as clinically appropriate.</p> <p>The 2-week pathway is from initial contact (often with the GP) and suspicion of cancer.</p>

<p>No. 3 (Item 11)</p>	<p>If the BOB ICB is sincere about wanting to engage with patients and the public by their participation in its webinars and surveys, then it is crucial that we are kept fully informed about the impact our contributions have on the decision making process and the final decision. Otherwise, we will conclude that the engagement process is a sham and merely a tick box exercise to provide statistics in an annual report on patient and public engagement.</p> <p>During an Oxfordshire Joint Health and Overview Scrutiny Committee meeting on Thursday 18 April 2024, Julie Dandridge (Head of Primary Care), implied that the ICB Board was already fully supportive of the PCS. This raises serious questions about the process used by the BOB ICB to address concerns raised by health scrutiny committees, the public, and primary care representatives, including BBOLMCs. It also brings into question the purpose of ICB meetings, if they are to be nothing other than a rubber-stamping forum for decisions made elsewhere.</p> <p>With that in mind, please provide details of <u>all</u> changes and amendments to the draft PCS resulting from a) submissions from <u>all</u> those who participated in the survey and b) made comments during a webinar or in the chat.</p> <p><i>Question submitted by Oxfordshire Keep Our NHS Public</i></p>
<p>Response</p>	<p>BOB ICB Board are supportive of the approach taken to development of the primary care strategy and the robustness of the engagement process.</p> <p>The ICB has made significant changes to the primary care strategy in response to the engagement undertaken with the public and system partners including general practice. These changes are summarised in the accompanying document 'Responding to Feedback' report which sits alongside the 'Primary Care Strategy Development – Public Engagement' Report and the strategy.</p> <p>What has been clear throughout the engagement process is that the current model of primary care cannot be sustained for many reasons, also outlined in our case for change and the final strategy. The ICB has worked with system partners to hear how the model could be positively developed and meet with GP leaders including the Local Medical Committee to gain consensus on the final document. These changes have included:</p> <ul style="list-style-type: none"> • Addition of partnership working as a key enabler. • Strengthening of the importance of primary care resilience and sustainability and a commitment from the ICB to support that. • Reinforce that this is not just about general practice but pharmacy, optometry and dental. • The addition of measures to ensure that progress is monitored and any changes are positive with early identification of any unintended consequences. <p>From a patient and public perspective, the overwhelming majority of the feedback has been regarding an ongoing need to communicate any changes in the model of care with the public rather than a specific aversion to the model. This was in recognition of the challenges they face in accessing primary care in general which they accept needs to be resolved. To that end the ICB have added in an additional slide which sets out the intent to coproduce and communicate with the public.</p> <p>The public also feedback the importance and value of continuity of care, a theme seen in the professional groups. This concept has been reinforced in the final strategy as changes to the model of care do not necessarily preclude this.</p> <p>The team supporting the development of the primary care strategy have worked hard to ensure that all feedback has been heard and reflected as appropriate in the final draft of the strategy.</p> <p>For accuracy, please note that Julie Dandridge is the Head of Primary Care Infrastructure, Head of Pharmacy, Optometry and Dentistry and Lead for Primary Care across Oxfordshire. Her comments to the Oxfordshire Joint Health and Overview Scrutiny Committee on 18 April were that the ICB Board were supportive of the approach taken to develop the strategy not that they had already agreed the strategy.</p>

<p>No. 4 (Item 11)</p>	<p>In its submission to the draft PCS, the BOB JHOSC said <i>'Before the strategy is approved by the Board, we would like to see strong evidence, provided by primary care providers, which brings together their concerns and a clear response as to how these concerns will be addressed.'</i></p> <p>a) Has the BOB ICB provided the BOB JHOSC with that evidence from primary care providers?</p> <p>b) Has the BOB ICB provided the BOB JHOSC with a clear response to how the primary care providers concerns will be addressed?</p> <p>c) Where can the public access this evidence and the response to how the concerns of primary care providers will be addressed?</p> <p><i>Question submitted by Oxfordshire Keep Our NHS Public</i></p>
<p>Response</p>	<p>The BOB JHOSC and the public have access to the documents presented at Board which will provide the assurance required. These documents can also be accessed by members of the public through the ICB website for transparency.</p> <p>As an ICB we are confident of the professional engagement mechanism which sits behind the strategy and are happy for any element of this to be reflected to the BOB JHOSC.</p> <p>Note that following the last BOB JHOSC meeting the challenge was more about making the strategy a reality rather than the direction of travel and an implementation plan was the next commitment agreed. Importantly no specific models are mandated and are primary care owned reflecting their needs and those of their patients. The ICB is here to support.</p>