**BOB ICB Board Meeting in Public**

Responses to the public questions submitted to the 16 January 2024 Board meeting:

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| **Ref** | **Questions / Comments** |
| **No. 1**  (Item 8) | The chief exec's report states a wish to engage as wide a range of the BOB population as possible on the Primary Care Strategy but fails to expressly mention patient participation groups. Since PPGs are a contractual requirement for all GP practices and a ready source of informed patient opinion, can the Board confirm that PPGs are included in this wish?  *Question submitted by Mike Etkind.* |
| **Response** | PPGs had been included in the work to date and are key stakeholders. Healthwatch Oxfordshire have hosted an engagement session for PPGs locally. Another five sessions are being planned (another in Oxfordshire, one in Buckinghamshire and three in Berkshire West). |

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| **No. 2**  (Item 13) | Q2.1  Can you link in the opportunity that Pharmacy First (launching 31 Jan) provides with the challenge that access to GP Practice presents? The national (NHS) ambition is to “create” 12 million new appointments a year – how does this translate to numbers at a BOB level? Looking at current GP CPCS participation – BOB is the second best in the Southeast – but this is still with only about 40% of Practices ACTIVELY referring patients with minor illnesses to Community Pharmacy. The recent commissioning of a Minor Ailments Service for low-income patients and their children in BOB will also prove to be a real opportunity to help drive CPCS (Pharmacy First) over the coming months.  Q2.2  I notice that the readmittance rates for OUH are double those in the other trusts. Its noticeable that the roll out of the Discharge Medicines Service in OUH is one of the lowest in the country. Is there a way in which the Board could accelerate the use of technology to provide a catalyst for this service? There are currently 100 Pharmacies in Oxfordshire that are contracted to deliver DMS – they have had a negligible number of patient referrals.  *Questions submitted by David Dean, Chief Executive Officer, Community Pharmacy Thames Valley.* |
| **Response** | The ICB welcomes the introduction of Pharmacy First and the roll out of the national scheme from 1 February across BOB. The scheme allows community pharmacists to see and treat patients with one of 7 clinical conditions who meet nationally defined criteria. This should provide alternative access for patients and relieve some pressure on General practice.    BOB General practice delivers about 11 million appointments each year and the Pharmacy First scheme will contribute another 300,000 appointments (BOB’s share of the 12 million). Access to the service will be through 111, General Practice referral as well as patients attending pharmacy requesting support with their condition. National communications to patients is expected in early summer when the service is better embedded.    The Community Pharmacy Discharge Medication Service reviews medication for those patients recently discharged from hospital with the view to supporting patients with any medication changes to improve outcomes, prevent harm and reduce readmissions. The number of referrals into this scheme varies across hospitals with several hospitals across the country yet to implement the scheme. The OUH has recently relaunched their referral scheme and a working group is looking to review any barriers and challenges to referral. |

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| **No. 3**  (Item 16) | There seems to be little or no challenge taking a patient perspective from non-executive directors at Board meetings.  Will the Board chair appoint or designate one of the non-executive directors as responsible for representing patient/public opinion?  *Question submitted by Mike Etkind* |
| **Response** | The Chair acknowledged this was a good challenge and would reflect on the best way to ensure that a patient/public perspective was embedded in the board discussions. |

These questions were submitted whilst the Board meeting was taking place, so we were unable to answer them during the meeting.

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| **No. 4**  (Item 6) | In respect of the patient story re Onward Care - doesn't this show deficiencies in the Social Care model currently used?  *Question submitted by Tom Lake* |
| **Response** | This story highlights that there are a range of support needs that individuals may have to promote confidence and independence following a hospital admission. As highlighted in the story this is a non-clinical service and the support is tailored to individual needs. |

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| **No. 5**  (Item 11) | In respect of the planning framework, since the acute trusts (the most costly parts of the system) serve overlapping areas, how will a population-based framework for allocations work? Isn't the only fair way an allocation retrospectively based on the relative cost of the work performed for each sub-area of the BOB area, using at least an indicative system of tariffs to estimate the burdens?  Or alternatively, will we have cross-charging of areas for work done for their residents?  *Question submitted by Tom Lake* |
| **Response** | A population-based framework for allocations may also be based on need not health care usage. There has always been cross-boundary flow and we are able to analyse hospital usage based on where patients come from. There is much of the detail that remains open to agreement about how such mechanisms might work. |

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| **No. 6**  (Item 11) | In respect of the planning framework, why does work on air quality not join work on smoking cessation?  *Question submitted by Tom Lake* |
| **Response** | The paper included details of the financial, operational and strategic planning processes and draft priorities. Collectively these build on previously published local and national plans, including the BOB NHS Joint Forward Plan, Integrated Care Strategy and published national guidance for NHS operational planning.  The reference to smoking cessation in the section relating to the draft system goals links to the ICB’s ambition to do more to prevent avoidable strokes and heart attacks. It proposes acute trusts target their smoking cessation support resources in stroke and cardiac wards. The rationale for this proposed intervention is that the activity directly and specifically targets the people at greatest risk of a stroke or cardiac event. The precise targeting of the smoking cessation resource will lead to the greatest likely impact of improved outcomes from the limited resource, and therefore a reduction in subsequent complications and the corresponding care and support needs.  Our system aspirations relating to improved air quality remain important to the ICB and our partner organisations. Each of our NHS organisations and Local Authorities in BOB have a net zero action plan that aims to deliver specific ambitions; for the NHS organisations these relate directly to the goals of the NHS Green Programme. Within BOB there are already some exemplary partnerships forming to improve air quality in local areas, notably in Oxford City where a zero emissions zone has already been introduced. A system wide Travel and Transport Group has been set up with local partners to identify ways in which initiatives can be shared and scaled across BOB to reduce our emissions. These activities are already documented as local priorities and will continue to be managed through local plans and partnerships. Therefore, while remaining important to achieve across the system the Net Zero ambitions have not been pulled forward as one of the system goals for 2024/25. |

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| **No. 7**  (This item is from November 2023 meeting) | In respect of Primary Care Access and Plan - how can patients find out about services that offer self-referral? What proportion of patients can name the services and providers that offer self-referral? Why is Talking Therapies (iAPT) not mentioned as an important self-referral service? (iAPT and MKS come up in Google search for "NHS self-referral"). Would not a BOB- or place-based website with a self-referral page be the most useful target for search engines? Isn't "ask the GP receptionist" (as the NHS app recommends) completely out-dated?  *Question submitted by Tom Lake* |
| **Response** | Ensuring that people can find the information they need easily is very important. ICBs are currently working with NHS England on an audit of Primary Care landing pages (these are the individual practice web page you would land on when clicking on a link from an email, text or google search for your practice). The aim of the audit is to identify opportunities to improve access including information about self-referral services. At this stage of the audit, it does not include self-referrals to mental health support. We will remind surgeries of the Talking Therapies Services self-referral option and give them suggested text for their webpages, so we have some consistency about our messaging and encourage them to list these important services. |