

**Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Board Meeting
27 September 2022 (in public)**

Responses to the public questions submitted to the 27 September 2022 Board meeting.

No	Questions / Comments
No. 1	<p>Question: What are the long-term plans for the Horton Maternity Hospital?</p> <p>Submitted by: Jenny Jones (Keep the Horton General Campaign Group)</p>
Response	<p>It is to continue as a stand-alone midwife led birthing unit. The Trust will develop and expand the obstetric antenatal care that is delivered at the site to provide care closer to home for higher risk pregnancies in the north of the county.</p> <p>It is awaiting capital funding to refurbish and reconfigure the estate.</p>
No. 2	<p>Question: Outsourcing NHS Contracts</p> <p>Recent research from the University of Oxford published in the Lancet (see below) reveals that private sector outsourcing corresponded with significantly increased rates of treatable mortality, potentially as a result of a decline in the quality of health-care services.</p> <p>The study empirically evaluated the impact of outsourced spending to for-profit providers, following the 2012 Health and Social Care Act, on treatable mortality rates and the quality of healthcare services in England. Since 2013, for-profit outsourcing from the NHS in England has coincided with worsening of some indicators of health-care quality. Treatable mortality rates have stagnated since 2013, breaking from a declining trend over the previous 10 years and leaving England with mortality rates that compare poorly with other high-income countries.</p> <p>After analysing the aggregate effects of outsourcing in the NHS in England, the study concluded that there was an increase in mortality rates from medically treatable conditions in the year following the increase in outsourcing, which ‘raised doubts about whether the current extent of private sector use is optimal for the quality of care and suggests that further increases in for-profit provision would be a mistake.’</p> <p>[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00133-5/fulltext]</p> <p>Analysis of outsourcing of NHS treatments across former BOB CCGs to the for-profit sector from 2016 to 2022 reveals some significant findings. Results for all</p>

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	<p>three CCGs show a recent rise in the percentage of patients treated by the independent sector.</p> <p>Based on RTT data of completed pathways for admitted patients, the percentage of patients in Oxfordshire CCG treated by the independent sector rose significantly from less than 5% in 2016 to over 22% in some months of 2022.</p> <p>This is not a result of there being simply fewer total treatments in the Covid era as the absolute number of treatments being done in the independent sector has also seen sharp increases, averaging 180 per month in 2016 and 428 per month in 2021.</p> <p>Steep increases have been particularly notable in ophthalmology where independent providers were delivering fewer than 5% of the 400-odd monthly treatments in 2016 and where they now do several hundred each month.</p> <p>a) Given the compelling results of the Oxford University research, which have serious policy implications for commissioners with responsibilities for patient safety and quality of care, what action will the BOB ICB Board take to:</p> <ul style="list-style-type: none">i) discontinue outsourcing of treatments to the for-profit sector.ii) prevent mortality from medically treatable conditions linked to treatments already outsourced to the for-profit sector.iii) plan and develop the expertise and capability to return NHS treatments in-house when current contracts with for-profit providers expire? <p>Submitted by: Oxfordshire Keep Our NHS Public</p>
Response	<p>The Independent Sector has worked in partnership with us and the NHS providers to provide additional capacity to help reduce waiting times in line with national requirements and objectives. This has helped us eliminate most waits of over 104 weeks and reduce the numbers waiting over 78 weeks for treatment. They are also partners with providers (for example Oxford University Hospitals NHS Trust and Perspectum) in providing community diagnostic centres to increase access to diagnostic tests. Delays in treating patients can also result in harm. Our NHS providers are working together to maximise use of their capacity and to increase it, but will continue to work in partnership with the independent sector where this enables more patients to be treated more quickly.</p>
No. 3	<p>Question: Cuts to services</p> <p>The 2022/23 Operational and Financial Plans, which were presented to the Establishment Board meeting of the BOB ICB, highlighted that 'cost reductions will need to be identified across NHS partners during the financial year. At that inaugural meeting, the Board recognised that despite funding transfers from the CCGs and funding from taking on previous regional responsibilities, a 'tight settlement' and 'real term cuts' in funding, plus inflation at 10-11%, would mean there was not enough money in the system.</p> <p>Consequently, this would have a negative impact on healthcare services.</p>

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	<p>a) How will the Board ensure the transparency of decisions affecting access, availability, and quality of healthcare services? b) How will decisions about rationing and cuts to services be communicated to patients and the public?</p> <p>Submitted by: Oxfordshire Keep Our NHS Public</p>
Response	<p>We will put any proposed decisions to commission services within our available funding to the ICB Board, which meets in public.</p> <p>We will apply the normal NHS requirements for quality impact assessments, engagement, and consultation to any proposed changes to NHS services.</p>
No. 4	<p>Question: Draft Engagement Strategy</p> <p>Oxfordshire Joint Health and Overview Committee was told that there would be an additional consultation period before a new draft of the engagement strategy was presented to the Board.</p> <p>However, the BOB ICB website does not have details of how key stakeholders, which includes the public and patients, will be able to comment on the revised strategy.</p> <p>a) Given that the ICB commits to ‘going beyond the obligations of the public sector engagement duty and create mechanisms which provide transparency, build trust and hold decision makers to account,’ what plans are there for engaging the public in the process of re-working the engagement strategy before it is put to the Board? b) Given the bold promises made by the Chair at the first BOB ICB meeting when he said that ‘we [the Board] are here to serve’ and ‘we won’t sit in an ivory tower,’ how will the public know that these commitments are being followed up?</p> <p>Submitted by: Oxfordshire Keep Our NHS Public</p>
Response	<p>Comments and input from public and partners helped shape the initial Engagement Strategy. Since the first Board meeting, we engaged with partners to develop the practical ways we plan to implement the strategy. These will include three core methods to gather public views: open engagement platform for public/patient input, a citizens’ panel to build a longer-term forum and focus groups and draw on partners’ input such as Healthwatch Boards and Local Authorities.</p>
No. 5	<p>Question: BOB ICB website</p> <p>The dedicated BOB ICB website hosts much less information than that previously available on Oxfordshire CCGs, for example.</p> <p>a) When will the new BOB ICB website carry the same level of detail that was previously available? b) When will information be available on the website about the new structures at Place? c) How will the public be involved in the process of forming new committees?</p> <p>Submitted by Oxfordshire Keep Our NHS Public</p>

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Response	It was not practical to combine the three CCG websites and simply transfer their content onto a single site for the new combined ICB BOB site. They used different platforms, had different structures, and had different levels of detail. We plan to develop the BOB ICB website to be mainly aimed at the public. This means the content will be different to the CCG sites, which hosted a lot of clinical information for health professionals. The CCG sites have now all been copied and are permanently available through the National Archives website. We will update information about our three Places as this becomes available.
No. 6	<p>Question: Review of the results of the annual, well-conducted, GP Patient survey shows that we have some surgeries recording scores in the bottom 5% for some key questions for several years past while other score better than 90% when compared to all the other surgeries in England. Please see the attached table.</p> <p>Does the board accept that this measure of patient experience is a useful indicator of performance, and what approach will be taken to supporting low performing surgeries and improving the experience of their patients?</p> <p>Submitted by: From Francis Brown and Tom Lake, South Reading Patient Voice</p>
Response	<p>The ICB welcomes the national annual GP Patient Survey which assesses patients' experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice is closed.</p> <p>The ICB recognises the GP patient survey as a useful measure of patient experience alongside other indicators such as Care Quality Commission reports and complaints data.</p> <p>Overall, in 2022, patients reported better overall experience of general practice across BOB than the national average (75% vs 72%) and easier to get through to GP practice on the phone than the national average (58% vs 53%). However, in line with national trends the number of patients who reported a good overall experience of General Practice has fallen in 2022 (84% (2020), 86% (2021) and 75% (2022)). This is likely due to the increase in demand for general practice services seen following the COVID pandemic. Across BOB, the number of appointments provided remains similar to, or above, pre pandemic levels.</p> <p>The ICB is supporting those practices in the lowest quintile within BOB to improve patient experience as well as sharing best practice from those practices in the highest quintile. Access to primary care services across BOB remains an important priority to the ICB.</p> <p>Further break down of the results can be found here and individuals are able to view their practice results here</p>
No. 7	<p>Question: One of the four aims listed on the BOB ICS website is to "Tackle inequalities in health outcomes, experiences and patient access". Yet the experts on population health and the conditions of life are the public health consultants who are employed by local authorities. How well is the</p>

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	ICS working with public health? What can be done to strengthen this important relationship?
Response	Local Authorities and their Directors of Public Health (DPH) are key partners in the ICS and are actively involved in establishing the Integrated Care Partnership through their membership of the Joint Committee and are working closely with the ICB. As outlined in the paper on developing the Integrated Care Strategy one DPH co-chairs the strategy development group with an ICB director; the local joint strategic needs assessment and Health and Wellbeing strategies form the foundation of the developing ICS strategy; three of the six thematic groups are led by Public Health.