

BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 18 July 2023 Board meeting:

| Ref | Questions / Comments |
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| No. 1 | What is the Board's assessment of prevalence and significance of MSK health conditions in the population served by the ICS and why MSK is not referenced in the joint forward plan summary despite its relevance to long term conditions, healthy ageing and health inequalities? |
| | Submitted by Dirk Vennix, ARMA Chairman and Buckinghamshire patient |
| Response | Consideration was given to people whose health needs are becoming more complex as part of the Age Well section of the Joint Forward Plan (JFP). This includes those who are affected by MSK conditions. |
| | Given the breadth of conditions that people face as they become older or frailer, it was not possible to name them all. However, the JFP addresses the way in which people will be supported. Our ambition is to: |
| | Support people to remain healthy, active and connected within communities. Proactively identify people whose needs are becoming more complex and support them with tailored care planning. |
| | Provide integrated and coordinated care support across the health, care and VCSE sectors. Provide rapid reablement and recovery for those who have been unwell and help them to return to their communities as quickly and safely as possible. |
| | We are committed to identifying and tackling inequalities across all our services and support and will use integrated data, within and across our Geographies to ensure services are fair and target those in greatest need of support. |
| | MSK and Orthopaedic services remain a significant focus of resources within the ICS as well as nationally. BOB ICB is leading a programme with system partners that is seeking to reduce variation, improve efficiency and reduce waiting times across all our providers. Clinically led, we have great engagement and support from our acute NHS Trusts as well as community providers of care. |
| | To date, our programme has: Seen pathways standardised across all our providers (such as hip and knee) Building on the work championed in Oxford University Hospitals – explore pre and post operative care to improve efficiency of services, waiting times and productivity. Work with ICB programme exploring theatre productivity to better use our estate. Work with community providers to ensure pathways of care are appropriately shared and integrated between community and acute sites. For example, Buckinghamshire Healthcare Trust's work with Practice Plus Group to hold joint multi-disciplinary team meetings. Ensure follow-ups are supporting the best outcome for patients by using them effectively, as seen at Royal Berkshire Foundation Trust. Ensure all our population has access to First Contact Practitioners, whether hosted by their GP or community provider. Targeted work at each NHS Trust to reduce long waits by all sites holding additional sessions and weekend working to generate additional capacity. |
| | We are continuing as a collaborative to build on this by: Aligning more pathways Referencing <i>Getting it Right First Time</i> data to improve care. Ensure self-referral is in place for all our population. Explore single models / coordination of services across the ICS Continue to improve theatre and outpatients productivity. Work with partners to support the care, recovery and reduce inequalities across all those |

requiring our services as well as partners delivering services.

No. 2

In relation to the Performance report: We now have the 2023 GP patient survey results and they confirm the egregiously poor experience of patients at one of our Reading surgeries.

South Reading Surgery is one of the two premises of the South Reading and Shinfield Group Medical Practice.

The practice has had a long series of very poor results in the very reputable annual survey of patient experience at GP surgeries conducted by IPSOS MORI for NHS England: its standing by proportion of patients giving a favourable answer to the question "Overall, how would you describe your experience of your GP practice?" is tabulated here:

2017 in bottom 3% of GP practices

2018 in bottom 1% of GP practices

2019 in bottom 6% of GP practices

2020 in bottom 4% of GP practices

2021 in bottom 6% of GP practices

2022 in bottom 2% of GP practices

2023 in bottom 1% of GP practices

The practice also receives an outstandingly poor result in recent "Friends and Family test" results.

Clearly, whatever the cause, the people of Church and Whitley wards who attend this surgery deserve better.

Some background: The surgery is housed in a semi-detached house (apparently a 3-bedroom house) with portakabins behind, on Whitley Wood Road. This itself must be a cause for dissatisfaction by staff and patients.

There has been discussion of new surgery premises for South Reading for many years - initially proposed by the University Medical Practice, then apparently associated with the Milman Road Health Centre and now apparently orphaned.

The Oxford diocese of the Church of England has set aside land at its St Paul's Church site in South Reading to be used for new surgery premises and it indicated that it was willing to do so. However, it will not wait indefinitely for the NHS, and the land could be sold for housing if there is no progress by the NHS. I am told that Reading Borough Council has granted outline planning permission and extended it three times.

Will the ICB take action to improve the experience of the patients of South Reading and Shinfield Group Medical Practice - and will this involve new premises for the Reading surgery of the practice?

Submitted by Tom Lake, South Reading Patient Voice

Response

This example illustrates how the ICB works with practices. The Primary Care Team meets with the Shinfield Practice regularly to review their contract. One of the ICB's GP Clinical Leads attends these meetings to ensure a clinical view is given. The national GP survey and the Friends and Family Test have been discussed during these meetings. As a result, the practice undertook its own patient survey and has put in place an action plan to address the results received with its Patient Participation Group (PPG) and staff. We will be asking the Practice to review the latest national survey with its PPG. The practice has also been taking action to improve response rates to the Friends and Family test. Response rates are now above the Primary Care Network (PCN) and Berkshire West average, although the satisfaction rate remains below average.

The practice continues to work to improve patient experience of access. To support this the ICB's GP Clinical Lead reviewed appointments capacity at the practice and found that the practice's appointment capacity per 1,000 population was significantly above Royal College of GPs benchmark rate of 72 per 1,000. It was concluded that sufficient capacity was available. The practice is looking at reception training, online appointments and eConsult as ways of improving patient experience and is also working with its PCN on the PCN's capacity and access plan.

We are reviewing premises needs across BOB, including in Reading and the possible need for estates development. Any proposals will be considered in accordance with the ICB's primary care estates prioritisation process which, among other factors, considers existing estates provision, population growth and need, value for money and deliverability.