NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 19 September 2023 Board meeting:

No. 1	Could I point a couple of minor issues with the papers. 1. Minutes - the practice referred to is not "Shinfield surgery" but "South Reading & Shinfield Medical Practice". 2. In the performance/quality report for item 11.1 the acronym LTP appears in the document (under Learning Disability and Autism) but not in the glossary. *Question submitted by Tom Lake*
Response	We strive to ensure that all papers are accurate, and acronyms explained and apologise for missing these and thank the questioner for highlighting them. The corrections have been included in the minutes of the meeting of 19 September.

No. 2	This is a question for the Integrated Care Board Meeting in Public on 19th September. This question relates to the agenda itself. I learned from a patient that Audiology had been taken in-house at the Royal Berkshire Hospital Trust from a commercial AQP provider. Colleagues ascertained from the Royal Berkshire Hospital Trust that this was a BOB decision taken for clinical reasons and following consultation. I was unable to find any announcement of the consultation or the commissioning change, or to find out if this was a BOB-wide or a Berkshire West-wide change. I note that today's Chief Executive and Directors Report contains quite particular notice of changes in primary care practices. My question is: what is the ICB policy on announcing such commissioning changes? Shouldn't they be announced in a meeting in public? And what if they are place-wide rather than BOB-wide? *Question submitted by Tom Lake*
Response	The questioner makes a valid point about how the ICB announces service commissioning and contract changes and makes the information public. We will take this away to decide the best approach to this to ensure we provide timely and accessible information. The change in provider for the Adult Hearing Loss Service is for Berkshire West only. It is a change that was initiated and agreed by Berkshire West CCG. The work started in late 2019 and was then paused because of the pandemic. Engagement took place in May 2021; details were widely advertised on the CCG and Trust websites along with flyers being available in the Audiology and ENT departments. Communication was had with Healthwatch and a representative of Healthwatch attend the engagement event. Outcomes from the engagement event were posted on the CCG and Trust websites and there was a four-month period after the engagement event when the CCG invited further comment. In September 2021 the CCG agreed to explore the Acute Trust absorbing the activity via a coordinated pathway. The Berkshire West commissioning team worked with the Trust to ensure patients i would still have access to NHS hearing tests, by establishing a new Integrated adult hearing loss service with access to audiology services for all ear conditions. The service has expanded the patients age range to accept patients from 18 years and included Balance, Tinnitus and ENT support along with a lifetime patient pathway. This change was implemented in a phased transfer from April 2023. Communication of this change included sending letters to patients and information is available on the Trust website and within the Audiology and ENT departments.

No. 3	**BOB ICS overtime rate card** The HSJ has recently reported on a BOB ICS dispute with local doctors over its new overtime rate card being used across the area.

	a) The HSJ reports that a letter sent to Oxford University Hospitals Trust by its Medical Director said that 'the trust had been working in partnership with [BOB ICS] on a joint bank rate card for medical staff which has been approved by the ICS chief executives'. This appears to contradict a claim by the BOB ICB that the rate card was developed by the 'temporary staffing provider collaborative, together with other trusts across the South East Region'. The HSJ has independently confirmed that the new rates are not being used independently across the region, as the ICB implied. Please clarify. b) i. Are the overtime rates below the rates previously paid to consultants across the BOB ICS? ii. What impact will this have on provision of consultant services across the BOB ICS? c) i. Are the overtime rates paid to consultants in the BOB ICS less than those being paid across the wider SE region? ii. What impact will this have on the provision of consultant services across the BOB ICS? d) The HSJ reports that local clinicians are concerned about the direct effect on hospital shift patterns and the undermining of efforts to ensure safe staffing. (i) What impact has the introduction of the overtime rate card had on patient care across the BOB ICS? (ii) How has the impact been measured? e) Please explain how paying the BMA rate to clinicians at the Royal Berkshire had a 'direct negative impact on its cancer performance'? f) Given the potential problems raised by local clinicians and risk to patient safety, will the BOB ICB reconsider its decision to use the new rate card across the BOB ICS? *Question submitted by Joan Stewart on behalf of Oxfordshire Keep Our NHS Public*
Response	A) The HSJ article appeared in August and has not been repeated. We advised the HSJ of the facts at the time as follows: • There is no BOB ICB specific rate card. • Pay rates for non-contractual work are determined by individual NHS Providers according to local needs with due regard for equity, fairness and the public purse. • NHS providers are working collaboratively, rather than competing on rates of pay, for non-contractual work, in the best interest of patients. B) i. The ICB does not have this information and the arrangements would have been between individual employers and consultants. ii. Individual Provider Trusts are responsible for ensuring the safety of their services during periods of industrial action (IA). This has meant that to preserve critical non elective services such as Emergency Medicine, Maternity, Trauma, Intensive Care, Neonates etc that a significant amount of elective work (surgery and outpatients) has had to either not be scheduled or has had to be cancelled and rebooked. During previous periods of industrial action, the Providers in BOB did not receive any derogations for services from the BMA and managed to cover critical work with acceptable staffing. It is for individual Providers to decide what they pay their Consultants for services outside of IA (overtime) but as ever it is a careful balance between ensuring activity is completed and financial sustainability. It is deeply regrettable that due to the unresolved IA dispute so many patients have been inconvenienced and forced to wait unacceptable amounts of time for procedures / appointments. C) i. There is no evidence to suggest that providers in BOB, are an outlier in terms of rates of pay for consultants for non-contractual work. ii. As in b) ii. D – i & ii) All of our Providers are consistently ensuring safe staffing, balancing clinical risk across multiple areas of their organisation and adapting activity accordingly. We have a robust Quality assurance framework to examine harm both at the time of IA but also any delayed

	patient harm that is reported through Trust Quality Governance mechanisms and then into System Quality Group. E) There are several aspects that have affected Cancer performance at the Royal Berkshire Foundation Trust which were discussed in their Public Board meeting. These include high demand, diagnostic capacity (histopathology and imaging capacity specifically though there are plans to address) and in particular clinical capacity in endoscopy to meet the rising clinical demand. The agreed consistent pay rates have had the biggest effect on being able to address endoscopy activity and the ability to provide extra clinical sessions. F) This is not a BOB rate card and the ICB does not negotiate rates on behalf of Providers. We welcome clinicians to raise issues of concern re patient safety within their respective organisations so that any risks can be mitigated.

No. 4	Agenda Item 7, Chief Executive and Directors Report, Paragraph 47 states: "The ICB has commenced work with a team from KPMG in order to develop a Primary Care strategy for the system. This is a piece of work that is expected to last 6 months and will begin with a series of engagement events. This will include opportunities for patients and public to be involved, details to be confirmed." Given that the contract runs from 10th July to 31st December 2023, and so has now been work in progress for over 2 months, when will those details of public involvement be confirmed? Specifically, will it include the involvement of Patient Participation Groups, and if so, how? *Question submitted by Frank Donlon, Chair, 3W Health Patient Participation Group, Winslow*
Response	Work has started on analysing the current state of primary care across BOB. This includes reviewing the variation in access to primary care services (General practice, pharmacy, optometry and dentistry) across the geography as well as the current workforce and other enablers like digital tools and estates. These are aspects that we may already be aware of, but this will be the first time they are brought together to create a robust case for change. As part of this as well as seeking clinical input we are reviewing what we already know from our patients and the public through engagement work already undertaken. For example, reviewing the feedback from the engagement around the integrated care strategy and joint forward plan; reviewing the recent GP survey results and reports from our local Healthwatch organisations on primary care. This will also inform the case for change. As reported at the Board we had originally planned to launch public engagement in early October but are now aiming for November; information will be available here. The engagement will include the involvement of PPGs as well as wider engagement across our communities and voluntary sector through some online events, focus groups, a survey and opportunities for people and groups to give direct feedback to the ICB to inform the development of primary care across the area.

No. 5	Does the Board of BOB ICB believe its most senior members would, currently, pass an independently conducted FPPT process? *Question submitted by Declan Colgan*
Response	BOB ICB is reviewing and updating processes in light of new guidance from NHS England on the revised fit and proper persons test (FPPT). The new strengthened framework was published on 2 August 2023. It was clarified that all members of the board have undertaken the FPPT. BOB ICB ensures this process follows NHS England guidelines, which does not currently necessitate an independent process.

No. 6	Looking at page 42 (Nursing Homes) of the performance/quality report no homes are shown as inadequate in Oxfordshire yet the exception report below the table discusses meetings concerning Orchard House in Oxfordshire following its rating as Inadequate. Isn't this inconsistent? *Question submitted by Tom Lake*
Response	We apologise for this inconsistency; the table should have reflected that there was one Care Home in Oxfordshire rated as inadequate.

No. 7	**Physician Associates (PAs)** The risks of deploying Physician Associates without adequate supervision by qualified GPs with sufficient time to do so, were highlighted by the recent tragic death of a patient twice misdiagnosed by a PA who did not carry out further investigation or seek medical opinion (GP practice stops employing physician associates after patient death - Pulse Today). In June 2022, BBC Panorama exposed the employment of PAs in Operose surgeries without adequate supervision (Operose Health: What I saw working undercover at a GP surgery - BBC News). a) How many PAs are currently employed in surgeries within BOB ICS? b) What arrangements are in place in BOB ICS to ensure that no PA is ever allowed to work without adequate supervision by a qualified GP who has sufficient time to carry out such supervision? c) The recent national Workforce Plan envisages a 300% rise to a total of 10,000 PAs by 2036/7 (NHS Long Term Workforce Plan (england.nhs.uk)). Does the Board plan to increase the deployment of PAs, and if so, what arrangements will ensure adequate supervision by qualified GPs with sufficient time to do so? *Question submitted by Joan Stewart on behalf of Oxfordshire Keep Our NHS Public*
Response	Physician Associates are highly valued members of the workforce across BOB ICS. There are 43.941 WTE Physicians Associates (PA) employed across BOB Primary Care Networks. Each PA is provided with one dedicated GP supervisor. Whilst the PA is responsible for their actions and decisions, the GP is accountable and responsible for the patient. There is a requirement that a GP supervisor must always be available to discuss cases, give advice and attend to patients if necessary. Before employing a PA, practices must consider if they have sufficient capacity to provide this level of supervision.

Ref	Questions / Comments
No. 8	Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does BOB ICB plan to appropriately fund and resource BOB's Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments? What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority? *Nick O'Donohue, Associate Director for the Stroke Association (South-East England)*
Response	Stroke and cardiovascular disease (CVD) prevention are key clinical priorities across the ICS. The management and clinical roles within the BOB Integrated Delivery Stroke Network (ISDN) are firmly secured in the ICB staffing structure through running costs or funds provided by the Southeast Regional Team. The ISDN aim to deliver the aspirations for stroke in the NHS Long Term Plan, the ICS strategy and the BOB Joint Forward Plan. It is key for driving the end-to-end stroke pathway improvements, reducing variation, focusing on inequalities, the provision of consistent stroke rehabilitation and CVD prevention.