

## BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 19 November 2024 Board meeting:

Ref	Questions / Comments
<p><b>No.1</b></p>	<p><b>General Principle of Right to Choose</b> I understand that Right to Choose allows patients to select any clinically appropriate provider holding an NHS Standard Contract for services, as long as the provider meets necessary clinical standards. However, I am aware of a recent case where a GP in Oxfordshire initially believed that the ICB did not allow Right to Choose for an autism assessment until weeks later when permission was confirmed by the ICB. Given that NHS guidance states that ICB approval is not required for this choice, could the board clarify the steps being taken to ensure all GPs are fully informed on Right to Choose?</p> <p><i>Received from Harvey Fagg</i></p>
<p><b>Response</b></p>	<p>GPs should be fully sighted on Right to Use as an important mechanism to support patient decision-making regarding care choices. The ICB recognises however that it is often difficult to stay sighted of all options available when caring for a patient. As such we communicate weekly with GPs regarding important reminders and changes to policy and practice. The ICB communicated most recently about specific Right to Choose arrangements for ADHD and Autistic Spectrum Disorder (February 2024) and for new weight management medications (October 2024). These communications provided detailed information to support GPs and patients in making decisions about referrals.</p> <p>Going forward the ICB will review whether a more comprehensive suite of information held centrally and accessible by general practice would add value.</p>
<p><b>No. 2</b></p>	<p><b>Promotion and Public Awareness of Right to Choose</b> According to NHS guidance, ICBs have a duty to promote and publicise information about patient choice to ensure the public is meaningfully able to exercise their rights. What specific strategies does BOB ICB have in place to meet this duty, such as informing patients and updating GP practices? For example, is there a patient choice policy statement, public engagement efforts, or materials in GP offices? If the GP in the above case was unaware of Right to Choose options, is the ICB meeting its obligation to ensure patients are informed?</p> <p><i>Received from Harvey Fagg</i></p>
<p><b>Response</b></p>	<p>Thank you for your question our ICB is progressing this area through website development and communications via our GP bulletin to GP practices.</p>

<p><b>No. 3</b></p>	<p><b>ADHD Referrals and Restricted Provider List</b> From my own experience, I was informed by both my GP and PALS at the ICB that my ADHD referral could only be directed to three specific providers: Psychiatry UK, Dr. J and Partners, and Harrow Health. Although I requested a referral to Problem Shared, which holds an NHS Standard Contract and is approved by Devon ICB, this was denied because it is not on BOB ICB's list.</p> <p>According to NHS Right to Choose guidelines for mental health referrals, patients are permitted to choose any clinically appropriate provider with an NHS Standard Contract. Why, then, is BOB ICB restricting ADHD referrals to only these three providers when other providers such as Problem Shared, Oakdale Centre, and ADHD 360 meet the requirements? Additionally, can BOB ICB explain why Problem Shared, deemed suitable for Devon ICB patients, is not deemed adequate for our area? If they meet NHS standards, why is this option withheld from residents under BOB ICB?</p> <p><i>Received from Harvey Fagg</i></p>
<p><b>Response</b></p>	<p>ADHD is a neurodevelopmental issue and not a Mental health issue and therefore is covered by the Right to Choose involving consultant led care. It is important to accept that a medical consultant needs to lead the service which is traditionally a consultant psychiatrist. This means that psychology led services and other Mental Health non-medical clinicians led services are not appropriate.eg ADHD 360 is psychology led and so not appropriate.</p> <p>The Right to Choose is not to any provider and also it is the GP who makes the referral and therefore needs to make sure that any service they refer a patient to is appropriate. They have to work out does the service answer the question being asked, does it provide all the necessary treatment options, and if medication is needed, can they prescribe appropriately, can they follow up to make sure the medication works, can they monitor all the physical things necessary such as weight pulse blood pressure etc, and for continuing medication is there an appropriate Shared Care Protocol (SCP) following national guidelines (which would include annual checks by the provider in secondary care).</p> <p>The list drawn up was not a mandate, but a suggestion that the providers on that list seemed to fulfil most of the requirements mentioned above. It is not exhaustive but is where we can glean most information on them from various sources. Any provider to be able to be used via Right to Choose must also hold an appropriate NHS clinical contract for the service (which presumably is to ensure that basic requirements to hold an NHS clinical contract has been fulfilled) – we have had cases where the NHS contract turned out not to be appropriate according to NHSE. This is a moving field and NHSE is suggesting that ICBs should hold a basic NHS contract for pathways selected via Right to Choose which are paid under non-commissioned activity with a zero volume on so that there is a basic contract covering activity by secondary care under Right to Choose</p> <p>The ICB has contacted Problem Solved and from the replies we have received, from that service, it is consultant psychiatry led and will titrate up medication to stability and undertakes appropriate due diligence when prescribing and appears to have an appropriate NHS contract.</p> <p>The final problem is the maintenance prescribing for medication if this is suggested, and how this is prescribed. Many secondary care services do not have the capacity for ongoing prescribing, and they are also under NICE guidance, meant to give annual reviews to patients. With local services this would be covered by Shared care protocols</p>

	<p>which are tripartate agreements amongst secondary care, GPs and the patient and all must agree to them. In local areas ICB medicine management teams draw these up and have negotiated with primary and secondary care, and there is a process by which all parties need to agree before they can be enacted. Due to Right to Choose providers being anywhere in the country, the shared care protocols have not been drawn up to all the standards required with BOB ICB. This includes annual reviews by secondary care or any hybrid system which fulfils the requirements. Most providers do not provide these appropriate shared care protocols which some GPs require and therefore they will not accept the ongoing prescribing of the drugs and then the patient is either not given the drugs in the beginning or they end up potentially on a drug and no one is able or willing to continue prescribing.</p> <p>The onus placed on GPs to understand all of these elements means that they are spending considerable time trying to sort these issues out and BOB ICB is trying to support them where they can, but it is difficult to fully understand the quality of providers and how they operate when we have very little knowledge about them. It is clearly true that the providers are CQC registered but many of them have never had an inspection.</p>
--	--

<p><b>No. 4</b></p>	<p><b>Information on Right to Choose on the BOB ICB Website</b> I struggled to locate any information on Right to Choose on the BOB ICB website. Could the ICB consider adding a specific page dedicated to explaining Right to Choose and patient choice, as is available on other ICB websites such as those of Sussex, Norfolk and Waveney, Lincolnshire, Gloucestershire, and Bath and North East Somerset, Swindon, and Wiltshire (BSW)?</p> <p><i>Received from Harvey Fagg</i></p>
<p><b>Response</b></p>	<p>Thank you for your question our ICB is progressing this area through website development</p>

<p><b>No. 5</b></p>	<p><b>Update on the New GP Surgery in Great Western Park, Didcot</b> Could the board provide an update on the status of the new GP surgery planned for Great Western Park in Didcot? Additionally, what specific steps is BOB ICB taking to ensure this project moves forward in full and as quickly as possible, given the significant need for expanded healthcare access in the area?</p> <p><i>Received from Harvey Fagg</i></p>
<p><b>Response</b></p>	<p>The NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) (and its clinical commissioning group predecessor), Vale of White Horse District Council and local GP practices have been working closely for several years to use an allocated site at Great Western Park in Didcot to provide new GP premises for the growing population</p> <p>Earlier this year, BOB ICB approved the business case for the new building and agreed to provide funding for the rent and business rates of the new surgery. This will be run as a branch surgery by Woodlands Medical Centre, Didcot, which has appointed Assura as the specialist medical developer for the new building.</p> <p>We are expecting a planning application to be submitted shortly by the specialist medical developer with a decision expected mid 2025. Alongside this, work continues to develop and align relevant legal agreements between NHS England, Assura, Vale of White Horse District Council and Woodlands Medical Practice.</p>

	<p>The ICB is meeting regularly with stakeholders and Vale of White Horse District Council to ensure that progress is being made.</p> <p>Updates on GWP will be posted on our website <a href="#">Great Western Park, Didcot GP Services   BOB ICB</a></p>
--	--

<p><b>No. 6</b></p>	<p>We're pleased to see in the BOB ICB Forward Plan the ambition to: "transform how primary care is delivered in each community/ neighbourhood, enabling integrated primary care provision which improves the access, experience and outcomes for communities aligned to their needs" section 3.5 p.46</p> <p>But we wonder how that can possibly be achieved in Woodstock and the villages around Woodstock.</p> <p>Woodstock desperately needs a new Health Centre. The community and doctors at the surgery have been asking for this for the last 20 years.</p> <p>On 19th September parts of the surgery roof collapsed, damp is visible in the walls and clinicians are doing clerical work in their cars because of lack of space. One of the treatment rooms is a windowless cupboard.</p> <p>Doctors feel they cannot offer the full range of services a modern health centre needs to provide because of this lack of space. Poor access for people with disabilities, means the surgery may not be meeting its responsibilities to the whole community under the 2010 Equalities Act.</p> <p>It's been said that one of the blockages in the route to creating a new health centre is the ICB, who have no interest in providing a new Health Centre.</p> <p>It would be very helpful for the community to know the ICB's views on the construction of a new health centre for Woodstock:</p> <p>Has this ever been brought to the attention of the ICB, or of the OCCG?</p> <p>Can the ICB support the construction of a new Health Centre in Woodstock?</p> <p>What advice can the ICB give to the community, and to the surgery, about constructing a new health centre for Woodstock?</p> <p>Will a BOB ICB representative come to visit Woodstock to see for themselves the state of the surgery?</p> <p><i>Received from Nick Melliss, Primary Care Equalities Officer, Bicester &amp; Woodstock Labour Party</i></p>
---------------------	--

<p><b>Response</b></p>	<p>Our primary care strategy promotes the integrated neighbourhood teams as a priority and describes how this will be implemented. The strategy highlights primary care estates as a key enabler noting the need to provide viable health centre buildings to deliver our future model whilst recognising the constraints</p> <p>Woodstock Surgery has had longstanding issues with their premises and much work has been done over the years to identify solutions. However, there are a number of challenges to overcome.</p> <p>The first challenge has been to find a suitable alternative site to develop a new practice. Woodstock Surgery and Blenheim estates have been working together to try and identify a new location with long term prospect. Over the years various sites have been suggested but none have been suitable for the long term.</p>
------------------------	--

	<p>The second challenge is the lack of capital to construct a new surgery. The ICB is unable to hold capital and so relies on practices identifying third party developers to come forward with funding for a new building. The ICB will offset any costs through rent reimbursements, but this needs to be value for money (as determined by the Valuation Office) and affordable. To determine this, the ICB would need to consider a detailed business case.</p> <p>Unfortunately, the practice and other stakeholders have been unable to produce a business case due to lack of a suitable site which has meant that the ICB has been unable to consider.</p> <p>We will continue to work with the practice, local stakeholders and the Local Authority to seek a solution for Woodstock Surgery.</p>
--	--

<p><b>No. 7</b></p>	<p>I run a support group for adults with ADHD in Reading and I am also an Ambassador for ADHD UK in Reading. <b>I'm reaching out to see if there is going to be a BOB ICB consultation for the 10-year plan.</b> If so, when is it taking place? Where is it taking place? And if I could ask a question as a member of the public or be given an opportunity to talk about what I'd like to include in the plan in relation to ADHD provisions.</p> <p><i>Received from Jamie Gordon, Reading ADHD Group, Ambassador for ADHD in Reading</i></p>
<p><b>Response</b></p>	<p>The ICB has already promoted the national engagement through distribution of a press release, social media, on our website and information is available on how to get involved through <a href="#">YourVoice</a> – our engagement portal.</p> <p>We also have a lot of insight from local people from previous engagement over the past 18 months / 2 years. We will use recent engagement reports such as feedback and suggestions from the public on the development of our integrated care strategy, joint forward plan and primary care strategy to inform our planning process and contribute to national feedback.</p> <p>For the 10-year plan, there are regional events throughout England; in our region it was held on 1 December in Folkstone. It is being managed by NHS England.</p> <p>Similarly, there will be NHS workforce events. One in each ICB area. Ours is being held 25 February 2025 and a variety of roles from across the NHS in BOB will be invited to attend.</p> <p>The national team have developed ‘workshop in a box’ for colleagues across the NHS to use locally with communities and staff. We are using this format to deliver some workshops locally but may adapt to our local needs for our planning process.</p> <p>We aim to run at least 6 workshops with the community across BOB; we will be focussing on Core20plus audience and disadvantaged communities.</p> <p>We will also be linking with the BOB Voluntary, Community and Social Enterprise Health Alliance to see how we can run some workshops with them and their members / working groups and will be engaging with our Healthwatch colleagues to support the engagement.</p> <p>We will be running two workshop sessions across the ICB for staff and will work with our provider Trusts to support them, if required, engage their staff.</p>

	<p>All the feedback from our engagement over the coming months will be channelled through to the national team but we will use the insight, along with that already gathered over the past two years, to inform the planning process.</p> <p>To note: we will also be in contact with Reading ADHD group to see if they would like to organise a workshop session with the ICB.</p>
--	---

<p><b>No. 8</b></p>	<p>The recent Budget will hit dental care across our BOB ICB patch. We are writing in hope that you can offer needed support.</p> <p>Dental practices are small businesses. The Budget brings a huge increase in overheads but offers nothing by way of support.</p> <p>The cumulative changes to National Insurance and the National Minimum Wage will add tens of thousands to the wage bills of a typical practice.</p> <p>Private practices will have little choice but to raise prices, but NHS practices won't have that option.</p> <p>Many practices are already delivering NHS treatments at a financial loss. The Budget will push more of them to the brink, or out of the NHS entirely. Local residents will inevitably feel the impact.</p> <p>Ministers say the increase in Employment Allowance may help but it isn't an option for those focused on serving the public sector. It offers just another reason to leave the NHS. Failure to act here will push more colleagues out of NHS dentistry.</p> <p>We would be grateful if the ICB could discuss the impact of the NI changes at the board meeting and consider a method of supporting practices who have committed to delivering NHS care from the monies allocated towards the delivery of dentistry in our area</p> <p>Having discussed this with the other two LDC chairs and if the board are looking for suggestions as to how the ICB could help, maybe consideration of an uplift in contract values might be helpful.</p> <p><i>Received from Laurie Powell, Chair Oxford LDC</i>  <i>Nilesh Patel, Chair Bucks LDC</i>  <i>Pip Dhariwal, Chair Berkshire LDC</i></p>
---------------------	---

<p><b>Response</b></p>	<p>The ICB acknowledges that the recent government budget statement on National Insurance and minimum wage will impact on small businesses including GP practices, dentists, community pharmacists and optometrists all who provide essential NHS services to our population.</p> <p>The contracts and funding for these services are determined nationally and the ICB is not in a position to make adjustments to core contract values. The ICB has actively flagged the implications of these additional cost pressures to regional and national colleagues to advise of the serious implications and to seek a national solution to support our primary care services. We understand these implications on small businesses are being addressed nationally.</p> <p>The ICB continues to support practices who are struggling with resilience and encourages primary care providers to reach out to the ICB if this is the case.</p>
------------------------	---

<p><b>No. 9</b></p>	<p>It was announced that Employers NI will be increasing for all businesses, including Community Pharmacies that gets over 90% of its income from delivering NHS services.</p> <p>This will cost an extra £3m a year for Pharmacies across BOB – this is on top of the extreme financial pressures in our sector due to serious under funding. What can the ICB do to offset this extra cost to Community Pharmacy? As you may be aware the majority of Community Pharmacies are considering taking collective action to highlight the serious predicament that they are under.</p> <p><i>Received from David Dean, CEO, CPTV</i></p>
<p><b>Response</b></p>	<p>The ICB acknowledges that the recent government budget statement on National Insurance and minimum wage will impact on small businesses including GP practices, dentists, community pharmacists and optometrists all who provide essential NHS services to our population.</p> <p>The contracts and funding for these services are determined nationally and the ICB is not in a position to make adjustments to core contract values. The ICB has actively flagged the implications of these additional cost pressures to regional and national colleagues to advise of the serious implications and to seek a national solution to support our primary care services. We understand these implications on small businesses are being addressed nationally.</p> <p>The ICB continues to support pharmacies who are struggling with resilience and encourages primary care providers to reach out to the ICB if this is the case.</p>
<p><b>No. 10</b></p>	<p>We would be grateful if the ICB could discuss the impact of the National Insurance and minimum wage changes at the board meeting and consider a method of supporting practices who have committed to delivering NHS eyecare. This is an issue affecting all primary care – GPs, Dentistry, Optometry and Pharmacy. With the recent focus on improving primary care services across the patch, this Budget threatens to undo any gains made.</p> <p><i>Sean Caskey, Chair Berkshire LOC on behalf of the three LOCs</i></p>
<p><b>Response</b></p>	<p>The ICB acknowledges that the recent government budget statement on National Insurance and minimum wage will impact on small businesses including GP practices, dentists, community pharmacists and optometrists all who provide essential NHS services to our population.</p> <p>The contracts and funding for these services are determined nationally and the ICB is not in a position to make adjustments to core contract values. The ICB has actively flagged the implications of these additional cost pressures to regional and national colleagues to advise of the serious implications and to seek a national solution to support our primary care services. We understand these implications on small businesses are being addressed nationally.</p> <p>The ICB continues to support high street opticians who are struggling with resilience and encourages primary care providers to reach out to the ICB if this is the case.</p>
<p><b>No. 11</b></p>	<p>I would like to ask a question of the ICB board for their upcoming meeting on 19th November. The question relates to agenda item 8, specifically access to GPs.</p> <p>The question comes from a recent personal experience, where my wife had been trying for days to get a GP appointment for our 5 week old son who had a bad cough and eventually started wheezing. The practice, in Didcot has recently moved to an online</p>

	<p>form system, rather than a phone based system for making appointments, but there was no way to access the form on their website all week, meaning that there was no mechanism for making an appointment to see our GP. My wife called the practice to be told that there was nothing they could do. In the meantime our son's condition worsened and we became more concerned. Eventually, my wife called 111 and they had to send an ambulance to take my son to hospital, because we couldn't access primary care through our GP. This also meant that I had to take time off work because I had to look after our older child.</p> <p>My question is, does the board think that it is acceptable for GP surgeries to completely remove access to any mechanism to be assessed or receive primary care from their GP?</p> <p>I would also like to ask if there is any way for the board to speed up the process of delivering the doctors surgery on Great Western Park in Didcot to alleviate the pressure on health care in the town and what local councillors can do to help.</p> <p>Question from: Luke Hislop</p>
<b>Response</b>	<p>We are sorry to hear of your experience trying to get a recent appointment for your young son. We are unable to comment on individual cases in the public board but can look into this further if you email the details to our PALS team <a href="mailto:bobicb.palscomplaints@nhs.net">bobicb.palscomplaints@nhs.net</a></p> <p>Access to primary care services is a key component of our Primary care strategy with the ambition to ensure that people get the right support first time to meet their needs. This will include seeing the right healthcare professional following appropriate triage and navigation. Each practice/primary care network will have different ways of managing access and booking of appointments.</p> <p>The historic delays in the Great Western Park Heath Centre project have been due to the multiagency involvement in the project, the legal complexities around developers' contributions and the challenging economic circumstances that currently face all property developments (increasing build costs and reducing commercial property values). These complexities remain and may cause further slippage of the desired timeline.</p> <p>We are expecting a planning application for a new surgery building at Great Western Park to be submitted shortly by the specialist medical developer with a decision expected mid 2025. Alongside this, work continues to develop and align relevant legal agreements between NHS England, Assura, Vale of White Horse District Council and Woodlands Medical Practice.</p> <p>The ICB is meeting regularly with stakeholders and Vale of White Horse District Council to ensure that progress is being made.</p>
<b>No 12.</b>	<p>Could I please ask the following question of the Board at its forthcoming meeting this Tuesday (it relates to agenda item 8):-</p> <p>The only reference to public/patient engagement I could find in the Primary Care Strategy implementation plan is a single line: "Mobilise the communications and engagement plan" as a milestone for 24/25.</p> <p>Page 41 of the Strategy says:          "To support implementation of the primary care strategy we need to work with people and communities across BOB to deliver change. Effective communication and engagement are key to achieving the priorities in this strategy. To help us do this we, the ICB and primary care will seek opportunities to engage at the most effective</p>

	<p>geographical level, whether this be system - in other words, across the whole BOB population, at Place or at local neighbourhood level through Primary Care Networks and individual services. We want to work differently with our people and communities going forward to ensure they are involved in the design of services and indeed communication campaigns directed at them.</p> <p>“</p> <p>The page then specifically references co-production:</p> <p>“• Build effective relationships with the people and communities we serve and support the creation of an environment where the voices of stakeholders can be heard as part of the design process at the most appropriate level (neighbourhood, Place or system). • Work with people and communities who use primary care services in equal partnership and engage groups of people at the earliest stages of service design, development and evaluation.”</p> <p>And it includes a box about communication, including:</p> <p>“• Raise awareness of the new primary care strategy and ensure people are aware of further opportunities to participate in its implementation • Co-produce communication campaigns to raise awareness of...”</p> <p>One of the high-level responses to the consultation on the draft strategy was:</p> <p>“Clear communication with the public is needed around the changes and what it means in reflection to their needs, to provide assurance that their health needs will be met.”</p> <p>The BOB ICB constitution says you have adopted the ten principles set out by NHS England for working with people and communities. These include putting the voices of people and communities at the centre of decision-making and governance at every level of the ICS; starting engagement early; providing clear and accessible public information about vision, plans and progress to build understanding and trust; and using co-production, insight and engagement to achieve accountable health and care services.</p> <p><b>1. What assurance can the Board give that the commitments in the strategy will be delivered now and into the future?</b></p> <p><b>2. Will the ICB make use of the extant contractual obligation for every GP practice to have a patient participation group, and involve existing patient groups when co-producing, as well as communicating, implementation of the strategy?</b></p> <p>Question from: Mike Etkind, Chair, John Hampden Surgery, Patient Participation Group</p>
<b>Response</b>	<p>1. The Primary Care Strategy and its delivery is one of the key system priorities in BOB and is critical in direction setting for how we enable resilient and sustainable primary care into the future. The Board has asked for regular updates on the delivery of the Primary Care Strategy to provide oversight of this important work.</p> <p>2. The ICB has commenced work to co-produce a communications campaign together with patient groups to raise awareness of changes required in primary care including new roles; how to access the right care at the right time; what to expect from each pillar of primary care (GP services, pharmacy, optometry and dentistry) etc.</p>