BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 11 March 2025 Board meeting:

Ref	Questions / Comments
No.1	As the adoption of AI continues to shape the delivery of healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services? Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance? *Received from: Syed Abrar, Client Director, Limbic*
Response	We are in the process of refreshing our ICS Digital and Data Strategy. This refresh will incorporate the use of AI capabilities to optimise the quality and efficiency of diagnostics and will address concerns among patients on where their data is stored, how it is processed, and shared. The key outcome will be to support imaging and pathology tools to enhance early disease detection. The strategy will also incorporate remote monitoring and digital inclusion through the expansion of AI-powered remote monitoring for patients, including those with mobility challenges while addressing digital exclusion through targeted support programmes. The approaches are yet to be mapped out and is likely to vary between our provider Trusts depending on their maturity and readiness. We are currently using predictive analytics through the adoption of AI models to identify at-risk patients for early interventions, particularly in long-term conditions like diabetes and cardiovascular disease. This is being delivered through a project to increase PHI adoption within BOB focused on usage of segmentation tools within primary care among GPs and PCNs. These tools classify patients into green, amber or red according to their risk profile which enables practices to triage and signpost them more effectively. This has a significant impact on patient experiences and on operational practice effectiveness. We will also be expanding AI for population health management to identify variation and underserved communities to tailor interventions improving access to care and to optimise resources as part of our developing sustainable healthcare programme.

No. 2	NHS England is proposing changes to the NHS Right to Choose, which will cap funding at £100,000 per provider per ICB area for elective services. This will severely restrict access to ADHD assessments for thousands of patients, many of whom are already facing multi-year wait times. More details on the proposed changes can be found here: https://adhduk.co.uk/nhs-right-to-choose-changes The NHS Payment Scheme 2025/26 outlines:

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- **“We propose that commissioners will be required to set payment limits for elective services, and all services paid for on an activity basis, based on the value of planned levels of activity.”** (Page 25, Section 6.1, Clause 106)
- **“Will in effect reduce the choices available to that patient.”** (Appendix C, Section 2.2, Clause 38)

1. Has BOB ICB conducted an impact assessment on how the proposed NHS Right to Choose changes will affect ADHD/Autism patients in this area?
2. How does BOB ICB expect funding caps to impact access to ADHD assessments and follow-up care in this region?
3. Does the board agree with this NHS England Policy that will be restricting patient choice when Right to Choose is a legally protected NHS patient right under the NHS Constitution?
4. What alternative plans does BOB ICB have to ensure that ADHD patients in this area can still access timely assessments and follow-up care?
5. What discussions has BOB ICB had with NHS England regarding these changes, and what position has the Board taken in response?
6. How does BOB ICB intend to address the already excessive ADHD assessment wait times if Right to Choose pathways are significantly restricted?

Received from: Harvey Fagg

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Response

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1. Has BOB ICB conducted an impact assessment on how the proposed NHS Right to Choose changes will affect ADHD/Autism patients in this area?

   Response:
   The consultation on the NHS Payment Scheme 2025/26 closed on 28 February and the ICB is waiting for the final published NHS Payment Scheme 2025/26.

2. How does BOB ICB expect funding caps to impact access to ADHD assessments and follow-up care in this region?

   Response:
   This will need to be worked through once the consultation exercise is complete and payment scheme is finalised.

3. Does the board agree with this NHS England Policy that will be restricting patient choice when Right to Choose is a legally protected NHS patient right under the NHS Constitution?

   Response:
   NHSE and the ICB do not consider that this is a restriction of patient choice and if the Payment scheme still included this provision when published the ICB will need to ensure appropriate contracts are in place to support choice

4. What alternative plans does BOB ICB have to ensure that ADHD patients in this area can still access timely assessments and follow-up care?

   Response:
   The ICB alongside NHSE is developing a commissioning framework to ensure appropriate access. In addition, we are working with local providers to review access and current provision.

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	5. What discussions has BOB ICB had with NHS England regarding these changes, and what position has the Board taken in response? Response: The ICB responded to the NHSE consultation on the draft 25/26 contract. 6. How does BOB ICB intend to address the already excessive ADHD assessment wait times if Right to Choose pathways are significantly restricted? Response: The ICB recognises the pressure that local ADHD services are under and the long waits for patients and has established an ADHD Transformation Programme with key partners. The aim of the programme is to design and implement a new service model which will alleviate waiting times.

No. 3	Shouldn't the chief executive's report at least acknowledge the impacts of the figures on people? At the last meeting of the Board, one of the non-exec directors said "numbers are numbers, but these are individuals". I hope I can rely on the ICB to do its best for its residents and patients within its financial and other constraints. But, for example, the March report highlights a 2.5% increase in the percentage of GP appointments seen within two weeks from November to December. However, first it still means that 21.6% of patients are having to wait longer than a fortnight, with the potential effects on their health and wellbeing I imagine the Board is aware of. Second, it could be said to be disingenuous because the table on page 10 of 27 shows this is an upturn following a decline in figures last autumn and it only catches up with performance at the beginning of 2024. *Received from: Mike Etkind*
Response	Thank you for this question. Firstly, it's worth highlighting that good access to GP appointments has a big impact on people's health and improving this access remains a priority for the ICB and is a key aspect of our Primary Care Strategy which was launched last summer. It also features strongly within the operating plan for the coming year. As a new board member, this question prompted me to scrutinise the data carefully and I noticed that the increase in appointments grew from Dec 2023 to Dec 2024 from 762,000 to 827,000 = 8.5% increase, although the report incorrectly states this increase as 0.1%, so I will ask the team to correct that. We welcome the improvements in patient access that practices and other partners have achieved over the past couple of years and are grateful for the efforts of the practice teams in achieving this – we also recognise that there is more still to do and that some patients still wait too long for their appointments. When considering the figures, there are many factors as to why patients may wait appropriately for more than 14 days for an appointment. The metric presented in the report is for all appointments and doesn't differentiate between people with urgent needs and those booking ahead a routine appointment for their long-term health conditions, such as diabetes or COPD, may intentionally be booked more than 14 days

	in advance. Similarly, appointments for vaccinations which usually occur during September to December, may be booked several weeks ahead or at very short notice and this can have a seasonal effect on the reported metrics. These nuances show why we need to continue to develop our data so that we can more clearly identify these groups within the wider figures. Looking ahead, there have been some positive national developments that we expect to further improve patients' access to GP appointments. We are continuing to develop our pharmacy first service, which enables patients to access treatment directly for 7 common ailments, such as sore throats and urinary infections. As Board members have mentioned, changes to the GP contract have been announced by the Government which include additional funding of £889 million and improving access for patients is a core objective of this funding uplift. Previously it was national policy that funding provided to Primary Care Networks was ringfenced for healthcare professionals other than GPs and practice nurses, but new flexibilities will be introduced to allow Primary Care Networks to employ additional nurses and newly qualified GPs, which will support more patients to be seen more quickly and I'm sure we will closely monitor the impact of these changes at this Board.

No. 4	I am unhappy with the response provided online to my question to the last Board meeting about the inadequate information being sent by the ICB's communications department. Please see response number 4 at this link: https://bucksoxonberksw.icb.nhs.uk/media/5588/20250114-icb-board-qa-responses.pdf A classic example is a question I asked the comms team about how finances work for a large town such as Banbury on the ICB border and how collaboration was achieved between the three different ICBs - leading to how billing was done. My questions were simply not answered clearly or adequately. It was as if there was resentment that I was asking for an explanation. As a journalist I am one of the only people able and willing to tell people of this area how the new NHS systems work but this is not possible with the inadequate information provided by the press office. One question was simply left unanswered, hanging in mid air - see below: • ***"Will there be a separate admin department set up to deal with this billing and payment system? Will it be done within the individual trusts or at ICS level?*** Roseanne Edwards: Many thanks for this response. Just to clarify in the last point - where is the billing done? Reply: Hi the billing and payment process since 1991 remains unchanged between commissioners and providers. More details online. Roseanne Edwards: Could you please send me a link to the detail you mention? With BOB being a single budget it sounds complicated for cross border and remote costs to be dealt with by a number of different trusts. " **No reply from the communications department.**

	You said in your response to my question at the January Board meeting: "The ICB is mindful that all media outlets serve as important intermediaries between healthcare providers and the public. We take our obligations seriously to be publicly accountable and to communicate and engage with our residents about health services and decisions of the ICB and its partners." **We believe** the ICB should be sending out information that keeps the public (and media) appraised about finances and what decisions are being taken on behalf of users of NHS services. This is not happening; your obligations stated in your response to my question are not being met. Press releases about vaccinations, pharmacy closures are not sufficient. The public is completely ignorant about their Integrated Care Board, the people running the BOB NHS, outsourcing and its results, which services being offered by tender to the private sector and any upcoming consultations/engagements, rationing etc - with details of proposals. The ICB may know that the media (the first step of accountability in our democracy) cannot go to every Board meeting, or understand every subject tabled. Media offices of ICBs and trusts are funded at great public expense to provide the information the public should be given routinely. When will the media begin to see what is happening in the ICB being transmitted through the newspapers/radio to the public? In addition, I do not see in the minutes of the January meeting any mention of Hannah Iqbal's intervention following my question (items 9 and 10) in which she quoted the points I made, saying she could not have expressed better her own disappointment with the ICB communications so far and the way it needed to change. My understanding was a group of ICB people was set up to do this, to engage with the public properly and reach out much further. Where was this recorded and why have we seen no action? *Received from: Roseanne Edwards* ***(NB: this does not relate to any item on the public board agenda)***
Response	Thank you for your feedback. The communications and engagement team at BOB ICB is mindful of its responsibility to answer inquiries from the media in a timely and accurate way. Over the last year 2024/2025 we have responded to 185 requests for information and interviews across many issues. In addition, we have issued more than 40 media releases during the same period and posted hundreds of social media messages. We also communicate with our residents and stakeholders via our monthly BOB ICB newsletter, our social media channels, our corporate ICB website, the Stay Well BOB website and actively engage with our communities through our many public involvement events, in person and online. Information about our engagement activities (which are also promoted through press releases, via social media and Next Door neighbourhood platform) are available on our online engagement portal Your Voice in Buckinghamshire, Oxfordshire and Berkshire West. Our communications and engagement team is relatively small for the size of the population BOB ICB serves, and we do not have capacity or resources to brief

	journalists on every aspect of the ICB's work. But our Board meetings are held in public and the papers and reports are available in advance for everyone to read and raise questions about. A huge amount of information about how the NHS works is available online and we do our best to signpost to relevant details when we are asked questions about this publicly available information. At the meeting, Chief Strategy, Digital and Transformation Officer Hannah Iqbal acknowledged the points raised by Ms Edwards about ICB communications and engagement in her introduction to the item on *Developing a New Approach to Community Involvement and Insight.* She said the ICB's new operating model was strengthening our approach to working with our local people and communities, putting more dedicated resource and focus to ensure transparency and direct public input on the future of healthcare services.

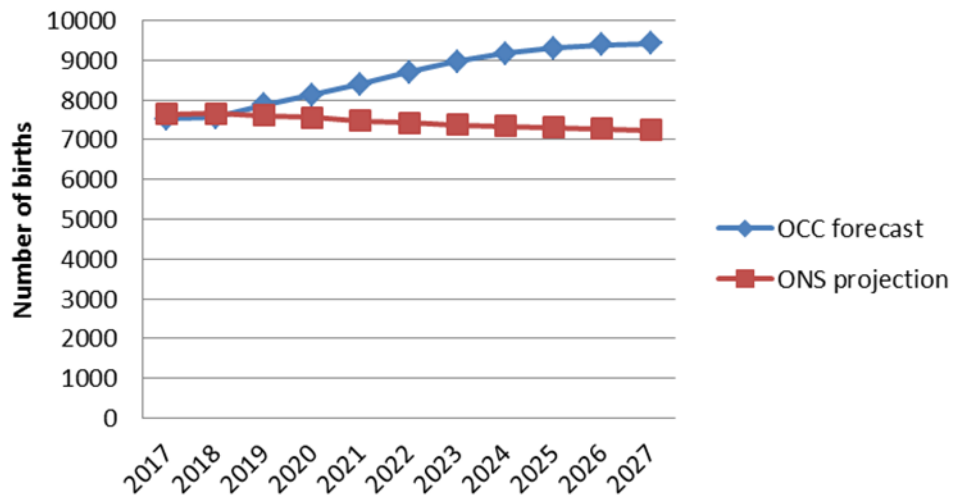
No. 5	**Outsourced Contracts:** Would you please tell me how many contracts for services have been advertised for tender over the last year and how many contracts have been signed off to private providers. Also could you please list the services and the winning tenders. Does the ICB feel that moving a service from NHS provision to the private sector threatens to undermine the NHS service, change the level of training for that area of service and affect the NHS's ability to bid for contracts after the private providers' term runs out? *Received from: Roseanne Edwards*
Response	In the year to 31 January 2025 the ICB has advertised 9 contracts for tender. Of these 5 have been awarded to private providers. The tendered services are listed below:

Title / Service	Date Advertised For Bids	Winning Bidder	Private Sector Organisation? (Y/N)
Provision of Nutrition Support Products and Services	09/02/2024	Nutricia Limited	Y
APMS for Shinfield Health Centre	19/03/2024	South Reading and Shinfield Group Medical Practice	Y
Berkshire West Mental Health Support Teams	18/12/2024	(Evaluation stage)	
Non-Emergency Patient Transport Service to Buckinghamshire, Oxfordshire, and Berkshire West ICB and NHS Frimley ICB	19/02/2024	ERS Transition - Trading as EMED Group Limited	Y
Urgent Care Centre - Reading	13/12/2024	Preferred bidder selected. Bidder identity cannot be disclosed until standstill ends 21/3/25	Y
BCG Pathway Service (RFQ)	16/08/2024	(No bids received)	
Berkshire West & South Oxfordshire Palliative and End of Life Care	20/12/2024	(Moderation Stage)	
Vasectomy Services	23/02/2024	Thames Valley Vasectomy Service	Y
Wheelchair Services	20/01/2025	(Evaluation Stage)	

Procurement within the NHS, including the procurement of healthcare services, is governed by legislation, policy and guidance as set out in the ICB's procurement policy. Other than the non-emergency patient transport service and the BCG pathway service, all of the above contracts were already provided by private providers. The ICB does not have any evidence that private providers are undermining NHS services or impacting training or the ability of NHS organisations to bid for contracts. However, the ICB is aware of these concerns and should a service where this is an issue be put out to tender, the ICB can require bidders to address such matters as part of the evaluated tender response.

No. 6	**Keep the Horton General Hospital:**

	I would be grateful if you could tell me whether, and how, the ICB has considered the projected population figures for the Horton General Hospital, Banbury catchment which have been made public by Keep the Horton General campaign (KTHG). These show that for the Horton catchment alone, the population figures will have risen from 160,000/165,000 in 2016, when the Horton Maternity Hospital was downgraded to a midwife-only unit, to a projected 405,000 by 2040. The figures come from local authority projections. Other parts of Oxfordshire are due to rise by a similar proportion. The consequent pressures on the John Radcliffe Hospital maternity service are obvious; the facilities there are not adequate to manage that workload. The experiences shown in the KTHG Birth Trauma dossier and the recent Families Failed by the JR Maternity Service actions make this clear. The KTHG group proposes the only workable solution is for planning to start now to return to a system of two obstetric services for Oxfordshire in Oxford and Banbury. Its case was presented to the Oxfordshire JHOSC last July. It states this planning must begin now in order for the funding, staffing and planning to be in place in time to accommodate this rise in demand. What action has the ICB taken, or is taking, to make provision for the rise in the projected Horton catchment figure within the next 15 years? *Received from: Roseanne Edwards* ***(NB: this does not relate to any item on the public board agenda)***
Response	In the Oxfordshire CCG board paper – Responding to Secretary of State letter following referral of the permanent closure of consultant led maternity services at the Horton general hospital (September 2019) it states that predicting the number of births with any degree of certainty is particularly difficult given the many and varying factors that can affect the birth rate. The Office of National Statistics (ONS) makes population projections, including projecting the number of births, based on population data and assumed age related fertility rates. Projected population growth figures do not always correlate directly with increased birth rate. Given the historical reduction in the fertility rate nationally, the ONS projections for 2016 – 2027 are based on the assumption that women will have fewer children and therefore predicts a decrease in births in Oxfordshire during that period.



In line with the commitment made in 2019 that the consideration of maternity services will be kept under review the ICB are undertaking an early scoping exercise for a system wide maternity review. The information in the Horton dossier will be used to inform this strategic review.