Dr Rachael De Caux
Deputy Chief Executive/Chief Medical Officer
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

cc. Dr Abid Irfan, Director of Primary Care
Louise Smith, Deputy Director of Primary Care
Sim Scavazza, ICB Acting Chair
Dr Nick Broughton, ICB Chief Executive Officer (Interim)
Catherine Mountford, ICB Director of Governance
Hannah Iqbal, Chief Strategy and Partnerships Officer
Sarah Adair, Director of Communications and Engagement

5th March 2024

Dear Rachael,

On behalf of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (JHOSC), I am writing to thank you and your colleagues for attending the recent BOB JHOSC meeting to discuss the Integrated Care Board's (ICB) draft primary care strategy.

We would like to start by acknowledging the enormity of the task in bringing together a primary care strategy for the BOB Integrated Care System, with a population of nearly 2 million, 156 GP practices, 51 Primary Care Networks, 253 pharmacies and 203 dental practices.

This letter brings together some of the discussion from the JHOSC meeting on 24th January and subsequent comments, reflections, and feedback from JHOSC Members.

General comments

For many people, primary care means access to their doctor and the services provided at their surgery. We suggest that a clear explanation of all the services across primary care is made at the beginning of the strategy to provide clarity for all readers, particularly members of the public.

An overall comment on the strategy would be that we feel some of the language will not immediately resonate with people, for example, "pillars" and "enablers". It would help to replace these words with more everyday phrases.

The strategy document has been written for those working within the health sector. 55 pages of densely worded slides does not make it an easy read for those that are not health experts. We appreciate an executive summary has been produced to sit alongside the main strategy document, but it is written in the same style and is still 17 pages.

We feel there could be a correlation between the low response rates and the complexity of the strategy. The cover report provided to the JHOSC states that just 345 people have shared their views and experiences as part of the "Primary Care conversation". With a BOB population of nearly 2 million, this is an incredibly low response rate and represents a tiny proportion of the population affected. Patient buy-in will be crucial to the delivery of any proposed changes so it is vital that far more accessible comms and feedback collection processes are developed as a priority.

We understand that there was a requirement to pre-register to complete the survey which we feel creates unnecessary barriers. The two-stage authorisation for the survey also felt like an unnecessary burden for respondents and we heard that for some people it took almost an hour to complete the survey.

Comms and engagement remain a key area of concern for the JHOSC as ongoing discussions do not appear to be generating improvements in response rates to engagement exercises.

JHOSC Members feel that the strategy document would have benefitted from a level of pre-engagement work with independent groups, such as Patient Participation Groups, voluntary groups, and Citizen's panels. We feel confident these groups would have commented on language, complexity, and length of the strategy document, which could have been addressed before launching the strategy for wider engagement.

Based on our comments above, we feel there needs to be a shorter, easy to read and simplified version to encourage greater public engagement. We suggest the following needs to be addressed in this simplified document, which could sit alongside the main strategy.

- We feel the strategy needs to be put into context at the outset - national direction and the Fuller report states primary care should streamline access, provide continuity of care, and focus on prevention. These are terms which the public can understand and relate to.
- Be clear about what is meant by primary care – general practice, pharmacy, optometry, and dentistry.
- Then an explanation of the challenges facing primary care and why change needs to happen in the way services are delivered, including increase in demand for services and more complex health needs linked with an ageing population, population and housing growth, addressing health inequalities, funding pressures and workforce pressures. Again, terms which people can understand and relate to.
- Bring in what the key priorities will be for primary care over the next 3 years and link to the Fuller report. For example, introduce non-complex same-day care to improve and streamline access to services, develop integrated neighbourhood teams to provide continuity of care and focus on prevention, particularly around cardio-vascular disease, a major cause of death within the BOB population.

- Finally, explain how these priorities will be delivered using workforce, digital and data, estates, and resources.
- By keeping it simple, it is easier to see the thread between challenges, priorities and deliverables which is what you are asking the public to feedback on. At the end of each section, you could pose the question you are asking people to feedback on – for example, after describing the challenges, ask "do these reflect your understanding and/or experience of primary care?". At the moment, questions are posed on page 2 of a 55-page strategy and are not repeated so these key questions are lost.
- If people want to see the detail, they can refer to the main strategy document.
- It was good to see patient stories and health professional stories in the strategy to help understand how the changes will affect patients and the ambitions around a more integrated health and care service. It would be useful to also include a patient story around optometry as there is little mention of this service in the strategy and it is hard to see how this service will be part of the integrated neighbourhood team.
- We felt that the strategy would benefit from some additional insights into how the ICB will make commitments to learn from best practice elsewhere in other systems, particularly around the increases in demand for primary care as well as the rise in housing developments.

As JHOSC Members, we have sight of other ICB strategies which will underpin delivery of the primary care strategy, particularly the digital and data strategy which will support delivery of shared records and better access to digital and data solutions. We understand that the BOB workforce strategy is in development and the ambitions around integrated neighbourhood teams, highlights the need for an estates strategy at place to drive their delivery.

The primary care strategy does not refer to these strategies, so we feel there is a risk that these key strategies are not aligned and would like reassurance that the Board is monitoring the golden thread through all ICB strategies to ensure joined-up delivery.

Priorities

Streamlining access to provide non-complex same day care.

- From our experiences as Members, name changes to health services and signposting to services has led, on occasion, to confusion by those trying to access services. The introduction of non-complex same-day care needs to be very clear to the patient as to what is meant by non-complex care. We would also urge health providers to be very clear about how the out-of-hours service integrates with same day care.

Developing Integrated Neighbourhood Teams to deliver continuity of care.

- The introduction of integrated neighbourhood teams raises questions around how Primary Care Networks align with these teams. Communications around this need to be strong and very clear about how the teams work together for patients within their communities.

Focus on prevention, particularly Cardio-vascular disease (CVD).

- At the JHOSC meeting, concerns were raised as to why CVD had been chosen as the main prevention focus over other diseases, such as dementia, dental prevention,

mental health prevention measures or obesity. We understand that prevention work will continue in these areas but the focus across primary care will be on reducing cardio-vascular disease. We feel this point should be made clear in the strategy.

Whilst we appreciate that the strategy must focus on some key priorities and cannot focus on all matters of concern, we are concerned at the growing number of additional issues that do not fall into any of the priority categories. For example, inadequate NHS dentistry provision, busy pharmacies, demand for GP appointments, GP estates issues, population growth, an ageing population, health inequalities, staff changes and reallocations that will affect continuity of care, patient issues with receptionist triage, lack of awareness of optometry provision, social isolation and greater numbers of residents with multiple long-term conditions.

The BOB ICB has put the four pillars of Primary Care - General Practice, Community Pharmacy, Optometry and Dentistry – at the "heart of transformation to deliver a shared ambition and vision for a new model of care and a more integrated way of working across the system." We assume that these four key pillars will vary according to place-based provision. Will the ICB or the place-based teams now accept responsibility for mapping the current service provision, identifying gaps and planning for future growth and need in each region?

We note that mental health does not constitute one of the key pillars, yet mental health issues have dramatically increased in scope and complexity, and either underpin or exacerbate physical health issues.

<u>Enablers</u>

Workforce

- We are aware of the recently published NHS Long Term Workforce Plan.

- We read with interest the BOB staff passport but recognise the challenges in introducing this across the geographical footprint and the potential increased risk to staff wellbeing associated with changes in working arrangements.

- Within our local health scrutiny committees, we have looked at Primary Care Networks and reviewed how these are developing. It has been challenging recruiting to some of the additional roles created by Primary Care Networks and we are acutely aware of workforce pressures across the whole health and care system. We feel the plans around workforce need to be developed soon to support delivery of the primary care strategy and will need to be under constant review. Whilst the strategy states concern around numbers of workforce leaving the sector it does not contain any tangible recovery plan.

- As the strategy develops, we would like to see clarity around how the additional roles within the PCNs, including social prescribers, Physician Associates and Care Co-ordinators will take pressure off the GPs and the impact their roles are having on transforming primary care.

- We are concerned about workforce capacity across the wider system to support the integrated care teams based on the PCN experiences and would like to see evidence from partner organisations, such as the police, social care, and mental health providers, that they can support the development of these teams.

- We recognise that the funding formula for future workforce recruitment, training and retention are unclear. What specific impact will the same day role training have, and will this role impact the provision of 111 services and staffing levels?

- The strategy leans heavily towards improving GP capacity and new pathways for treating patients. However, there is little detail on dentistry and pharmacy provision and how these services will be supported, and capacity expanded.

Digital and Data

- The strategy refers to Population Health Management (PHM). The ICB's digital and data strategy states that funding for PHM activities has yet to be identified. We are concerned that some parts of BOB have access to tools to help support PHM, yet others do not, leading to greater inequalities. How will this be addressed and what support is available to those areas which require more support with PHM?
- We are unclear on how funding will be assessed and allocated as place-by-place comparisons will be problematic, i.e. Oxfordshire has a greater capacity need with a higher population count but Buckinghamshire and Berkshire West have greater deprivation issues. The emerging digital and data strategy places the level of investment needed at £147 million. How will that be shared proportionately at place? Will there be a single system-wide commissioning / procurement strategy, or will equipment and software needs be met by the place-based teams?
- A key priority for delivery of continuity of care relies on robust data sharing arrangements, including shared patient records. The data and digital strategy states that over the next 12 months (unclear what the timeframe is) the development of clear priorities to support digitisation of Pharmacy, Optometry and Dentistry services will be established. Investment in, and delivery of, a robust digital and data solution across BOB is fundamental to the successful delivery of the primary care strategy. As mentioned above, how well aligned are these strategies as it is not clear in the strategy document?
- How much consideration has been given to the growing concerns around digital exclusion, the scale of the issue and the impact a move to virtual consultations will have on the population? How will the shortcomings realised by digital exclusion be identified and addressed? In addition, how will a perceived lack of public trust in data sharing be overcome?

Estates

- The strategy details estates pressures and states that in Bucks, approximately 570,000 patients are served by a primary care estate of approximately 24,121m$_2$.

This needs some context as we assume this is not a good statistic but how does this figure compare to other parts of BOB?

- We recognise the need for an extensive review of estates, and we do not under-estimate the challenges around this, however, the primary care strategy is light on details around how the ICB will be addressing some of the findings in the Fuller report.
- The Fuller report acknowledges that much of the general practice and wider primary care estate across the country is not up to scratch and goes on to state that there needs to be a detailed review of the space available at each system, service by service, to inform the ICS estates infrastructure strategies. The report also says that there is a need to build estates models that align with clinical, digital and workforce. Will this detailed work be completed by the ICB or by each of the place-based teams?
- The work detailed in the Fuller report around estates needs to be undertaken as a priority otherwise the ambitions around Integrated Neighbourhood Teams will not be realised. Careful consideration of wider concerns that the plan could exacerbate existing estate issues need to be addressed, i.e. will PCNs find they have to relinquish space to accommodate Neighbourhood Teams when they are already struggling to accommodate extra staff employed under the ARRS.

- With estates playing such a key role in successfully delivering the primary care strategy, we seek assurance that there are clear timeframes for reviewing estates at Place and the necessary future planning of primary care estates to meet the ambitions described in the strategy. We cannot emphasise enough the importance of strong communications between the ICB and the local authorities planning departments.

- Will the ambitions to deliver same day care include the provision of physical sites? If so, locations will need to be well planned and allow good access to and via public transport. A strong balance of rural and urban locations will be needed to ensure ease of access and delivery to ensure strong uptake.

Resources

- A key concern with the ICB strategies produced so far is around capacity and resource to deliver such ambitious plans, within relatively short timeframes.

- As mentioned earlier, the success of this strategy relies heavily on positive buy-in from all primary care providers. Without this buy-in, it could lead to greater disparity in terms of access to services across BOB and mean that some residents could be more disadvantaged through decisions made locally. Before the strategy is approved by the Board, we would like to see strong evidence, provided by primary care providers, which brings together their concerns and a clear response as to how these concerns will be addressed.

Please accept this letter as the BOB JHOSC's formal response to the BOB ICB's draft primary care strategy, as part of the key stakeholder engagement process. As discussed at the JHOSC meeting, we would like to invite you and your colleagues to future JHOSC meetings to update Members on the progress in delivering this key strategy across BOB. We would also welcome far greater clarity in the future of the role that stakeholder consultation and JHOSC scrutiny will have within your regular evaluations of how this crucial roadmap evolves.

Yours sincerely

Cllr Jane MacBean
Chairman, Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview & Scrutiny Committee