



WOKINGHAM
BOROUGH COUNCIL

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

29th February 2024

Dear Rachael,

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB) draft primary care strategy

As Chairman of the Buckinghamshire Health and Adult Social Care Select Committee, I am writing to provide a formal response to the ICB's draft primary care strategy, on behalf of Committee Members. Whilst Members have not considered the draft strategy within a formal meeting, they have reviewed it and provided feedback. This letter brings together their comments and observations on the strategy.

For ease, I have grouped the feedback under the headings used within the strategy document – Pillars of Primary Care, Priorities and Enablers, as well as more general, overall comments.

General comments

- Having a plan for primary care has been acknowledged as a positive step for the BOB Integrated Care System but Members are concerned about the ambitions detailed in the strategy. The strategy is high level, covering a large geographical area with significant differences in how people access primary care services across the wider system. We feel the challenges in bringing health and social care partners on this transformation journey are significant and the risks in being unable to deliver the priorities are a key concern for Members.

- From a local scrutiny point of view, the local delivery plans will provide a more useful basis upon which to evaluate the success in delivering improvements in primary care for residents. We would like to understand who will be leading on developing these delivery plans locally and the timescales for doing so. More about capacity concerns later.
- Whilst recognising that the strategy is in draft format and feedback from key stakeholders may lead to refinement and revisions, we feel that the draft strategy stops short on the next steps. We would welcome a draft timescale for developing the delivery plans for each priority and a summary of the key pieces of work which need to be undertaken in each priority area.
- We would like to see robust comms and engagement programmes as an integral part of each delivery plan to ensure everyone is part of this ambitious transformation programme and has an opportunity to help shape the plans as they are developed.

Pillars of Primary Care

- We are aware of the existing challenges within the pharmacy sector, with the draft strategy stating that many pharmacists are leaving the sector. The strategy does not provide any detail on a recovery plan or a plan to address their challenges.
- Through a recent HASC Select Committee inquiry, we heard about the statutory Pharmaceutical Needs Assessments and would like to encourage close working between the ICB, local pharmacy committees and Public Health to ensure the challenges around pharmacy can be discussed and addressed through this process. Our inquiry also recommended closer working with the council's planning team to ensure current and future housing growth is given due consideration when looking at the local pharmacy needs.
- In terms of GP capacity, we would like to understand the impact that GPs working in the integrated neighbourhood teams will have on GP capacity within local surgeries. We are aware of the shortages in recruiting GPs so would be interested to hear how this will work in practice.
- The strategy provides details on improvements to address capacity within general practice, including new ways of treating patients. However, there is very little specific detail on dentistry and pharmacy and the plans to improve access to these services. Both are an important element of primary care so it feels as though more detailed work needs to be undertaken in both areas within the strategy and subsequent delivery plans.

Priorities

As a local scrutiny committee, we undertook an inquiry into the development of Primary Care Networks (PCNs) in Buckinghamshire. During this inquiry, it became clear that PCNs are developing at different rates due to their success in recruiting and retaining to the additional roles specified as part of the Additional Roles Reimbursement Scheme. Patient Participation Groups were highlighted as being instrumental in being the conduit between the practice and its patients and helping to shape and inform service delivery. We hope that this strategy has been co-designed with local PPGs and their feedback will continue to be sought as the strategy and delivery plans are progressed. We would be interested to know how pharmacy, optometry and dentistry operate, in terms of gathering patient experience information to help shape services.

Streamlining access to provide non-complex same-day care

- It is not clear in the strategy whether the same-day care will be provided using physical sites. If so, the location of any physical building needs to be well thought out and allow for consistent access to public transport links, particularly for our elderly residents.

Developing Integrated Neighbourhood Teams to deliver continuity of care

- We are concerned about the introduction of Integrated Neighbourhood Teams as a new concept and feel that more explanation needs to be provided in the strategy around how this team will work with PCNs, as the geographical footprints are not aligned.
- We feel that the 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)

- We are not clear where the funding will come from for the schemes highlighted in the strategy. We are aware that some of the proposed interventions, such as Health checks, already have a below target take-up rate so we feel that more variety and successful interventions in the community will be needed to deliver this priority.
- In Buckinghamshire, the Director of Public Health Annual report focussed on CVD last year and we are aware of several recommendations aimed at the health and social care system to help tackle CVD. We will be evaluating this at a future Select Committee meeting and we hope this work will be the starting point for developing this priority area.

Enablers

Workforce

- 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.
- As mentioned earlier, we have reviewed the development of Primary Care Networks and one of the key findings was the challenge in recruiting to some of the additional roles. 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.
- Workforce capacity across the wider system to support the integrated neighbourhood teams remains a concern and we would like to see evidence from partner organisations, such as the police, adult social care, community health providers and mental health providers, that they have the capacity to support the development of these teams.

Digital and Data

- Through the recent inquiry into future planning for primary healthcare, the issues with consistent data collection and the challenges around data sharing were highlighted. We remain concerned about this, particularly at a local level and feel

that pace needs to be given to delivering better digital and data solutions to those working in primary care.

- The aspirations around continuity of care will not be realised unless solutions can be implemented around robust data collection to inform population health management and digital solutions to aid delivery of a joined-up health and social care system. The ICB's digital and data strategy does not currently outline funding for some of the activities associated with Population Health Management so we remain concerned about delivery in this area and the impact this will have on the overall delivery of the primary care strategy.

Estates

- One of the biggest challenges in Buckinghamshire (and we suspect the other parts of BOB), is the current state of primary care estates and the lack of agreed plans for future provision. Having just undertaken a review into planning for future primary healthcare, we recognise the complexities around estates ownership within primary care. The draft strategy does not offer any solutions and we are concerned that demand for estates could be exacerbated by the additional roles within PCNs requiring physical space and the development of local action teams and integrated neighbourhood teams.
- We feel that the Place-based Partnership needs to focus on improving estates first to allow for the local action team and integrated neighbourhood team to succeed with their priorities. Extensive buy-in and engagement with GPs will be crucial and we feel the strategy needs to be strengthened around how the ICB will support and work with GPs.
- The strategy states that in Bucks, approximately 570,000 patients are served by a primary care estate of approximately 24,121m². This needs some context as we assume this is not a good statistic and it would help to know how this figure compares to other parts of BOB.
- We recognise the need for an extensive review of primary care estates and we do not under-estimate the challenges associated with this. However, the primary care strategy is light on details about how the ICB will be supporting and addressing some of the key findings in the Fuller Stocktake report.
- The work detailed in the Fuller report around estates needs to be undertaken as a priority otherwise the ambitions around delivering new models of primary care will not be realised.
- We seek assurances that there are clear timeframes for reviewing estates at Place and developing a local estates plan to meet the ambitions described in the strategy.

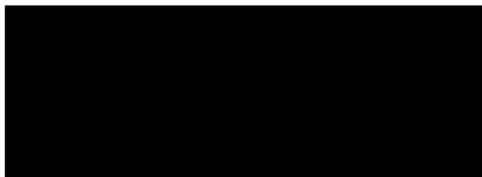
Resources

- We have major concerns around capacity and resource to deliver such an ambitious strategy. We are not clear about the level of resource within the ICB to help support delivery of this strategy at Place. Without the right level of dedicated resource to drive this significant change programme, it will not deliver. With the known challenges and pressures on the ICB, and the system as a whole, we would like assurance that there is significant resource allocated within primary care and the ICB to deliver the strategy across BOB.

- Linked to the point above, the success of this strategy relies heavily on positive buy-in from all primary care providers, social care, mental health providers, the police and community health 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 all these key providers in the system, which brings together their concerns and a clear response as to how these concerns will be addressed.

Please accept this letter as Buckinghamshire's Health & Adult Social Care Select Committee's formal response to the Buckinghamshire, Oxfordshire and Berkshire West's Integrated Care Board's draft primary care strategy. We will be inviting ICB colleagues to future HASC Select Committee meetings as the key elements of the strategy start to be developed and delivered.

Yours sincerely



Cllr Jane MacBean
Chairman, Health & Adult Social Care Select Committee (Buckinghamshire)