

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: General Practice Provision in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

- Julie Dandridge (Lead for Primary Care across Oxfordshire, BOB ICB)
- Daniel Leveson (BOB ICB Place Director, Oxfordshire)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Monday 10th June 2024

Response to report:

Enter text here.

Response to recommendations:

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Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. To ensure continuous stakeholder engagement around the Primary Care Strategy and its implementation; and for the ICB to provide evidence and clarity around any engagements adopted, to include evidence on key feedback themes and from which groups within Oxfordshire such themes were received from. It is also recommended that there is a clear implementation plan to be developed as part of the Primary Care Strategy, and for this to be shared with HOSC and key stakeholders.</p>	<p>Partially accepted</p>	<p>The ICB has published a summary of feedback received. This feedback has not been collected on an Oxfordshire footprint. The summary feedback can be found 20240521-bob-icb-board-item-11-bob-icb-primary-care-strategy.pdf</p> <p>More details on the implementation of the strategy is now included in the Primary care strategy. This will be further developed over time.</p>
<p>2. To continue to work on Prevention of medical and long-term conditions besides cardiovascular disease.</p>	<p>Accepted</p>	<p>The ICS has a number of clinical networks including stroke, diabetes and respiratory that focus on prevention and improved pathways for these long term conditions. More details can be found in the Joint Forward Plan Joint Forward Plan BOB ICB</p>
<p>3. To review ICB capacity with a view to increasing this to ensure adequacy, with a view that the ICB can work in a timely way with all District/City Councils across Oxfordshire on the securement and spending of health-infrastructure funding.</p>	<p>Rejected</p>	<p>The ICB is not in a position to increase its workforce capacity but welcomes the opportunity to work closely with all District/City Councils across Oxfordshire on the securement and spending of health infrastructure funding</p>
<p>4. That the ICB checks which practices are closing e-connect and telephone requests</p>	<p>Partially accepted</p>	<p>Practices that are temporarily unable to receive telephone requests for urgent appointments should inform the ICB. The</p>

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<p>for urgent appointments and for what reasons, and that it is also checked as to whether/how the public have been communicated with around such closures. It is recommended that there is improved clarity and communication about the statistics concerning access to appointments.</p>		<p>main reason for this request is staff sickness. When informed the ICB advises practices to update their answer machine message and their website so informing patients.</p> <p>We do not currently have a method of monitoring when practices close of online consultations but are exploring what might be possible.</p>
<p>5. For there to be clarity and transparency around the use of any competency frameworks as well as impact and risk assessments around the role of non-GP qualified medical staff who are involved in triaging or providing medical treatment to patients. The Committee urges that the advocacy needs of patients are considered/provided for, and that patients are clearly informed about the role of the person who is treating them and the reasons as to why this is a good alternative to seeing their GP.</p>	<p>Accepted</p>	<p>There are some national sources of information for patients about the different roles in general practice.</p> <p>We will look to making these available on the ICB website.</p>
<p>6. That an expected date for the signing of the legal agreement on Didcot Western Park is provided to the JHOSC, so there can be reassurance about the likely timescale for the tendering process.</p>	<p>Accepted</p>	<p>There are many legal agreements that need to be in place to progress the Great Western Park project. The ICB will update JHOSC when progress is made.</p>