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NHS
Cheshire and Merseyside

28 March 2024 ICB Board Meeting - Questions received in advance

All questions raised to the Board will be answered in writing to the individual who raised them and published on the ICB website.

Question Received	Raised by
After the publication of the NHS Vaccination strategy in December 2023, there was a clear representation that Community Pharmacy is a trusted and clear option to be considered to support a wider option for delivering vaccinations for both disease outbreaks and preventable diseases. There has also been recent focus this month from Steve Russell, NHS Director of Vaccinations and Screening urging almost 1,000,000 missed MMR vaccinations along with Tricia Spedding, Deputy Head of Public Health at NHS England – North West and Dr Merav Kliner, Deputy Director of UKHSA North West both encourage increased uptake in pertussis vaccine after rising whooping cough infections. Has there been any constructive plans or strategies considered to how to utilise the resources of community pharmacy with a wider NHS funded vaccinations services considering that pharmacy contractors are already set up, prepared and offering privately accessible vaccinations such as shingles, chickenpox, hepatitis, HPV, covid and more.	Alec Meakins

Response

NHS England have the responsibility for providing immunisation programmes, however the ICB work closely with them to ensure uptake of vaccination programmes locally can be maximised through our GPs and community providers such as our school aged immunisation services and community pharmacies.

We are currently raising awareness on the importance of MMR uptake, given the national measles outbreaks we have seen, which includes cases within Cheshire and Merseyside. Following the recent national childhood immunisation campaign, we are reliant on all health care professionals to be promoting the importance of childhood vaccination to all our staff, parents, carers and families. As part of the local MMR campaign. our regional NHSE colleagues are actively working with community pharmacies to deliver MMR vaccination in targeted areas, this is in addition to the national call and recall of childhood immunisation that take place throughout primary care. We recognise the importance of removing barriers to access, and our live well outreach service also continues to offer immunisation within communities with lowest uptake.

The ICB will continue to work with all health care providers and our local authority public health colleagues to help promote the uptake and access of local vaccination programmes across all nine areas, and when immunisation responsibilities are delegated to the ICB we would continue to engage with community pharmacies on how they could help achieve the aims set out in the National Vaccination Strategy.'

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1. Question Received	Raised By
Can the ICB confirm: **1. (a) How many PAs and AAs are currently employed, and what band and salaries are they on?** (b) Is the scope of PAs and AAs in full compliance with the guidelines outlined by the BMA? If not, why or where do their roles differ? If they are compliant, why are these roles, which are similar to nurses or HCAs, being paid significantly more than them, and even more than doctors? (c) What advice have they taken or received regarding the risk of equal pay claims from doctors, nurses, HCAs and others given the roles of MAPs and their salaries, and how will that impact ICB budgets and trusts across the ICS footprint? (d) What consultations were conducted among staff and patients in our ICS before introducing these new roles? (e) What lobbying efforts have been made to secure additional doctor training posts and increased allocations? (f) Additionally, has there been any advocacy to extend the use of ARRS funding to recruit more GPs beyond MAP roles like PAs and AAs? (g) What financial incentives or additional funding is received by the ICB or providers in return for employing MAPs? **2. After the BMA's call to halt PAs and AAs recruitment, what steps is the ICB taking to:** (a) Address patient safety concerns? (b) Maintain clear distinctions between doctors and non-doctors to prevent blurring roles and compromising standards and consent? (c) Manage medico-legal risks in high patient volumes and non-doctor supervision, especially in same day access plans, ensuring safety and financial prudence? (d) How will these risks be measured, reported and addressed to uphold quality care and financial sustainability? **3. How does the ICB plan to respond to NHSE's proposals for Same Day Access hubs?**	Merseyside Pensioner's Association

Response

How many PAs and AAs are currently employed, and what band and salaries are they on?

Hospital Providers in Cheshire and Merseyside employ 114 Physicians Associates(PA's) and 15 Anaesthetic Associates. The PAs are deployed as follows:

- Liverpool University Hospitals NHS Foundation Trust (LUFHT) (30 WTE);
- Alder Hey (10 WTE);

- MWL (24 WTE);
- WHH (18.5 WTE);
- Mid-Cheshire (4 WTE)
- Less than 5 WTE PA's employed each at: LHCH; Countess; LWH; Mersey Care; Clatterbridge; WUTH (low number suppression in returns mean we cant be specific)

PA's are usually paid on a band 7 salary (currently £43,742- £50,052 depending on experience)(90% of PA's in C&M and the other 10% are paid at band 6 depending on the requirement of their specific role.

Only LUFHT employ Anaesthetic Associate (AA) – all are paid on Band 8A.

Primary Care (GP) employ 80 PA's in total in Cheshire and Merseyside – 34 employed by practices and 46 via Primary Care Networks. The ICB does not held any details regarding the pay rates in primary care, which is at the discretion of Primary Care to so.

Is the scope of PAs and AAs in full compliance with the guidelines outlined by the BMA? If not, why or where do their roles differ? If they are compliant, why are these roles, which are similar to nurses or HCAs, being paid significantly more than them, and even more than doctors?
This would need to be answered by the individual employing organisations and teams, who have knowledge of what roles their PA /AA are undertaking, what supervision is in place etc.

PA's and AA's are remunerated following job evaluation in line with the nationally agreed NHS Agenda for Change grading scheme. PA /AA salary ranges are set nationally.

The roles of a PA and AA are different to those of nurses and health care support workers. Typically the roles include:
- taking medical histories from patients
- performing physical examinations
- seeing patients with long-term chronic conditions
- performing diagnostic and therapeutic procedures
- analysing test results within thresholds
- developing management plans.
- provide health promotion and disease prevention advice for patients.

A physician associate will be a graduate who has undertaken postgraduate training and work under the supervision of a doctor. A physician associate will need a bioscience-related or healthcare first degree to study at a postgraduate level.

A surgical care practitioner will have a first degree in a healthcare profession such as nursing or one of the allied health professions, such as operating department practice.

An anaesthetic associate will need to be a registered health care professional with three years experience or a graduate with a biomedical science or biological science degree

What advice have they taken or received regarding the risk of equal pay claims from doctors, nurses, HCAs and others given the roles of MAPs and their salaries, and how will that impact ICB budgets and trusts across the ICS footprint?

As these are national roles which have been evaluated against the national job evaluation scheme there has been no ICB advise sought on the risk of equal pay claims. Individual Trusts may have taken advice but this information is not available to the ICB.

What consultations were conducted among staff and patients in our ICS before introducing these new roles?
PA and AA roles have been in organisations for a number of years now and organisations will have undertaken an evaluation of what jobs they will undertake before introducing them. They would not be required to undertake formal consultation before introducing a new role. The training is nationally determined and commissioned.

What lobbying efforts have been made to secure additional doctor training posts and increased allocations?
In line with the new NHS Long term workforce Plan, there is significant expansion of medical training places planned – discussions with education providers is ongoing between NHSE and Universities. The ICB currently can not influence the national numbers. The medical Director is in regular dialogue with universities and the regional team .

Additionally, has there been any advocacy to extend the use of ARRS funding to recruit more GPs beyond MAP roles like PAs and AAs?
PCN's determine how the ARRs funding is used.

What financial incentives or additional funding is received by the ICB or providers in return for employing MAPs?
Funding was offered to organisations to support the development of PA's / preceptorship etc when the roles were first introduced but there are no incentives or finances offered to the ICB or individual Trusts for employing MAPS's now

After the BMA's call to halt PAs and AAs recruitment, what steps is the ICB taking to:
(a) Address patient safety concerns?
(b) Maintain clear distinctions between doctors and non-doctors to prevent blurring roles and compromising standards and consent?

(c) Manage medico-legal risks in high patient volumes and non-doctor supervision, especially in same day access plans, ensuring safety and financial prudence?
(d) How will these risks be measured, reported and addressed to uphold quality care and financial sustainability?
All ICB place based teams monitor quality and safety concerns with trusts and PCNs and work with regulators (CQC and others), stakeholders and internal quality specialists to respond, create actions and monitor progress. There is escalation to ICB via the Quality and Performance Committee and performance concerns of supervising GPs are visible via Performers List at regional level. The day to day working of all AHPs is managed by employing organisations who each have their own internal professional standards, supervision and training

How does the ICB plan to respond to NHSE's proposals for Same Day Access hubs?
The ICB are not looking at mandating same day access hubs.

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Question Received	Raised By
I note updates to the harmonising of certain policies on 18/3/2024. This did not include updates to subfertility guidelines. The government announced changes to said guidelines in the Women's Health Strategy in August 2022 aimed at, amongst other things, to aim to allow more or equal access to NHS funded fertility treatment to same sex couples wishing to have a child. As fertility is a time critical phenomenon, can you advise when the ICB is likely to update their guidelines in line with the rest of the country?"	Dr Beth Clayton.

Response

Thank you for your question regarding our clinical policies. The Women's Health Strategy published in August 2022, is a government plan to improve the health and wellbeing of women and girls over the next 10 years. Many of the ambitions and actions in the plan will take time to fully implement. The strategy includes a commitment to work with the NHS, over the 10 year life of the strategy, to allow female same-sex couples access to NHS funded-fertility services in a more equitable way. The government also indicates it will work with NHS England to address current variations in access to NHS funded fertility services. To date the government has not set out details of how the issues of inequity and funding will be addressed.

We are in the process of harmonising our subfertility policies across Cheshire and Merseyside to create a single interim subfertility policy, consistent with current NICE clinical guideline CG 156. It is important to note that major revision of our policy will follow the planned publication of revised NICE guidance early next year. We envisage that the revised guidance will take account of the ambitions and intentions of the Women's Health Strategy which will in turn influence our policy review.

In line with current NICE guidance, the key priority for subfertility services within the harmonised policy will be to ensure that NHS funding is available to patients with a medical condition; to receive this service patients will need to demonstrate subfertility. This applies to any person/couple of reproductive age, regardless of their sexual orientation. The criteria within our harmonised policy will need to be met by any patient (of any sexual orientation) who is unable to conceive – this will include single women, same sex couples, transgender men (assigned female at birth) and heterosexual couples.

Our interim harmonised policy will identify how clinical infertility can be demonstrated and will be subject to an Equality Impact and Risk Assessment (EIRA) and Human Rights Assessment (HRA), both of which will consider the potential impacts on same-sex couples and other patient groups. Our harmonised subfertility policy is being developed in collaboration with fertility experts, clinicians, commissioners and public health colleagues and will be shared wider with local experts managing subfertility issues. We are undertaking a thorough harmonisation process and anticipate significant patient and public involvement through 2024 which is dependant on a number of factors including the date of any local or national elections as we are unable to undertake public consultation during those times. We will keep the ICB website updated on our progress and how people can be involved in the process.

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Question Received	Raised By
The BMA has published a Safe Scope of Practice for Medical Associate Professionals (MAPs), see https://www.bma.org.uk/media/tkcosjt1/maps-scope-of-practice2024-web.pdf The underlying principles are: 1. This is an assistant role to doctors helping with simple practical procedures, administrative tasks, and working with patients in a supportive and specified role. 2. This does not extend to seeing undifferentiated patients in any situation. 3. When seeing differentiated patients (those already triaged by a doctor as appropriate, or already assessed, diagnosed, and on a treatment plan by a doctor), MAPs must be directly and closely supervised. 4. PAs/AAs/SCPs must not make independent management decisions for patients nor be responsible for initial assessments of patients and diagnosis. 5. MAPs must make it clear in all communication to patients and to other staff members that they are not doctors and be clear about their specific role. 6. Statements such as 'I am one of the medical team' must not be used unless also stating their own title. **Question:** **a) Will the ICB endorse and implement the BMA Safe Scope of Practice for Medical Associate Professionals (MAPs)?** **b) Will the ICB encourage those employers within Cheshire and Merseyside receiving funds from the ICB to endorse and implement the BMA Safe Scope of Practice for Medical Associate Professionals (MAPs)?**	Greg Dropkin

Response

Question:

1. **Will the ICB endorse and implement the BMA Safe Scope of Practice for Medical Associate Professionals (MAPs)?**

The BMA, the doctors trade union, is one of a number of organisations offering views on the subject. The ICB is not subscribed to any one view, but the Academy of Royal Colleges representing all our Royal Colleges is likely the most appropriate body to consider. They oversee the Royal College of Physicians which is home to the Faculty of Physician Associates who have clearly defined standards of education, training and certification. The ICB, through its Medical Directors, will be stressing the need for ongoing supervision and support for MAPs. We will work with our partner organisations to ensure that those MAPs who are in post across Cheshire and Merseyside will be continued to be supported to work safely, feel valued, and be recognised for the positive contribution that they can and do make to multi-disciplinary teams.

b) Will the ICB encourage those employers within Cheshire and Merseyside receiving funds from the ICB to endorse and implement the BMA Safe Scope of Practice for Medical Associate Professionals (MAPs)?
The ICB will not endorse any single view of Physician Associates from a single body, however, we will consider the views of the BMA in the round when discussing this matter with our Providers.

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Question Received	Raised By
On Page 49 of the papers there is mention of a full vacancy freeze. **To which occupations, and to which organisations, does this freeze apply? Does it extend to the providers? Does it include midwives and obstetricians, gynaecologists, nurses or neonatal nurses or other clinical staff?** In respect of p99 (of pdf) 4.48 Liverpool Clinical Service Review. point 6. Solving the clinical sustainability challenges affecting women's health in Liverpool- In view of this work on the Women's services in Liverpool may we have an account of which women's services are provided or funded by the NHS in Cheshire and Merseyside, which providers are involved and which sites are these services delivered including: • Gynaecology, • maternity, • fertility, • terminations, • contraception, • sexual health • women's cancer services and other women's services. Also, in the minutes of the previous meeting there were errors which should be corrected for the record: 1. The Save Liverpool Women's Hospital campaign presented 20,000 of a 60,000 petition in January 2023 2. The second meeting between representatives of the board and our campaign was very unsatisfactory and no further meeting has yet been arranged 3. The public did not accept the Carnal Farrar Report Recommendations.	Felicity Dowling

Response
As outlined within the paper, the vacancy freeze relates to staff posts directly employed by NHS Cheshire and Merseyside Integrated Care Board. **Gynaecology:** Please find listed below NHS Cheshire & Merseyside ICB's commissioned providers of gynaecology services. All of these providers are delivering a full range of secondary care level gynaecology services. A detailed list can be found on the website of each provider. Tertiary level, complex and specialised gynaecology services are provided by Liverpool Women's Hospital. - Liverpool Women's NHS Foundation Trust - Mersey & West Lancashire Teaching Hospitals NHS Trust

- Wirral University Teaching Hospital NHS Foundation Trust
- Warrington & Halton Teaching Hospitals NHS Foundation Trust
- Countess of Chester NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Alder Hey Children's Hospital NHS Foundation Trust

Maternity

Please find listed below NHS Cheshire & Merseyside ICB's commissioned providers of maternity/neonatal services: Known complex pregnancies are cared for by Liverpool Women's Hospital. Only Liverpool Women's Hospital and Wirral Hospital provide level 3 Neonatal intensive care services. All other hospitals provide level 1 or level 2 neonatal care services

- Countess of Chester NHS Foundation Trust
- East Cheshire NHS Trust
- Liverpool Women's NHS Foundation Trust
- Mersey & West Lancashire Teaching Hospitals NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Southport & Ormskirk Hospital NHS Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Warrington & Halton Teaching Hospitals NHS Foundation Trust

Fertility

Please find listed below NHS Cheshire & Merseyside ICB's contracted providers of tertiary level IVF/fertility specialist services:

- Liverpool Women's NHS Foundation Trust
- Care Fertility
- Central Manchester University Hospitals NHS Foundation Trust
- Wrighton, Wigan and Leigh NHS Foundation Trust

Please find listed below NHS Cheshire & Merseyside ICB's contracted providers of secondary level reproductive medicine/sub-fertility services:

- Liverpool Women's NHS Foundation Trust
- Care Fertility
- Central Manchester University Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Wrighton, Wigan and Leigh NHS Foundation Trust

- Mersey & West Lancashire Teaching Hospitals NHS Trust
- Countess of Chester NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Wirral Community Health and Care NHS Foundation Trust
- East Cheshire NHS Trust
- Warrington & Halton Teaching Hospitals NHS Foundation Trust

Terminations
Please find listed below NHS Cheshire & Merseyside ICB's contracted providers of Terminations of Pregnancy services:
- Countess of Chester Hospital NHS Foundation Trust
- East Cheshire NHS Trust
- Liverpool Women's NHS Foundation Trust
- Mid Cheshire Hospitals NHS Founda
- Mersey & West Lancashire Teaching Hospitals NHS Trust
- Warrington & Halton Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- British Pregnancy Advisory Service (BPAS)
- National Unplanned Pregnancy Advisory Service (NUPAS)
- Marie Stopes International (MSI)

Contraception/Sexual Health
Please be advised that sexual health services, including contraception services, are commissioned by Public Health via the below listed Local Authorities. The Local Authorities commission a variety of providers including GP practices and PCNs to provide contraception and sexual health services. For full details of Local Authority commissioned contraception/sexual health services you will need to direct your enquiry directly to each Local Authority.
- Cheshire East Council
- Chester and Cheshire West Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- Sefton Council
- St Helens Borough Council
- Warrington Borough Council
- Wirral Council

Secondary care gynaecological and maternity services will also on occasion provide contraception and sexual health advice for women using their services where required but they are not a primary provider of these services.

Women's Cancer Services

Please find listed below NHS Cheshire & Merseyside ICB's commissioned providers of women's cancer services. All secondary care gynaecology providers provide at least the early diagnostic part of the gynaecology cancer pathway. Liverpool Women's Hospital is the provider of specialised gynaecology cancer services and Clatterbridge provides the oncology services.

- The Clatterbridge Cancer Centre NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mersey & West Lancashire Teaching Hospitals NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Warrington & Halton Teaching Hospitals NHS Foundation Trust
- Countess of Chester NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Alder Hey Children's Hospital NHS Foundation Trust

Please also find listed below the breast cancer screening/diagnosis services/programmes in operation locally in the following areas, and provided by the listed local NHS Trusts.

- Cheshire and Stockport Breast Screening Service
  (via East Cheshire NHS Trust).

- Liverpool, Sefton and Knowsley Breast Screening Service
  (via Liverpool University Hospital NHS Foundation Trust).

- Warrington, Halton & St Helens Breast Screening Service
  (via Warrington & Halton Teaching Hospitals NHS Foundation Trust).

- Wirral & Chester Breast Screening Programme
  (via Wirral University Teaching Hospital NHS Foundation Trust).

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'Other' Women's Services

Community Women's Health Services:

- Chrysalis Centre for Change
- Swan Women's Centre
- Warrington & Halton Teaching Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust

Liverpool Women's Health Hub

The current Liverpool Women's Health Hub model consists of groups of GP surgeries within Primary Care Networks (PCN) delivering services across a variety of healthcare settings across the Liverpool area. Please find listed below the information held by NHS Cheshire & Merseyside ICB in respect of the addresses of the sites by PCN used for the Liverpool Women's Health Hub service delivery:

SWAGGA PCN	iGPC PCN	North Liverpool PCN
- 1 Storrsdale Road, Liverpool Merseyside L18 7JY - Fulwood Green Medical Centre, Liverpool Merseyside L17 5AR Childwall & Wavertree PCN - The Valley Medical Centre 75 Hartsbourne Avenue Liverpool L25 1RY	- Old Swan Liverpool Merseyside L13 2GA - Oak Vale Medical Centre The Fiveways Centre, 215 Childwall Road, Liverpool L15 6UT - West Derby Medical Centre 3 Winterburn Crescent Liverpool L12 8TQ - Belle Vale Health Centre Hedgefield Road Liverpool Merseyside L25 2XE	- Langbank Medical Centre Broad Lane Liverpool Merseyside L11 1AD - Jubilee Medical Centre 52 Croxteth Hall Lane Croxteth Liverpool Merseyside L11 4UG

Central Liverpool PCN - 81 London Road Liverpool L3 8JA - Princess Park Medical Centre 13 Bentley Road, Liverpool, L8 0SY	Picton PCN - Sefton Park Medical Centre Liverpool Merseyside L15 2LQ	

NHS Cheshire and Merseyside

Question Received	Raised By
On Page 60 of the board papers 28th March 2023 Performance Report and Board Summary, there is a clear description of the unacceptable level of urgent and emergency service available to the sick and injured members of the public in Cheshire and Merseyside, with services operating routinely and for extended periods at crisis levels. What is the ICB intending to do to address this situation which results in avoidable mortal injury, physical and mental damage to patients, and huge stress for staff?	Felicity Dowling

Response

The underlying factors that impact on urgent and emergency care demand are complex and have broad interdependencies across health and social care, as well as factors relating to demography, deprivation and health inequalities.
NHS Cheshire and Merseyside uses the national Operational Pressures Escalation Levels (OPEL) Framework as a key tool for monitoring and responding to system pressures.

NHS Cheshire and Merseyside, along with all partners operates a System Coordination Centre year-round, which uses OPEL and other real time data, along with daily system wide huddles, to provide the safest possible access to Urgent and Emergency care for patients, and to facilitate compassionate and considerate leadership to colleagues at time of the greatest pressure.

NHS and social care providers constantly monitor key parameters that relate to patient safety such as ambulance handover times, waits in ED, demand on majors and resuscitation capacity, and overall hospital occupancy measures, and flex the systems resources to respond accordingly.

This is manged on a dynamic basis, every day within our hospitals, and across the system as a whole. Through this system wide approach, we are together focused on:

- Improved patient safety: Through identification of, and consistent response to, risks to patient care.
- Increased efficiency: By optimising the use of resources and enabling clinical and operational teams.
- Improved communication and decision making: By providing a clear and consistent overview and a structure for implementing responses consistently, in a patient-centred way.

The Cheshire and Merseyside system has an established plan to continual improvements across 5 key workstreams:

- Community
- In Hospital Processes
- Discharge
- Mental Health
- Resilience and Oversight.

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Question Received	Raised By
Question re p.130, 2.17 re Women's Hospital Services in Liverpool Committee **Item 2.17 states the approval of the case for change for Women's Hospital Services in Liverpool is delegated to that committee. For clarification, does this mean that the committee will approve the documents to go out to consultation including public consultation or does this mean that the committee will have the final say on any reorganisation of Women's Hospital Services rather than the ICB?**	Lesley Mahmood
Response	
The Women's Hospital Services in Liverpool Committee will have the role to approve the final draft of any case for change regarding Women's hospital services in Liverpool which will then be recommended to the Board of NHS Cheshire and Merseyside for its adoption and approval. The ICB Scheme of Reservation and Delegation outlines that it is the authority of the Board alone to approve any consultation materials and the initiation of a consultation with the public and stakeholders around any major service change. It is also the Board that has the authority to approve a Business Case, which will be informed by the outcomes of such a consultation, and which could lead to any significant changes to hospital services within Cheshire and Merseyside. Please note that the ICB, in undertaking any programmes of work that may indicate the need to consult, will follow national guidance, policy and process around engagement, consultation, scrutiny and assurance.	