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NHS
Cheshire and Merseyside

25 January 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
In lieu of me being able to attend the above meeting in person to speak in public participation, I would like to submit a question to be read out to the board in my absence. The topic which I wish to raise with the board is the funding for the Omnipod 5 hybrid closed loop system for use in paediatric patients with type 1 diabetes under the care of Leighton hospital. I am the parent of a child in the care of the paediatric diabetes team at Leighton hospital. We wish for our child to be moved onto the Omnipod 5 HCL system and we have been waiting since the system was launched in the UK this summer for the Cheshire & Merseyside ICB to approve funding. The diabetes specialist nurses and consultants within our child's hospital team have been unable to tell us why the ICB have not approved the funding for this system to be offered to their patients. I made an enquiry with the Cheshire & Merseyside ICB patient experience team in August, but they have not been able to provide me with an answer either. From undertaking our own research, we suspect that the reason for the delay is related to the NICE TA on HCL systems which has been in development during this current year and is due to be published 19/12/2023. **My specific questions are:** **1. On what date will the ICB approve funding for the Omnipod 5 HCL system to be issued by Leighton hospital to its paediatric patients?** **2. There are a number of other integrated care boards nationally who have approved the funding for this particular HCL system in the summer of 2023 and hospitals have been transitioning their paediatric patients onto the system in the months since. Why has the Cheshire & Merseyside ICB taken the decision to take a different approach and delayed the approval of funding for the Omnipod 5 HCL system which has prevented Leighton hospital from being able to move their paediatric patients onto this system to date?**	Joanne Melia

Response

The National Institute for Health and Care Excellence (NICE) has advised that it has agreed with NHS England that all children and young people, women who are pregnant or planning a pregnancy, and those people who already have an insulin pump will be first to be offered a hybrid closed loop system as part of a 5-year roll-out plan.[1]

NICE, published Technology Appraisal guidance [TA943]- Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes on the 19th December 2023. Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this appraisal within 3 months of its date of publication. The normal period of compliance has been extended to 5 years for this technology because NHS England submitted a funding variation request, which was accepted by NICE after a period of public consultation. Based on the commercial framework and the recommendations in this guidance, NHS England will develop a 5-year national strategy with advice and guidance to NHS providers on the phased uptake approach.

The strategy will center on improving health outcomes and reducing health inequalities. The phased rollout will initially start with:

- children
- young people
- women, trans men, and non-binary people who are pregnant or planning to become pregnant and
- adults who already use pumps who want to transition to an HCL system (over time, this will be extended to people who want to start using a pump for the first time).

The ICB is currently liaising with national teams, local clinicians, and providers to inform a proposed plan which will need to be approved by the ICB and shared with national colleagues by the end of February 2024. The plan will ensure that the needs of our local eligible population are met in a fair and equitable way.

[1] https://www.nice.org.uk/news/article/nice-recommends-life-changing-technology-is-rolled-out-to-people-with-type-1-diabetes#:~:text=NICE%20has%20agreed%20with%20NHS,-year%20roll-out%20plan

Question Received	By
The introduction of ICB's has brought about change, and to the landscape and boundaries. A huge task in terms of staffing, estates, systems/ data and people. Services within these areas have worked to different policies (I can see work is ongoing onto review these) and also on different systems, reporting but not necessarily an end to end service- for example CHC and end of life care. We know all services need to be fit for purpose, effective and efficient, including cost effective, seek continuous review/ improvement, whilst not forgetting the patient (patient centred, patient choice and patient experience/ journey). So, **may I ask what the boards view is on the following for Merseyside please, i.e. Sefton work on DPS automated system, Liverpool is a more manual brokerage system with DPS for payments only - providing the providers have registered and enrolled, which supports ICB Finance Teams and forecasting.** **What communication is available to patients/ NOK from the outset re: process I.e. access to information/ visual flow chart?** **What system(s) do you envisage teams "Merseyside" using?** **What commissioning work is taking place regarding bed availability I.e. in area and out of area, pricing/ authorisation, to support patient flow and support discharges?** **As above, but for domiciliary care / contracts?** **What work is taking place to monitor and raise standards (CQC) for both nursing and domiciliary care - to prevent "home move requests" and / or patients rebounding back into hospital?**	Anita Gould

Response
DPS is the dynamic purchasing system which is part of Adam. The use of DPS for more general functions is under review at the moment. Liverpool are currently continuing with the DPS for Invoice payments only rather than the full functionality of sourcing the best prices for packages. Following our mobilisation and in housing of CHC assessment teams in April 2024 a review of the clinical systems will take place to standardise the approach across the ICB and evaluate a preferred system or interoperable systems. Current arrangements for CHC are available on the web https://www.cheshireandmerseyside.nhs.uk/your-health/nhs-continuing-healthcare/ these pages detail the processes related to our ICB.

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Question Received	By
Integrated Care Board (ICB) papers always include a detailed Financial Review, **can a detailed Waiting Time Reduction Review be similarly included; with times to reach the 18 week treatment target, and progress towards that target? The omission gives the impression that the ICB's priorities are not patient oriented.**	Brian Finney

Response

The COVID-19 pandemic had a significant impact on elective care, meaning longer waits and a rapid increase in the size of the waiting list across the country and in C&M. NHS England published an elective recovery plan in February 2022, and the ICB has been working with system partners to implement this plan and subsequent guidance.

The national ambition is that waits of longer than a year are eliminated by March 2025. Within this, there have been successive milestones to eliminate waits in excess of two years (by July 2022), over 78 weeks by April 2023 and over 65 weeks by March 2024.

CMAST, the Cheshire and Merseyside Acute and Specialist Trust Alliance, leads the Elective Recovery and Transformation Programme for C&M on behalf of the ICB. One of its key areas of focus is reducing the waiting lists and backlog of people waiting for treatment. The programme coordinates work on the elimination of long waits, ensuring appropriate risk stratification of the waiting list, along with waiting well initiatives providing support for patients waiting. This includes weekly Patient Tracking List (PTL) meetings with Trusts, and scrutiny of long waits at the ICB's Quality and Performance Committee.

The ICB has worked with CMAST to agree improvement trajectories with all C&M Trusts as part of operational planning in order to achieve these goals as set out in the Joint Forward Plan. As planning guidance is issued for 2024/25, the ICB will work with CMAST and providers across C&M to develop plans to meet national ambitions.

Performance and progress are reported to each Board through the Quality & Performance Report, and exceptions to performance are reported.

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Question Received	By
As a resident of Cheshire and Merseyside, I would like to request to speak at the upcoming ICB meeting on Thursday 25 January **about the ongoing Clinical Support Worker and Healthcare Assistant disputes across Cheshire and Merseyside and the impact they are having on the wider health system, including finances, shared services and healthcare capacity**.	Ryan Pierce
Response	
The ICB would like to thank Mr Pierce for attending the meeting and for expressing his concerns relating to the current dispute between Wirral University Hospital and the Trade Unions. The ICB absolutely respects the rights of staff to take action and would hope that there will be a timely resolution. Under the hospitals Trust Partnership agreement, the ICB does not have any consultation or negotiation rights and cannot intervene in local disputes.	

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Question Received	By
Given Liverpool City Councils decision to withdraw funding from Tier 3 Weight Management services in Liverpool, what does the ICB plan to implement to reduce the impact on current and future patients, and reduce the effect on other essential NHS services if this decision goes ahead.	Kenneth Clare Director of Operations Obesity UK

Response

The ICB recognises the potential impact of the changes to Tier 3 specialist weight management services (SWMS) in Liverpool. There are also challenges to Tier 3 SWMS in other C&M Places. The ICB has therefore agreed to undertake a full review of all Tier 3 SWMS across Cheshire and Merseyside. The review will consider the service delivery and capacity of our existing services and what the gaps in provision are, with the aim of ensuring good and equitable access for all of our residents who need the service.

The ICB has set up a Task and Finish Group to review the Tier 3 SWMS specification and agree a minimum set of standards for the delivery of the services that ensure we are meeting the needs of the population. This will require time for us to work with our clinicians and people with lived experience to help develop our services and pathways to ensure that innovative ways of delivery are maximised, and pathways are optimised. We have gathered and are considering examples of best practice from other ICBs and engagement workshops with key stakeholders are being arranged to scope options to incorporate into the redesign of the future service. This includes some pre-engagement with Public Health colleagues to align our work with upstream plans around primary and secondary prevention.

Question Received	By
The Framework for Medical Associate Professionals (MAPs) is currently under consultation. MAPs are not doctors and will have only two years medical training. The consultation does not mention direct supervision by doctors. Instead, Tier 1 will "make use of a clinical supervisor and clinical supervisory sessions", Tier 2 will "make clinical decisions with supervision" and supervise other MAPs. Tier 3 will "manage care at the highest level with indirect supervision" and will have "Practice Supervisor/Assessor status". Tier 4 is unsupervised and will "transform the way care is developed and delivered". **Question: Will this Framework, as per the Consultation, guarantee patient safety in Cheshire & Merseyside?** **a) If so, why?** **b) If not, how will you highlight your concerns?** **c) Will you audit the actual level of supervision for existing MAPs within Cheshire & Merseyside?**	Greg Dropkin

Response

NHS Cheshire & Merseyside will not comment on the outcome of a consultation that is currently underway. However, with a vast number of extended medical roles that now make up our diverse and highly professional workforce, these roles, like others will be subject to the rigours of professional registration, the like of the General Medical Council, Nursing & Midwifery council to name but two.

The safety of our patients remains the utmost priority no matter who is caring for them. Professionals licensed by such bodies are subject to appraisal, revalidation, continuous development and evidence of reflective learning. There is expectation for all healthcare professionals to work within competence and speak out if asked to do otherwise.

Existing mechanisms for raising concerns about the care of patients are robust and evolving with the deployment of PSIRF that looks to undertake thematic reviews and not treat incidents in silos. Specifically, the training and competence of staff in any incident is considered. Our professional bodies described above are similarly alerted to professional concerns and can sanction as well as demand support and even retraining if needed.

It would be quite wrong for the ICB to specifically scrutinise a single profession, not least when significant profession standards bodies are in place. The ICB will always work to keep patients safe and will continue to work with professional bodies to achieve this.

Question Received	By
Members of Merseyside Pensioners Association and their families are struggling to get GP appointments and are unhappy that when they do finally get an appointment that it is not with a doctor/GP. What do you propose to do to restore our access to appointments with GPs when we need them rather than when it suits you/providers & their profits to provide them? **Members of Merseyside Pensioners Association report that the current system of obtaining a GP appointment is hostile- causing them to have to wait for long periods on hold by phone and having to queue up in the cold at 8am or earlier to have any chance of getting an appointment while they are already unwell. There are insufficient face to face appointments with fully qualified GPs. Our members want to see their family GP and build a doctor-patient relationship and yet some members report that they rarely see the same person twice. This prevents continuity of care and has an adverse effect on prompt and effective diagnosis and treatment leading to longer suffering and poorer outcomes.** **a. How do you plan to improve access to a GP for our members? Will you proactively increase access rather than decrease access? If not, why not?** **b. How do you plan to improve the process of actually securing an appointment?**	Audrey White Merseyside Pensioner's Association

Response
NHS Cheshire and Merseyside Integrated Care Board's ambition is not only to improve access to general practice services for our population, but to achieve a single more consistent offer of Primary Care (General Practice) access through delivering our aim of enabling better, easier access to more appointments within General Practice. Across Merseyside NHS 'place-based' teams have been working closely with GP practices, Primary Care Networks and other local partners to put in place the necessary improvements over the past twelve months in order to: • Enable access to a routine General Practice appointment within two weeks • Ensure same day General Practice appointments for patients who require them, with all patients provided with an appropriate response following initial contact, that same day.

- Put in place arrangements that allow patients to easily access their practice by their preferred method of communication (online/telephone or in person)
- Delivering more appointments overall by all available means, with an agreed target and trajectory for 24/25 and beyond.
- Utilising Equality and Health Inequalities Impact Assessments (EHIAs) to ensure equality of access for all patients, communities, and vulnerable groups.

The NHS Cheshire and Merseyside Primary Care Access improvement plan, presented to the System Primary Care Committee in December 2023 sets out in detail the range of improvement projects, including specific actions to improve telephone access for patients and tackle to '8:00am rush', that have been put in place to implement these improvements. Regular updates for each 'place' are reported to the committee to provide assurance on progress in each area. NHS Cheshire and Merseyside would welcome any specific feedback or support that MPA may be able to provide to facilitate successful delivery of this plans across Merseyside.

A key enabler for these improvements, in line with NHS England Long Term Plan has been the significant level of investment that has been made to increase the overall numbers of professionals working within general practice teams and the skill mix available at each practice to allow people to see the right professional (able to meet their needs) at the right time, a short video providing more information on the increased range of professionals working within General Practices across all practices in England can be found here. As a consequence of these changes patients contacting their GP practice seeking assessment treatment or care may not always see a GP at their appointment if their needs can be appropriately met by another professional, although these professionals are able to access advice from GPs within the practice if required and GP appointments remain available where a GP is the most appropriate professional to see the patient based on need.

In recognising that some patients may not be fully aware of these changes and the importance of continuity of care for individual patients whilst ensuring practices have flexibility to deliver services to best meet the needs of their patient population, the provisions in the GP Contract Regulations for all practices in England have been amended to ensure that, from April 2024, an explicit requirement to consider continuity of care be considered when determining the appropriate response when a patient contacts their practice.

Please note System Primary Care Committee meetings are also held in Public, details of which can also be found at:
https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/

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Question Received	By
Merseyside Pensioners Association are concerned to learn that you have reduced the number of "meetings in public" by 50% to only 6 per year and yet you could only manage to publish the Board papers at 11.30pm on Saturday 20th January which is not a working day. **So you have given the residents of Cheshire & Merseyside a maximum of 3 working days notice of this meeting. Can you explain why we shouldn't feel you are treating us with contempt and are preventing us from scrutinising your actions? and how do you plan to improve the way notice is given & board papers made available to the public giving reasonable time for the public to be able to read the papers and be able to submit questions in time for the board meeting?**	Audrey White Merseyside Pensioner's Association

Response

Whilst we do not have a requirement to publish our Board papers by a set number of days in advance of our meetings we do always aim to publish them at least 6 days in advance of the meeting date. There are occasions however where we are unable to do so, as was the case for the January 2024 Board meeting.

Our Board meeting dates are published on our website well in advance of our meetings taking place, with all our meeting dates up until March 2025 being available at: https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/

We welcome questions from the public and will always endeavour to consider them at the meetings of the Board, with priority given to questions where they are pertinent to the agenda items being considered at that meeting. There are occasions however where questions raised require additional time to consolidate the necessary information so as to provide a comprehensive response and as such these questions may not be responded to in full at Board meetings, however a comprehensive response will be provided in writing to the individual following the meeting and published on the ICB website.