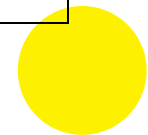


# Public questions and answers

## Board Meeting 1 July 2022

No.	Question	Answer
<p><b>Question 1a</b></p> <p>Submitted by:</p> <p><b>David Cooper</b></p>	<p>Will the minutes of the Board , it's committee's and subcommittees making decisions be made publicly available?</p>	<p>The minutes of the integrated care board meetings held in public will be made public on the website and in the papers of future meetings. The proceedings of other committees will be reported to the board and available in the papers.</p>
<p><b>Question 1b</b></p> <p>Submitted by:</p> <p><b>David Cooper</b></p>	<p>Can you clarify local authority Member representation on the ICB? ( not clear from the documents I have seen).</p>	<p>The Partner member for Local government is Debbie Warren, who is the Chief Executive of the Royal Borough of Greenwich. More information on board members is available on our website: <a href="http://www.selondonics.org/who-we-are/senior-leadership/icb-leaders">www.selondonics.org/who-we-are/senior-leadership/icb-leaders</a>.</p>
<p><b>Question 1c</b></p> <p>Submitted by:</p> <p><b>David Cooper</b></p>	<p>We know that local Health professional want to work in partnership with patient's but find this very difficult given the current crisis in the NHS. Can you clarify how you intend to address the following</p>	<p><b>Access to dental care</b></p> <ul style="list-style-type: none"> <li>• Dental Care is commissioned by NHS England and not the ICB at the present time though there are plans for this to move over to the ICB in the future.</li> <li>• We are aware of the challenges around access to NHS dental care and will be working with NHS England colleagues to understand how we might improve access.</li> </ul> <p><b>Access to face to face GP care</b></p> <ul style="list-style-type: none"> <li>• During the pandemic a “total triage” model was implemented, requiring all patients to be</li> </ul>

	<p>local challenges;</p> <ul style="list-style-type: none"> <li>- severe shortage of NHS dental care</li> <li>- access to face to face GP care</li> <li>- a digital deficit facing many vulnerable, elderly and disadvantaged groups</li> </ul>	<p>assessed via remote consultations (telephone or online consultations) before being seen face to face. This was a necessary move to reduce the transmission of Covid-19 and protect staff and patients.</p> <ul style="list-style-type: none"> <li>• At a number of points during the pandemic, general practice was also asked to stand-down routine care and prioritise their workforce to support the pandemic response.</li> <li>• General practice has been and is working hard to fully recover services.</li> <li>• The number of appointments delivered every month has returned to pre-pandemic levels, exceeding pre-pandemic levels in some months.</li> <li>• However, demand for healthcare services across the board has increased and continues to increase. This is a direct impact of the disruption to routine care seen during the pandemic and the exacerbated mental and physical health needs of our population. General practice workforce is a further challenge.</li> <li>• Borough based Local Care Partnerships will be working to support general practice in light of these challenges. They will be considering how to support capacity through different workforce models and improvements to estates, digital and telephony infrastructure. This will include balancing the needs of patients seeking same day access to primary care services and the need to recover proactive care for patients. We will need to maximise the use of available access routes including digital access, self-referral pathways and community pharmacy as well as support providers to work in an integrated way to improve access.</li> </ul> <p><b>A digital deficit facing many vulnerable, elderly and disadvantaged groups</b></p> <ul style="list-style-type: none"> <li>• To achieve its true potential, digital technology needs to meet the needs of all groups. We believe that people should be supported and encouraged to get online but those who cannot or do not want to do so should continue to be able to access services and support in a way that suits them.</li> <li>• We will therefore ensure greater support to increase digital inclusion, user-friendly technology and design but also to ensure alternative access for people who are not online.</li> <li>• As an example, we are working with Guy's and St Thomas' Hospital NHS FT and Kings College Hospital NHS FT on the 'Joint Programme for Patient, Carer and Public Involvement in Covid Recovery' which includes a strong focus on digital inclusion including:</li> </ul>
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		<ul style="list-style-type: none"> <li>i) developing what best practice looks like when delivering virtual services</li> <li>ii) developing a set of patient experience measures for virtual appointments</li> <li>iii) Unpicking the barriers to engaging virtually and how to overcome them. The approach will include input and feedback from hundreds of patients, carers and family members to seek their views on digital services and how these may need to be adapted to meet different needs and to ensure that the use of digital does not widen inequalities.</li> </ul>
<p><b>Question 2</b></p> <p>Submitted by:</p> <p><b><i>T Ali</i></b></p>	<p>You have hired private security for your first meeting on 1st July at Coin Street. Why? Will this happen at all your public meetings?</p>	<p>Thank you for your question. The venue limits the number of people that can safely be in the building at any time. Our responsibility is to ensure that the health and safety of the public attending the Board meeting of NHS South East London ICB is prioritised in light of Covid-19. Therefore, it is appropriate to ensure we have additional resources trained to support as many people attending as possible and in line with health and safety. This may not be required for all meetings in public, depending on venue requirements, and we are pleased to ensure the health and safety of all those attending the first Board meeting.</p>

