

Public questions and answers: Integrated Care Board meeting, 17 July 2024

Questions received from the public with responses from the ICB

<p>Question 1</p>	<p>In the aftermath of parliament election, the labour manifesto to build an NHS fit for the future has gained public attention. While this brings up multiple questions to all of us – members of the public, Trusts, industry, and procurement services –would you be able to share the approach you intend to take regarding the necessary workforce expansion and infrastructure development to support the Labour manifesto?</p>
<p>Response</p>	<p>The ICBs approach is set out in our strategies and forward plans as part of our priorities. This includes a People Strategy. SEL ICS has a People Strategy which aligns with the National NHS Long Term Workforce Plan. A core strand of the People Strategy is strategic workforce planning and considers workforce alongside service activity and finance across our SEL system partners. It is in line with approaches being taken across England.</p> <p>We welcome focus on issues affecting the NHS workforce by any government, and we will work with the new government and national NHS to deliver our mission help people in south east London live the healthiest possible lives. We look forward to the further detail provided by the government in the coming period.</p>
<p>Question 2</p>	<p>Musculoskeletal conditions (MSK) account for at least a quarter of NHS resource. Hydrotherapy provision and accessibility, a major preventive tool, has steadily declined in SE London as the total ICB spend has increased.</p> <p>In March 2023 after a question to the ICS system (LCPSB) I was told you 'want our estate to support service transformation and collaboration and integration across the health and care system. Our buildings should enable us to work smarter and more effectively in delivering community-based care'</p> <p>Please tell me what concrete actions have been taken to meet this aim in the 15 months since, and any other measures addressing the decline in Hydrotherapy availability for the tens of thousands of MSK sufferers in the area you are responsible for.</p>
<p>Response</p>	

	<p>South east London was one of the first areas to produce an ICS Estates and Infrastructure strategy. You can read a summary here and some of the actions underway Estates - South East London ICS (selondonics.org).</p> <p>The six Places (Boroughs) in south east London lead on the provision of local services for people with MSK, such as hydrotherapy, through their Local Partnership Committees, which means they can focus on the specific needs of each local area. You may be aware of the work of the MSK Programme board across south east London, our MSK community days which started in Lewisham, and our engagement with patients on the range of services which people find helpful Improving the patient journey for people with musculoskeletal conditions (MSK) Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org)</p>
<p>Question 3</p>	<p>I am sending this question, which I asked at the ICB Public Board meeting in April. The question was “Would the ICB support the BMA’s new guidelines on the use of Medical Associate Professionals” THE ICB offered assurance that the 55 P.A.s working in GP practises are working according to NHS England guidelines.</p> <p>But there is also serious concern about Physician Associates working on hospital wards at night, unsupported by doctors. Can the OCB give assurance that this does not happen in hospitals in South East London. This concern was one of the driving motives of the BMA’s new guidelines.</p> <p>Given that a survey of more than 18,000 doctors revealed that 87 per cent of respondents felt the way in which MAPs are used in the NHS either ‘always’ or ‘sometimes’ posed a risk to patient safety, can members of the board offer us assurance that they will support the implementation of the new BMA Guidelines on the use of Physician Associates throughout South East London.</p>
<p>Response</p>	<p>Physicians’ associates do not work unsupervised at night on any of our hospital sites. Patient safety is our absolute priority, as is supporting all clinical colleagues; we will work with our provider organisations to ensure we are supporting them in the implementation of guidelines issued by the Royal Colleges in response to recent BMA guidance.</p>
<p>Question 4</p>	<p>1 - Are you intending to reassess the use of Physician Associates (PA) and Anaesthetist Associates (AA) in light of the BMAs recent survey and the legal action they are taking?</p>

Myself and many others are very concerned about the use and increase of non-doctors with only 2 years training becoming more prevalent in both GP practices and our Hospitals. Especially as deaths have occurred because of missed diagnoses. I personally have had difficult experiences of PAs in hospitals.

RECOMMENDATIONS OF THE SURVEY (full survey in the link below)

- PAs working in general practice must always work under the supervision of qualified GPs.
- PAs must be considered additional members of the team, rather than substitutes for GPs.
- PAs do not replace GPs or mitigate the need to urgently address the shortage of GPs.
- PAs must be regulated as soon as possible.
- Public awareness and understanding of the PA role must be improved.
- Training, induction and supervision of PAs within general practice must be properly designed and resourced.
- At a time of significant GP workforce challenges, funding allocations, resources and learning opportunities within general practice must be prioritised for the training and retention of GPs.
- The significant responsibility and skills required for supervision must be recognised and resourced, with GPs able to choose whether or not they are willing to undertake supervision of PAs. PAs should not be employed unless sufficient supervision can be provided.

Link to BMA Survey:-

<https://www.rcgp.org.uk/representing-you/policy-areas/physician-associates>

Link to BMAs concern the GMC being responsible FA/PA

<https://www.gponline.com/bma-dismayed-mps-rubber-stamp-plan-gmc-regulate-physician-associates/article/1858505> h

link to legal action:-

<https://www.pulsetoday.co.uk/news/breaking-news/bma-to-take-legal-action-against-gmc-over-pa-regulation/>

Deaths occurring through missed diagnosis;-

1 - <https://www.bbc.co.uk/news/uk-england-manchester-66211103>

2 - <https://www.telegraph.co.uk/news/2023/10/21/death-heart-problem-doctor-physician-associate/#:~:text=Man%20died%20from%20rare%20heart%20problem%20after%20being%20discharged%20from%20hospital,-Ben>

Response

The ICB has no plans to reassess the use of physician associates but will continue to implement NHS guidance and be receptive to ideas on how this important part of our workforce can contribute effectively and safely to improving health and care in south east London.