

## Public Questions

The following questions have been raised by Justin Jewitt on behalf of the East North Herts Patient Participation Group

Response read out by Dr Fiona Head, Executive Clinical Director Utilisation Management

- 1. Given the increasing importance of digital access, could the ICB explore providing simple, patient-friendly online video guides that help people complete GP surgery digital access forms? This could be a straightforward way to improve confidence, reduce barriers, and support wider adoption of digital services, particularly for those less familiar with online system?**

Thank you for this suggestion. There are already a number of NHS-produced videos available to help people access digital services, including using the NHS App to manage appointments, prescriptions and health information. NHS England has produced versions with British Sign Language (BSL) support online: [Help with using the NHS App - YouTube](#). There is also the You and Your General Practice website – patients should contact their practice in a way that suits them and if they need help to use online systems the practice team should support this. [NHS England » You and your general practice – English](#)

- 2. Would members of the Board be interested in seeing the Patient Engagement Platform website, ([www.thepatientengagementplatform.org.uk](http://www.thepatientengagementplatform.org.uk)) funded by Paul Campion, which is building a growing library of trusted NHS health information, analysis and healthy living advice drawn together from NHS sources and local Patient Participation Group activities? It seems a valuable example of how we can make reliable health information more accessible and engaging for patients and communities.**

Thank you for sharing this resource. We will ensure that the relevant teams are made aware of the website.

- 3. Given the importance of patient choice and reducing waiting times, what steps will the ICB take to develop and maintain a transparent, regularly updated patient-facing website showing waiting list sizes, average waiting times, and treatment capacity for each hospital in the system, and what barriers currently prevent this information from being made publicly available?**

Providing patients with clear information about waiting times is important. Nationally, the NHS already provides information through the My Planned Care website, which allows patients to view waiting time information for hospitals and compare waiting times for different providers. The site is updated regularly and is available to anyone.: [Home - My Planned Care NHS](#)

As a recently established organisation, we continue to develop our website and will keep under review how best to signpost patients to relevant information. At present, we believe it is preferable to direct people to established national sources rather than duplicate information that is already publicly available and updated regularly.

- 4. Recognising the significant efforts already made to improve patient experience, could the Board provide an update on what is being done to strengthen communication between hospitals and patients — particularly around appointment notifications, cancellations, and rebooking? Specifically, what assurance can the Board give that a reliable, consistent system is in place (or being developed) so that no patient is left without clear, timely information when their appointment changes?**

Communication about appointments is primarily the responsibility of the NHS organisation providing a patient's care. The ICB receives information about patient experience and service performance as part of its oversight of commissioned services.

Patients who experience issues relating to appointment notifications, cancellations or rebooking should raise these directly with the provider responsible for their care so that the matter can be investigated and addressed.

- 5. Last minute cancellation of elective surgery seems to be a problem reported by many patients, often no reason for the cancellation is given and rarely is a new date confirmed at the same time - is the ICB aware of the scale of this problem and can/would they consider any public monitoring of the problem?**

We recognise that the cancellation of planned procedures can be distressing patients.

Individual NHS providers are responsible for managing their services and communicating directly with patients. The ICB receives information on quality, performance and patient experience as part of its oversight of commissioned services.

Patients who experience problems with their care should, in the first instance, raise these directly with the provider concerned through its Patient Advice and Liaison Service (PALS) or complaints process. This helps ensure that individual issues can be investigated and addressed appropriately.

- 6. Are there going to be any public reporting on league tables for GP surgeries on number of appointments per GP, mortality rates, DNA rates, vaccination rates, LD annual health-checks, Cancer screening attendance rates, Medication review rates and AAA screening rates?**

Some information about GP practices is already published through national NHS reporting systems.

The ICB uses a range of information to support the planning, commissioning and improvement of primary care services. At present, there are no plans to publish local league tables covering the measures listed.

**Question raised by Justin Jewitt**

**Response read out by Karen Barker, Executive Director of Corporate Services and ICB Development**

**Is there an 'anchor' point clearly identified for any of the risks that shows where the risk is at the start of its journey? How can progress of mitigating actions be accurately measured if you don't have the starting measurement of the risk?**

The ICB is currently working through its Board Assurance Framework which will highlight the key risks for the organisation. As part of this document there will be a starting measurement for each risk on this framework. This Board Assurance Framework will be presented to the Board held in public in September.

**Question raised by Robin Pike**

**How does the Board intend to commission services such as Urgent Care, Patient Transport and the Out of Hours GP Provision?**

**Response read out by Kate Vaughton, Executive Director of Neighbourhood Health and Partnerships**

The Board intends to commission Urgent Care, Patient Transport and Out of Hours GP services as part of an integrated urgent and emergency care system, rather than as standalone services. Guided by our strategic commissioning approach, we will focus on improving outcomes, reducing fragmentation, supporting neighbourhood health teams and delivering value for money.

We expect services to work seamlessly across primary care, community services, NHS 111, ambulance services and urgent community response teams, helping patients access the right care in the right setting and reducing avoidable hospital admissions.

For Patient Transport, our focus is on equitable access, efficient patient flow and coordinated care, with commissioning decisions informed by population need, service performance and value for money.

**Question raised by Helen Ruggles**

**Who is responsible for implementing Oliver McGowan training and what patient engagement are you doing to check? Do you regard this as a patient safety issue?**

**Response read out by Sarah Stanley, Executive Clinical Director Total Quality Management**

We recognise that safety links to how effectively we listen to residents and patients. Every CQC-registered provider has responsibility for ensuring appropriate provision.

Across Central East, delivery currently varies. Some areas have centrally commissioned models covering all providers, while others use different arrangements across health and social care.

We are in year two of a three-year programme to ensure staff are trained to the appropriate level, although national guidance on refresher training is still awaited. Progress also varies across systems, and current figures are cumulative rather than a precise reflection of the workforce at any one time.

Assurance is provided through CQC processes and through regular reporting of training data to NHS England. Going forward, we are working towards a more consistent, provider-led approach to strengthen delivery and support longer-term sustainability.