

Public Questions – 25 September 2026

The following questions have been raised by Paul Campion on behalf of the Hertfordshire Patient Engagement Platform

Patient Engagement

- 1. Patient voice: As Herts. patients, we want to know that our views are heard when NHS services are being planned or changed. Will the ICB include the Herts Patient Engagement Platform as one of the trusted community groups it works with as part of its Patient Engagement Plan?**

Whenever significant NHS service changes are proposed, we aim to engage as widely as possible with those who may be affected. That includes working with existing forums, patient groups, community organisations, Healthwatch and other local networks that can help us reach a broad and diverse range of residents. Our approach is to use a range of trusted channels to ensure that as many diverse voices as possible have the opportunity to be heard.

- 2. Patient Participation Groups: As a patient, how can I be confident that my GP practice is listening to patients? Will the ICB ensure that every GP practice either has an effective Patient Participation Group (PPG), or can demonstrate how it regularly listens to patients and takes their views into account when changing services?**

GP practices are expected to have arrangements in place to gather patient feedback and involve patients in the development and improvement of services. This generally includes maintaining a Patient Participation Group or other mechanisms that enable patients to share their views and experiences.

The requirement for maintaining and working with a PPG sits with the individual practice. However, we would expect all practices to have effective arrangements for listening to patients, understanding their experiences and taking account of feedback when improving services

- 3. Using patients' experiences to improve services: Can you give patients some practical examples of where their experiences, comments or concerns have actually resulted in improvements to NHS services in our region?**

Patient feedback is one of the key sources of information we use to improve services. We gather insight from complaints, surveys, Friends and Family Test feedback, Healthwatch reports, Patient Participation Groups and direct engagement with patients and communities.

That feedback helps us identify recurring issues, understand where services are working well and prioritise improvements. For example, patient feedback has been used to inform work on access to primary care services, improve communication with patients, and shape service specifications and procurement processes.

We are committed to ensuring that patient experience is not simply collected, but is used to inform decisions and drive improvements across the health and care system.

NHS App and Healthcare Technology

- 4. Patients who are not confident online: Many older patients, and others who do not have a smartphone, tablet or reliable internet access, are worried that it is becoming harder to access NHS services. What is the ICB doing to make sure that patients who cannot, or do not want to, use digital services can still get appointments, information and healthcare as easily as everyone else?**

We recognise that digital services are not right for everyone and that some people are unable, or simply prefer not, to access healthcare online.

Our approach is that digital services should increase choice, not replace existing ways of accessing care. While many patients value the convenience of online booking, repeat prescriptions and digital consultations, practices and services must continue to offer alternative routes, including by telephone and face-to-face where appropriate.

Digital tools can help some patients access services more quickly and conveniently. This can in turn free up capacity, helping staff devote more time to supporting people who need or prefer non-digital routes.

We are also committed to understanding the needs of people who may be at greater risk of digital exclusion, including older people, disabled people and those without reliable internet access, so that changes to services do not create additional barriers to care.

Quality, Safety and Training

- 5. Keeping patients safe: With the creation of the new Central East ICB, how can patients be confident that the quality and safety of the care we receive will continue to be properly monitored, and who will be accountable when standards are not good enough?**

Patients can be confident that quality and safety will remain at the heart of everything Central East ICB does. Our promise within our 'Our Way' strategy is that our purpose is to do what best serves our population, and our focus is on outcomes, quality and accountability. Quality is the strategy, and our approach is anchored by the principles of continuous improvement.

Our responsibilities are underpinned by clear statutory duties, robust governance arrangements, and ongoing oversight of all NHS-funded services. The ICB will continue to monitor quality and safety through a range of mechanisms, including regular review of patient safety

data, quality performance information, incident reporting, patient and public feedback, inspections, and assurance from healthcare providers. We bring together intelligence from across providers, pathways and populations to identify emerging risks, understand where improvement is needed, and take action when concerns arise. Our focus is not only on responding to incidents but also on learning from them and preventing harm before it occurs.

Importantly, providers such as NHS trusts, community services, primary care organisations and independent sector providers remain directly accountable for delivering safe care and for responding to patient safety incidents within their services. Central East ICB is accountable for assuring itself and the public that NHS-funded services across the system are safe, effective and continuously improving.

Where standards fall below what patients should expect, we will use our commissioning, quality and governance processes to challenge providers, seek assurance, require improvement plans, and monitor progress closely. Where serious concerns arise, we will work with regulators and national bodies as required to ensure appropriate action is taken.

We will also continue to ensure the resident voice is at the heart of our decision making, working with providers, residents and communities to redesign and test improvements.

6. Maternity safety: What have we learned from the NHS maternity investigation and the Amos report, and what changes should women and families in Hertfordshire expect to see as a result?

The national maternity investigation led by Baroness Amos and the Ockenden reviews show that whilst many women and babies receive safe compassionate care, too many women and families have often struggled to have their concerns heard and acted on. One of the strongest messages from the Amos report is that women and families must be genuine partners in their care. Women should feel listened to, respected, involved in decisions, and confident that their concerns will be acted upon. The reports also highlight the need for stronger safety practices, greater leadership, improved governance and learning when care falls short.

In addition to the above reports, we also acknowledge the recent publication of the Thirlwall Inquiry report, which examines serious failures in neonatal care. Work is underway to assess its recommendations and ensure actions are implemented across our local services.

Following NHS England's national letter setting out the ten most urgent actions from the Amos recommendations, all our maternity trusts are working through those actions and benchmarking themselves against the findings of the different reports. All have submitted action plans for the nationally released maternity care bundle. We are working in conjunction with NHS England's regional team to have oversight and assurance on the actions required.

Our Maternity and Neonatal Voices Partnerships, based within the neighbourhood directorate, continue to gather insight and feedback from women and families in our area. Women and families in Hertfordshire, and across Central East, should expect their concerns to be

taken seriously and their experiences to shape improvements, including an ongoing emphasis on reducing inequalities in maternity outcomes.

At Central East ICB, we are committed to ensuring that the lessons from these investigations result in lasting improvements. Our expectation is that every woman, baby and family in Central East receives care that is safe, compassionate, equitable and centred around their needs, and we will continue to work with providers, staff and families to ensure those standards are achieved.

7. Complaints and PALS: When a patient raises a concern or complaint through a hospital or community trust's Patient Advice and Liaison Service (PALS), how does the ICB know that the problem has been properly addressed? Will you monitor complaints across individual NHS providers so that patients can see whether lessons are being learned and the same problems are being prevented from happening again?

Each trust is responsible for managing its own complaints and PALS processes. The ICB's Patient Experience Team considers all correspondence and complaints it receives as part of our constant oversight and monitoring of our commissioned services, and to support system improvements. We provide advice and support as appropriate, and, depending on circumstances of each case, may contact the Trust(s) through established Patient Experience teams on behalf of residents to support swift and coordinated action where appropriate.

8. Reasonable adjustments: Patients with disabilities and other needs are entitled to reasonable adjustments when they use NHS services. With full compliance with the Reasonable Adjustment Digital Flag required by the end of September 2026, can patients be confident that NHS organisations across Central East are ready and that their individual needs will be recognised wherever they receive care?

When reviewing safeguarding investigation reports, SARS (Serious Adult Reviews), DHRs (Domestic Homicide reviews), or other investigations pertaining to patient safety, the ICB continuously looks for evidence from providers that reasonable adjustments have been made for all patients, and especially those with learning disabilities autism or other neuro diverse conditions. Our focus in Central East is always to do what best serves our population.

Additionally, when reviewing LeDeR (Learning from Lives and Deaths Reviews) through our Central East assurance panels, reasonable adjustments is key element for us in assessing the quality of care that has been delivered, and whether individuals' needs have been met accordingly. Any learning from these reviews is then taken forward across the whole ICB footprint.

NHS Services and Waiting Times

- 9. What does Strategic Commissioning mean for me? Patients are increasingly hearing the term “Strategic Commissioning”. Could the Board explain in straightforward language what this actually means for patients and whether it will change where, how or from whom we receive NHS care?**

Strategic commissioning in the NHS is a continuous, evidence-based process where ICBs plan, purchase, monitor, and evaluate health services to improve population health and reduce inequalities. The ICB’s strategy – *Our Way* (April 2026)– sets out what we will prioritise and how we will measure our success in Central East. A link to a short summary version [can be found here](#).

- 10. Pressure on our hospitals: Patients can already see how busy the Lister, PAH and Watford hospitals are. If more pressure is going to be placed on these hospitals, how can patients be confident that they have enough beds, staff, diagnostic capacity and other resources to provide safe and timely care?**

Central East ICB works closely with all NHS providers to support planning, resourcing and demand management across Central East, noting that matters such as staffing are for each individual provider. The ICB’s strategy – *Our Way* (April 2026)– sets out the action the ICB is taking to reduce healthcare utilisation and improve resident satisfaction and outcomes. A link to a short summary version [can be found here](#).

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Our responsibilities are underpinned by clear statutory duties, robust governance arrangements, and ongoing oversight of all NHS-funded services. The ICB will continue to monitor quality and safety through a range of mechanisms, including regular review of patient safety data, quality performance information, incident reporting, patient and public feedback, inspections, and assurance from healthcare providers. We bring together intelligence from across providers, pathways and populations to identify emerging risks, understand where improvement is needed, and take action when concerns arise. Our focus is not only on responding to incidents but also on learning from them and preventing harm before it occurs.

Question raised by Michael Johnston

- 11. As the listed lead regional ICB for gambling harms commissioning from NHSE, how will your emerging approach from April 2027 ensure continuity of care and equitable access to an integrated regional and national pathway, including specialist and**

residential provision for gambling treatment, while maintaining patient choice and cross-regional referral pathways, involving VCSE providers and people with lived experience in service design, along with providing timely clarity on future funding and commissioning arrangements?

The ICB recognises the importance of maintaining continuity of care and equitable access to gambling harms treatment as commissioning arrangements evolve. As with all regions, we are working closely with NHS England on the transition of commissioning responsibility for the end-to-end gambling harms treatment pathway, including NHS and VCSE provision. This transition will continue through 2027/28 and will be supported by national commissioning guidance, which is currently under development. The current intention is for commissioning responsibility to transfer to the Office for Pan ICB Commissioning (OPIC) as the regional lead commissioning organisation, subject to the completion of the relevant governance, contracting and national transition arrangements.

Our priority is to ensure there is no disruption to people accessing support. Existing services will continue during the transition period while capacity is expanded to meet increasing demand. We are working towards an integrated regional pathway that brings together referral, triage, treatment, aftercare and recovery support across NHS and VCSE providers, ensuring equitable access across the East of England. Patient choice and appropriate regional and national referral pathways will remain important considerations as future arrangements are developed.

Future pathway design will be informed by engagement with specialist providers, VCSE organisations and people with lived experience, helping to ensure services reflect the needs of individuals affected by gambling harms, including access to specialist and residential treatment where appropriate. We welcome Gordon Moody's offer to contribute to this work and value the expertise of specialist providers as regional commissioning arrangements continue to develop.

Question raised by David Messum

12. Diverse range of questions concerning healthcare, access & estates in Leighton Buzzard

Thank you for the correspondence, which refers a project completed by the ICB (BLMK ICB at the time) and partners last year to convert empty space at Leighton Buzzard Health Centre into seven additional clinical rooms, and for which we have recently publicly shared a report showing utilisation of the rooms in their first 12 months of operation.

The project was underpinned by analysis the ICB had undertaken which estimated that around ten additional clinical rooms would be required to future-proof primary and community healthcare services in Leighton Buzzard in line with known population growth over the next ten years.

When we opened the rooms, the ICB advised they would provide capacity for up to 56,000 additional appointments and that use would flex in line with demand and as the town's population grows.

In the spirit of transparency, we recently provided a report to Central Bedfordshire Council's Overview & Scrutiny Committee setting out how the rooms were used in their first twelve months of operation. We acknowledged that we have some data gaps and that utilisation hasn't matched some of our initial expectations, for example some of the appointments being delivered from the Health Centre have longer appointment times than initially expected – for example the respiratory diagnostic appointments delivered there can take around 1.5 hours instead of the average appointment time of 15 minutes we built our assumptions on.

We would hope to see utilisation continue to increase over time, but we were pleased to report that the extra rooms enabled over 11,000 extra appointments to take place in the first year for a wide range of services. The rooms have enabled the Primary Care Network in the town to establish a same-day minor illness service, as well as to expand their phlebotomy, physiotherapy and prevention services – delivering tangible benefits for local people. Obviously, this additional provision has been made possible thanks to the hard work of our healthcare professionals and clinicians working in the town – thank you for acknowledging their efforts.

We note the feedback around waiting times for GP appointments in Leighton Buzzard. We are reviewing the position with our providers and we will come back to you once this work is complete.

We note the concern you have raised about further potential for housing developments which could impact on healthcare services in the town, depending on which sites Buckinghamshire County Council and Central Bedfordshire Council support for growth in their next Local Plans. The ICB will continue to work closely with both local Councils – and all the Local Planning Authorities in our area – to understand the potential impact on local health services and to jointly plan for appropriate infrastructure to meet the needs of our growing communities. We are of course dependent on a strong partnership approach with the Councils around this.

On a final note, with regard to Neighbourhood Health Centres, we have published information about our approach on our website. NHS England and the Department of Health and Social Care are undertaking a national review of Neighbourhood Health Centre proposals, and we are awaiting feedback on which schemes will be supported to progress. Until that process is complete, it would be inappropriate to comment on individual proposals or provide additional information. We want to ensure that any updates are accurate, consistent and aligned with national announcements.

Questions raised by Amelia Lato

In light of the recommendations set out in the independent Levy Review regarding adult gender services – specifically that Gender Dysphoria Clinics manage hormone treatment for the first year before transitioning to local primary care:

13. What process is Central East ICB making towards establishing formal, funded commissioning arrangements (such as a Locally Commissioned Service or primary care hub) to ensure patients can reliably access routine blood testing and repeat prescriptions locally?
14. Given that standard Shared Care Agreements remain options for GP practices, how does the Board plan to resolve the direct conflict between primary care opting out of shared care and the Levy Review's expectation that local primary care oversees ongoing monitoring?

Response for both questions

The Regional Gender Identity service is being commissioned by NHS England and we understand is being mobilised. In the new delivery model the tertiary service will initiate and stabilise patients on gender-affirming hormone therapy before transferring prescribing responsibilities to primary care for ongoing treatment. The tertiary service will not retain long-term prescribing duties but will remain available to offer Advice & Guidance and other forms of support to primary care providers. The model also includes recruitment of GPs with Extended Roles (GPwERs) across the region, coordinated through a central service hub, who will support local primary care teams in managing patients currently under or previously discharged from the specialised gender service. A training programme for the GPwERs is being developed. In the meantime we are reviewing local arrangements.