NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

QUESTION NUMBER	Name, Date and Time	Submitted questions	Forwarded to	Summary Response
Q1	**Email: 17/06/2025 12:55 George Rook Chair of LEAP, the Lived Experience Advisory Panel, Dementia UK Chair of the Shropshire and Telford Health Economy Steering Group Co-editor of Young Onset Dementia Reconsidered (2025 OUP) Chair of MSNAP Advisory Panel**	**EMAIL 1 –** I am chair of the STW Dementia Steering Group, and had a substantial role in developing the new dementia vision model. Since March this year there appears to be no one taking responsibility for implementing the vision. It is only very partially complete, and there is every likelihood that without a substantive and senior member of staff managing this the process of implementation will cease. I am getting no feedback about what is going on, and indeed I hear that MPFT's DASS is now failing to provide CST to those diagnosed with dementia. This is in addition to having ceased to provide post diagnosis support after supervision of any medicine titration We are a long way from all general practices providing a consistent annual review for patients, along with the support and advice that ought to accompany or follow such reviews.	Claire Parker	NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW), through the Commissioning Working Group, is reviewing options for prioritisation and investment across all areas of our work. Dementia remains an important workstream and one that NHS STW, General Practice and Midlands Partnership University Foundation Trust (MPUFT) are keen to maintain and develop. The recent national announcements (NHS Government Reset) have resulted in all Integrated Care Boards (ICBs) needing to review activities and also their models of delivery through working ever more closely with providers across health and care. Further updates will be available in the next few months. In the meantime, NHS STW Strategy and Development Team support the running of the Dementia Vision Steering Group and updates are provided through that meeting. MPUFT have confirmed that they continue to provide 3-month medication titration follow up to anyone commenced on anti-dementia medication. In addition, they offer a home treatment response when patients with a diagnosis need specialist support, often later in the pathway. As agreed within discussions with service users and carers as part of this NHS STW/MPUFT aspire to be able to offer everyone a follow up appointment after 3 months before they are stepped down to General Practice and referred

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

		SATH have now agreed a system for referring patients whom they have reason to think may have dementia to DASS (some 30-40 a month) but DASS is failing to acknowledge receipt of referrals or to inform SATH of diagnostic outcomes. This is a clinical risk which needs to be addressed. There are thousands of people living in STW with dementia, and very few receive adequate support. Those living on their own (c 40% according to recent research) cannot even be referred in their own right to the Admiral Nurse service, due to the commissioning contract with Shropcom. Dementia is a syndrome which can often be slowed by early pharmacological and/or psychosocial intervention, alongside good health and diet coaching. But too many patients I meet tell me they have received very little or no such support.		onto the Alzheimer's Link worker as per the vision for ongoing follow up in the community. This would be alongside the pre- diagnosis contact MPUFT are trying to offer. We are continuing to work towards this and are looking at how we can deliver this. MPUFT have completed a business case to enable the service to increase capacity to support this, as well as being able to increase the number of assessment clinics to prevent long waits and this is currently going through NHS STW governance/decision making process. MPUFT have historically offered Cognitive Stimulation Therapy (CST) although this is not part of their contract specification. The increase in demand into the service over the past few years, combined with a need to ensure MPFT are meeting their performance requirements, has resulted in a reduced ability for MPUFT to consistently offer CST to all areas due to the resource required to enable this. As a result, the waits for CST have been significant, therefore by the time people were being offered CST the therapeutic benefit of this intervention had been lost. NHS STW, in discussion with the MPFT, have agreed that they pause offering CST whilst MPFT work with NHS STW and partners to look at how a more responsive offer can be made by the system. MPFT are currently working through the wait lists to ensure that those that had been referred for CST are offered this where it is has been reviewed as still appropriate. The Strategy and Development Team are currently working with South East (SE) Shropshire to organise an event for

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

		The MDT approach in SE Shropshire is working really well, but it needs to be extended into the other three PCN areas. This will not happen without resource and management/leadership.		other Primary Care Networks (PCN) to attend where SE Shropshire will share the benefits and lessons learned from setting up their Dementia Multidisciplinary Team(MDT) to encourage other PCNs in Shropshire, Telford and Wrekin (STW) to adopt the model. SE Shropshire PCN introduced this model without additional investment from NHS STW by working with other partners and agreeing to work differently. The systems current financial position, as set out in the public Board papers, means that there are not additional investment funds available outside those that have been prioritised and agreed. However, the development of an Integrated Neighbourhood Team/MDT model is a priority piece of work, as set out in the recently published NHS 10 Year Plan and a Steering Group and programme plan is being set up. A key for this programme will be to ensure that Integrated Neighbourhood Team (INT)/MDT projects which are successful consider scaleability and sustainability across the wider STW as part of their work. Older people with cognitive impairment are included in the national target cohort for INT/MDT. The Strategy and Development Team are currently working with SE Shropshire to organise an event for other PCNs to attend where SE Shropshire will share the benefits and lessons learned from setting up their Dementia MDT to encourage other PCNs in STW to adopt the model. SE Shropshire PCN introduced this model without additional

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

		SATH have now agreed a system for referring patients whom they have reason to think may have dementia to DASS (some 30-40 a month) but DASS is failing to acknowledge receipt of referrals or to inform SATH of diagnostic outcomes. This is a clinical risk which needs to be addressed. There are thousands of people living in STW with dementia, and very few receive adequate support. Those living on their own (c 40% according to recent research) cannot even be referred in their own right to the Admiral Nurse service, due to the commissioning contract with Shropcom. These are seriously concerning issues which the ICB seems to have washed its hands of.		investment from NHS STW by working with other partners and agreeing to work differently. NHS STW's current financial deficit position means it does not have additional investment funding. However, the development of an Integrated Neighbourhood Team/MDT model is a priority piece of work, as set out in the recently published NHS 10 Year Plan and a Steering Group and programme plan is being set up. A key for this programme will be to ensure that neighbourhood INT/MDT projects which are successful consider scaleability and sustainability across the wider STW as part of their work. Older people with cognitive impairment are included in the national target cohort for INT/MDT. MPUFT have worked with Shrewsbury and Telford Hospital NHS Trust (SATH) to agree a referral pathway as part of the vision work. MPUFT have ongoing regular meetings with SATH and they have not raised any concerns in relation to this issue at these meetings. MPUFT will now raise this with SATH and, if there are issues around how MPUFT are communicating with SATH, then they will look at how they can address this with them. The Admiral Nurse service is currently not commissioned to accept self referrals. Full implementation of the Dementia Vision remains an NHS STW priority and the Strategy and Development Team continue to work with providers to find high quality, affordable and sustainable solutions to enable the final elements of the Vision to be implemented.

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

		Who is the senior officer responsible for managing implementation and day to day delivery of the dementia vision model?		The Senior Responsible Officer (SRO) is Claire Parker, Director of Strategy and Development.
Q2		How much time (fte) are they allocated to manage dementia services?	Claire Parker	The SRO is responsible for overseeing the dementia vision programme with other team members allocated to work on the programme. Managing services for dementia is the responsibility of the provider and overseen by the contracts team. NHS STW works in collaboration with our provider MPUFT to deliver the vision, it is therefore not possible to specify the Whole Time Equivalent (WTE) time spent on this area as it is a part of a programme of work.
Q3		How does the ICB plan to complete the implementation of the dementia vision, and ensure it is delivered in future years?	Claire Parker	NHS STW has sought to align the dementia vision with the ageing well and frailty strategy. There are considerable opportunities to deliver the services and support though our neighbourhood health programme as demonstrated by the work that has taken place in SE Shropshire.
Q4		And how will the ICB ensure that DASS/MPFT deliver all the services they are commissioned to provide? (If this takes more resource, will you provide it, or will you leave it to wither on the vine, as seems to be the current case?)	Claire Parker	Delivery of services commissioned by NHS STW will be overseen by the monitoring of the contract. NHS STW has a responsibility to deliver its financial and operational plan that has been approved by the Board and agreed with NHS England. This requires difficult decisions across all areas of work. ICB's will remain responsible for contract management going forward and working with providers to deliver the outcomes that have been commissioned for the population that we

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

				serve. There are no plans to reduce or cut spending in this area.
Q5	**Email: 23/06/2025 09:51 Gill George**	**EMAIL 2** A recent Facebook post from Shropshire, Telford and Wrekin Defend Our NHS was viewed 32,405 times in the following 24 hours. The number of views is continuing to climb. The level of public interest in the pending loss of Shropdoc is completely unprecedented. Will the Board be mindful, prior to signing off any final decision, that the ICB and Medvivo/Health Hero will face intense scrutiny over the future provision of GP Urgent Care services?	Gemma Smith	NHS STW are aware of the public interest in the recent GP Out of Hours (OOH) procurement and recognise that there is a level of concern in regard to the award of the contract to HealthHero (recently known as Medvivo). As with any contract, NHS STW will ensure robust contract management is in place alongside monitoring of key performance indicators. This will include patient experience measures to include both compliments and complaints received via the service. Alongside recognising that Medvivo are a Care Quality Commission (CQC) outstanding rated provider and given the depth of scrutiny and the rigorous assurance processes undertaken, the Board is confident that the procurement process was robust, conducted with integrity, and focused on achieving the best possible outcomes for our patients. This has been confirmed by the publication of the Independent Patient Choice and Procurement Panel. This report was shared with the Board in full as part of its decision making process. Due to the time-sensitive nature of mobilising the service before the winter period - and the delay caused by the representation processes - a formal urgent decision was made on Friday 4 July 2025, in line with our Constitution and governance procedures. This was in relation to the award of the contract to HealthHero (recently known as Medvivo), following receipt and publication of the Independent Patient

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

				Choice and Procurement Panel report. This will be formally reported to the NHS STW Board in September. It should be noted, NHS commissioning bodies do not award contracts at public Board meetings due to commercial sensitivities.
Q6		Does the ICB consider itself a listening organisation that is responsive to the public it serves?	Simon Whitehouse	As an NHS organisation, we have a legal duty to involve patients and stakeholders in our work under the Health and Social Care Act 2022. We recognise the importance of this responsibility. We also recognise that there is a need to ensure that we work hard to ensure that we seek out views from those that are often not heard or that are underrepresented. We will always want to improve and we will continue to work with HealthWatch and other partners to ensure that we have as wider reach as possible.
Q7		What level of public opposition would be required for the ICB to retain Shropdoc? The context of course is the overwhelming public support for Shropdoc, together with Shropdoc's 30-year record of providing high-quality care.	Gemma Smith	NHS STW undertook a competitive procurement process under the Provider Selection Regime and the outcome of this process was that of the six bids received, HealthHero (Medvivo) scored the highest. As outlined in the Independent Patient Choice and Procurement Panels report, NHS STW was found to have carried out a transparent, fair, and proportionate procurement process. This conclusion was echoed in the final procurement decision and was also the finding of the independent internal review, led by senior NHS STW leaders who were not involved in the original procurement process. As a result, the Independent Panel were clear in their public recommendation that NHS STW should continue to progress to contract award.

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

Q8		With regard to the procurement of GP Urgent Care services, is the ICB completely confident that its representatives have consistently provided fully accurate information to the public and to individual members of the public, to the Joint HOSC, and to MPs?	Gemma Smith	NHS STW is confident that there has been accurate information shared wherever possible in line with what can be communicated during a live procurement process and during the standstill periods. NHS STW is governed by a set of legal procurement rules that it must comply with. The recently published Independent Patient Choice and Procurement Report set out in their findings that NHS STW had acted correctly and appropriately throughout the process.
Q9		Is it correct that the ICB has cut or ended the successful falls service provided by E-med?	Gemma Smith	The EMED falls responder service was commissioned as a pilot initiative using non recurrent funds. These funds ended in May 2025, and this funding is no longer available. Whilst the initiative did help to reduce some pressure on emergency ambulances, it now needs full evaluation prior to a business case being developed should this be a service that NHS STW wishes to substantially commission via a full procurement process. NHS STW is committed to ensuring ongoing support for individuals who experience falls and commissions a fall prevention service in Shropshire Community Healthcare Trust, in the Paul Brown unit at Princess Royal Hospital [in Telford] and also works with local authorities on exercise-based stability classes.
Q10		Can you explain what happened and why, and what public involvement took place over this service change?	Gemma Smith	The Falls Responder Service was commissioned as a pilot initiative and has never been commissioned formally as a substantive service. As a result of this, the pilot initiative time limited contract came to a natural end.

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

				As such, from the outset, all parties were fully aware that there was never any commitment to ongoing funding or commissioning of this pilot initiative. The non recurrent funds ended in May 2025. As public sector organisations, the approach we take to involving local people must be appropriate and proportionate to each piece of work including spending public money wisely. Public facing communications were clear in describing the service as a pilot with a specified end date.
Q11		This couldn't be a backdoor route to awarding the contract to Medvivo/Health Hero, could it?	Gemma Smith	This is a different service and will not be delivered via HealthHero (Medvivo) as part of the GPOOH contract and does not form part of the publicly available service specification for the GPOOH service.
Q12	**Email: 23/06/2025 11:16 Linda Senior Member of Public**	**<u>Email 3</u>** Is the actual financial value of the new contract less than the financial value of the equivalent contracts currently held with Shropdoc? I am interested in an explicit answer if possible, rather than a more generic reassurance about financial envelopes.	Gemma Smith	A review of the Medvivo bid and ShropDoc's bid was undertaken by the NHS STW's Representation Panel with a further detailed review undertaken by the Independent Patient Choice and Procurement Panel. This found that there was no evidence to support a conclusion that NHS STW failed to assess the deliverability and financial sustainability of Health Hero (Medvivo's) proposal alongside noting that Health Hero (Medvivo's) bid scored 25% higher than that of the bidder making the representation across the quality sections. The contract value for Medvivo is less that the current contract held with ShropDoc. However, all bids were carefully reviewed as part of the procurement process. This

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

				is a normal part of the procurement process. It is also important to state the ICB did not reduce the financial contract budget that was available for this service and that the final procurement decision was set against a wide range of criteria. The Independent Patient Choice and Procurement Panel reviewed all aspects of this and found that the ICB had acted in full compliance with its responsibilities.
Q13		The ICB has said that a competitive tender route was the only legal option available to it, and that direct award was therefore ruled out. I understand that 'Direct award process C' is the one that has attracted most public interest. Can you explain which part of the PSR regulations underpins 'process C' being ruled out? Was this because you believe Shropdoc is not likely to satisfy the proposed contract to a sufficient standard, or is it that the considerable change criterion has been met? If this is about 'considerable change', can you explain if this was material change or financial change, and what the basis was for your determination that the criterion had been met. I appreciate there is a level of detail in this request, but this is what members of the public are asking me about.	Gemma Smith	NHS STW were unable to use Direct Award C under the Provider Selection Regime due to it being materially different on the basis that the procurement merged two separate services and two separate contracts into one. In addition, the new contract exceeds £500,000 of the lifetime value of the existing Contract and is 25% higher than the lifetime value of the Contract. Therefore Direct Award C could not be used. It is also important to note that under the Provider Selection Regime Regulations, commissioners have an obligation to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of services, alongside an obligation to act transparently, fairly and proportionately. All potential providers have a right to be treated fairly and transparently during a procurement process and, as there is a wider market for the services being procured, to ensure this duty is undertaken, it is important that commissioners understand the market to fully discharge their obligations. This is reinforced on the basis that 6 full bids were received as part of this procurement process.

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

Q14		Can the ICB comment on the Pulse article about the GP Out-of-Hours service provided by Medvivo/Health Hero to Bath and NE Somerset, Swindon and Wiltshire ICB? Does this cause you concern?	Gemma Smith	The 'Pulse' article refers to several service requirements and response times that are standard within NHS contracts. In the case of GP Out of Hours, these are designed to ensure maximum accessibility and timely, effective triage for patients. As with any NHS service provider, performance against these standards is closely monitored and managed to maintain quality and safety. We will of course monitor this through our governance and assurance contract processes to ensure patient safety is maintained at all times. NHS STW colleagues have also engaged with commissioners from the Bath and North-East Somerset, Swindon and Wiltshire (BSW), who have provided reassurance through those discussions around the service offered by HealthHero (Medivio). Their selection through this procurement process reflects their track record in delivering safe, high-quality clinical services aligned with NHS expectations.
Q15	**Email: 23/06/2025 11:17 Dylan Harrison Shropshire Defend our NHS**	**<u>Email 4</u>** First, the Board will be aware that SaTH are cutting 150 staffing posts, but also that a significant number of positions are filled by agency staff. What steps are the Board taking to assure themselves that the proposed staffing reduction will not place patients at risk of harm?	Jo Williams	As part of the SaTH workforce planning approach, we have taken into consideration how we create more efficiencies through technology, reforming how services function, and streamlining and removing duplication or inefficiency. This ensures we only reduce our workforce where it makes sense to do so. There have been no reductions identified in frontline healthcare workers and where we (SaTH) have identified opportunities to reduce costs, this will support reinvestment to expand much needed clinical services. Any identified

NHS Shropshire, Telford and Wrekin Board – Date 25 June 2025 – Questions received from members of the public

				opportunities to reduce cost through reduction in workforce is fully reviewed, quality impact assessments are undertaken which determine any potential impact on patients before any final decision is made.
Q16		Secondly, what assessment does the Board have that of the impact on patient care of the Trust's use of agency workers?	Jo Williams	SaTH has robust processes for assessing the use of agency workers which ensures all compliance standards are met and we only use agency where it is necessary. Our ambition is to create a sustainable workforce with minimal reliance on agency. We have made significant progress in this ambition having reduced our total agency usage by 75% in the last 3 years. We are currently using the lowest levels of agency seen in the last 5 years.