

ICB Board – 26 March 2025 – Questions received from members of the public

Name, Date and Time	Submitted questions	Forwarded to	Summary Response
Email 24/03/2025 11:27 Joy Stocks	<p>QUESTION 1</p> <p>Given that the awarded GPOOH contract is for a fixed 5-year term, based on a specific, published tender specification, and that multiple bidders submitted proposals against this specification, how does the STWICB reconcile this with the stated strategic objectives in their Board papers, which outline significant service redesign and transformation milestones within that same 5-year period, specifically aiming for a 'transformed, integrated care coordination centred model' by 2025?</p> <p>1.1 Specifically, how can a contract be legally and fairly awarded to deliver against a fixed specification, when the ICB's strategic objectives clearly indicate that the service requirements and scope will significantly change within the contract's lifetime?</p> <p>1.2 Furthermore, does this discrepancy not create an uneven playing field for bidders, as some may have tailored their proposals to the static specification, while the ICB's internal objectives suggest a dynamic and evolving service model?</p> <p>1.3 Considering procurement rules emphasising fairness, transparency, and equal treatment, how does the STWICB justify this apparent contradiction between the fixed contract award and the evolving strategic vision, and what legal advice was sought to ensure compliance with relevant regulations?</p>		<p>The GPOOH contract is for a period of 3 years with an optional 2-year extension.</p> <p>The Service Specification, which is publicly available, addresses the Continuous Service Improvement that will be required throughout the lifetime of the contract under 1.4.2 and the successful provider will be expected to work in partnership with other system stakeholders to deliver the integrated model via a Provider Collaborative. All bids were assessed against this service specification including the innovation that potential providers would bring to Shropshire, Telford and Wrekin recognising that Quality and Innovation are a key criterion under the Provider Selection Regulations (PSR).</p> <p>The ICB have been fully transparent with all bidders as to the changes in the Shropshire, Telford and Wrekin system and the transformation programme. This has particularly been the case in relation to the Care Coordination Centre and Single Point of Access.</p> <p>The ITT document, contract notice and intent to award notice stipulate the ability to modify this contract.</p> <p>All bidders had access to the same level of detail.</p>
Email 24/03/2025 11:27 Joy Stocks	<p>QUESTION 2</p> <p>Given the stated objective of aligning with the government's 'road to recovery mandate' and the hospital transformation programme, how does the</p>		<p>The Care Coordination Centre and Single Point of Access form part of the procured service and are crucial in delivering a model of unplanned referral management that streamlines and improves patient care and optimises the use of available</p>

ICB Board – 26 March 2025 – Questions received from members of the public

	<p>awarded contract demonstrate a tangible shift towards community/primary care services, as emphasised in national policy directives? The intention to award the contract to a private shareholder driven entity appears to contradict national policy and further re-direct crucial funding away from patient care to the profits of shareholders.</p>		<p>local resources across acute and community services. This will ensure that the patient is seen by the right service in the right place at the right time to meet their needs.</p> <p>This will support health care professionals in navigating their patient to the most appropriate service to meet their unplanned care needs. This will result in an increased number of referrals from unplanned care back to a managed process and a subsequent reduction in demand within the Emergency Department.</p> <p>The service will provide a single point of referral for primary, community and emergency care workers seeking alternatives to the ED for patients, simplifying access routes for health care professionals by bringing together a number of ‘single points of access’ across Shropshire. Telford and Wrekin.</p> <p>Further information can be found within the Service Specification which is publicly available in terms of the above.</p> <p>As the ICB have shared through numerous communications, the Intent to Award to the successful bidder was made upon the basis that Medvivo scored the highest total score across all key criteria under PSR. The ICB ran a competitive process which is open to any bidders. The ICB, alongside every other ICB in the Country, has numerous contracts with independent sector companies for other services who operate under different models and entities. In addition, the PSR places an emphasis on relevant authorities (the ICB) behaving in a transparent, fair, and proportionate way when making their arrangements with providers (across any of the NHS, public, independent, and voluntary sectors).</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ICB Board – 26 March 2025 – Questions received from members of the public

<p>Email 24/03/2025 11:27 Joy Stocks</p>	<p>QUESTION 3</p> <p>STWICB's 'Addressing Misconceptions' article asserts that 'nothing will change' regarding service quality, access, and equity following the contract award to Medvivo, while in the ICB Board Papers this month simultaneously outlining strategic objectives that are inherently transformational.</p> <p>3.1 How does the ICB reconcile these seemingly contradictory statements? If 'nothing will change,' how can the ICB justify the need for a new provider to achieve the ambitious transformational objectives outlined in their Board papers?</p> <p>3.2 Furthermore, given the incumbent provider's (Shropdoc) 30-year proven track record of service delivery, innovation, and established local partnerships, and the absence of any documented performance, reputational, or quality issues, how does the ICB justify awarding the contract to a profit-making entity from the South West of England, which lacks this local expertise and history?</p> <p>3.3 Does this decision not raise serious concerns about the ICB's commitment to local knowledge and continuity of care, and could this not be argued as a fundamental breach of procurement regulations, which prioritise fairness, transparency, and value for public money?</p> <p>3.4 Is it not a more logical and prudent approach to partner with a not-for-profit provider with a long established local track record, to achieve these transformational objectives, rather than a profit driven entity with no history of service delivery in the region?</p>		<p>At present, the service being commissioned is not materially different from a delivery perspective than that which is currently in place. As with all services, whether competitively procured or not, Continuous Service Improvement is a core fundamental part of how we commission, and service delivery evolves as patient flows change, and pathways are enhanced. This is completely normal in a dynamic system such as health.</p> <p>The ICB are expected, under PSR, to develop and maintain detailed knowledge of providers, beyond their knowledge of those that exist locally and have a responsibility to test the market. This market had not been tested for a number of years and in some cases, not at all, and therefore it was necessary that the ICB undertook this exercise. The value of the contract with additional services was also significantly higher than when the OOH contract was initially awarded to a different provider.</p> <p>The ICB have followed PSR in reprocurring this service and, as the ICB have shared through numerous communications, the Intent to Award to the successful bidder was made upon the basis that Medvivo scored the highest total score across all key criteria under PSR. These contain:</p> <ul style="list-style-type: none"> • Quality and Innovation • Value • Integration, collaboration and service sustainability • Improving Access, Reducing Health Inequalities and facilitating choice • Social Value
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ICB Board – 26 March 2025 – Questions received from members of the public

			This is a competitive, legally binding process and the ICB have complied with the PSR Regulations and principles when undertaking this.
Email 24/03/2024 11:35 Sue Campbell	<p><u>QUESTION 4 - Reputational harm</u></p> <p>The ICB faces an increasing risk of losing public confidence. There is a growing sense from the public of NHS leaders who are not listening and who do not care. Will the Board be mindful of the overwhelming public opposition to the loss of Shropdoc, the public scrutiny of its actions, and the growing risk of reputational harm if it continues on its current course?</p>		<p>We recognise, and take seriously, the concerns raised about public confidence in the NHS and the perception that leaders are not listening or responding to the needs of local communities. Maintaining trust and transparency is fundamental to this. We are committed to ensuring that the voices of patients, staff, and the wider public are heard in decisions we take.</p> <p>We fully acknowledge the strength of feeling regarding the future of the GPOOH services. We are committed to ensuring that any service transitions prioritise patient safety, access to care, quality of healthcare provided, and sustainable healthcare provision.</p> <p>We understand that any decisions we make will be subject to public scrutiny, and we welcome this as part of an open and transparent governance process.</p> <p>We welcome ongoing dialogue and encourage all stakeholders to continue sharing their views with us.</p>
24/03/2024 11:35 Sue Campbell	<p><u>QUESTION 5 - Integrated Urgent Care</u></p> <p>This question relates to page 53 and 54 of the appendices to Board papers, the section on the ICB's commission ambitions for Urgent and Emergency Care. There is a strong emphasis on transformation, including the design of a new Integrated Urgent Care Service. An important strategic objective, clearly.</p>		<p>The ICB and system partners are committed to further integration in relation to services for urgent and emergency care. This ambition has not changed.</p>

ICB Board – 26 March 2025 – Questions received from members of the public

- 5.1 Why, then, did the ICB choose to **change** the title of the recent procurement contract from Integrated Urgent Care (IUC) to GP Out of Hours (GPOOH)?
- 5.2 This change in language appears to signal a retreat from the integrated urgent care model, despite the ICB's stated objectives and the current health system transformation. How does the ICB justify this apparent contradiction?
- 5.3 Furthermore, considering that the incumbent provider (Shropdoc) had made significant strides in achieving these integration objectives under the IUC framework, why did the ICB choose to dismantle this progress and revert to a GPOOH-centric model?
- 5.4 Given the administrative oversight that led to the contract's expiry and the resulting reactive procurement, does the ICB acknowledge that this represents a missed opportunity to build upon existing integrated urgent care initiatives and create a truly transformative system?
- 5.5 How does the ICB's decision to revert to a GPOOH model align with the national policy directives that promote a shift towards community/primary care services, and how will this decision impact what is achievable over the next 5 years?
- 5.6 Does the ICB accept that by reverting to a GPOOH model, that it has fundamentally failed to create the conditions for success from the start?

The ICB's commissioning intentions are to redesign the Integrated Urgent Care offer across STW incorporating GPOOH, SPA, CCC, Care Transfer Hub, MIUs, and UTCs through a system wide Provider Collaborative model which is in line with the transformation objectives. An integrated model does not mean that all services have to be delivered by one provider as long as all components are in place.

The ICB are expected, under PSR, to develop and maintain detailed knowledge of providers, beyond their knowledge of those that exist locally and have a responsibility to test the market. This market had not been tested for a number of years and in some cases, not at all, and therefore it was necessary that the ICB undertook this exercise. The value of the contract with additional services was also significantly higher than when the OOH contract was initially awarded to a different provider.

The Service Specification, which is publicly available, addresses the Continuous Service Improvement that will be required throughout the lifetime of the contract under 1.4.2. The provider will be expected to work in partnership with other system stakeholders to deliver the integrated model via a Provider Collaborative.

The ICB have been fully transparent with all bidders as to the changes in the Shropshire, Telford and Wrekin system and the transformation programme, particularly in relation to the Care Coordination Centre and Single Point of Access. These are key to the transformation programme and through the innovation questions, sought to explore how bidders would approach transformation and work with other providers,

ICB Board – 26 March 2025 – Questions received from members of the public

			alongside exploring their innovative proposals. Further information as to the wider model and links to the IUC can be found within the specification.
Email 24/03/25 11:54 Gill George	<p><u>QUESTION 6 - SW Shropshire PCN</u></p> <p>The Board papers, quite rightly, contain many references to primary care, and the role of primary care in future transformation.</p> <p>6.1 Should current issues in SW Shropshire PCN be considered to pose a strategic and operational risk to the delivery of Direct Enhanced Services in this area?</p> <p>6.2 Is there a further risk of reputational harm in relation to these issues?</p>		<p>Primary care and PCNs are central in the future vision and delivery of patient care, particularly with a national direction of travel from hospitals to community and from treatment to prevention.</p> <p>The ICB is committed to supporting all PCNs to develop strong models with a drive to collaborative working within primary care. The ICB has a responsibility for the entire population that it serves.</p> <p>Delivery of the Directed Enhanced Service (DES) across the PCN footprints is a key stage in the development of PCNs and the ICB will be monitoring performance of all PCNs and supporting their development, as needed, using the national support framework.</p> <p>We understand there is currently some uncertainty expressed by patients of the practices concerned. The ICB is committed to ongoing high quality patient services across the whole population currently served by this PCN and will work with all parties to ensure patient care, within the delivery of the DES, is the priority moving forward.</p>
Email 24/03/25 11:54 Gill George	<p><u>QUESTION 7 - An abuse of FOI legislation</u></p> <p>The ICB's handling of FOI requests around the procurement of GP Out of Hours has caused dismay to me and to other members of the public. The standard approach taken by the ICB seems to be to delay until extremely close to the end of the '20 working days to respond', and then respond with an email that states, <i>'We are currently considering a Section 43 exemption under</i></p>		<p>We acknowledge the concerns raised regarding the handling of Freedom of Information (FOI) requests. Transparency and accountability are fundamental to the way we operate.</p>

ICB Board – 26 March 2025 – Questions received from members of the public

	<p><i>the Freedom of Information Act for this request. Please note that for an exemption to be considered we do have to complete a Public Interest Test which allows a further 20 business days for completion.'</i></p> <p>This is plainly a 'Give them the run-around approach', and is a real misuse of the legislation. By operating in this way, the ICB is acting with little accountability or transparency, and of course gives the impression that it has something to hide.</p> <p>Could the Board ask itself if something is now going very wrong in the ICB's relationship with the people it serves?</p>		<p>The ICB is committed to responding to FOI requests in line with legislative requirements. In some cases, requests involve complex or commercially sensitive information, requiring us to apply exemptions under the Freedom of Information Act, such as Section 43 (Commercial Interests). When this happens, we are required to conduct a Public Interest Test, which can extend the timeframe for response. However, we fully recognise the importance of ensuring that this process is not perceived as an unnecessary delay or a lack of openness.</p> <p>While we must balance transparency with legal and contractual obligations, we are reviewing our processes to ensure that FOI requests are handled as efficiently and openly as possible. If there are areas where we can improve our approach, we are committed to making those changes.</p> <p>We recognise that trust is built on openness and responsiveness. The ICB is committed to improving the way we interact with the communities we serve, and we welcome constructive feedback on how we can do this better.</p>
<p>Email 24/03/25 11:54 Gill George</p>	<p>QUESTION 8 - The future</p> <p>The Chief Executive's written report includes a section on the Government's NHS Reset Programme, and the required reduction in ICB running costs of 50%. The ICB has put recruitment on hold, and very reasonably states, '<i>At present there is a need for greater detail to enable us to work through the implications of these announcements.'</i></p> <p>The implications for staff look to be truly appalling.</p> <p>8.1 Is there any indication currently on how many ICB posts will be lost? Can voluntary redundancy be prioritised?</p>		<p>Thank you for your important and thoughtful questions regarding the future of the NHS Shropshire, Telford and Wrekin in light of the recent national announcements. We understand that this is a period of significant uncertainty for our staff, partners, and the public, and we are committed to approaching these changes with transparency and compassion.</p>

ICB Board – 26 March 2025 – Questions received from members of the public

	<p>8.2 Are there possibilities of exploring redeployment with local and regional NHS organisations</p> <p>The difficulties at a time when so many NHS organisations will be losing staff are obvious, but I hope every possible effort will be made to reduce harm as far as possible.</p> <p>There is presumably some emerging thinking, nationally and locally, on the implications of this and the other major organisational changes taking place in the NHS.</p> <p>This is the smallest ICB in the country.</p> <p>8.3 Is there an expectation that it will be considered viable in the future?</p> <p>8.4 Could it merged with other local ICB's?</p> <p>8.5 What changes are anticipated in the role and responsibilities of ICBs?</p> <p>8.6 Has there been any indication on this?</p> <p>8.7 Will responsibilities for performance management pass to provider organisations?</p> <p>I appreciate the uncertainty – but I believe the public would welcome a transparent approach on what may or may not unfold in the coming months.</p>		<p>There remains significant work required before the ICB can confirm any of these details.</p> <p>We are actively engaging with other NHS organisations on these issues, and we are committed to working collaboratively to support our staff.</p> <p>It is expected that ICBs will evolve, with a stronger focus on strategic commissioning. However, precise details on these changes remain under discussion.</p> <p>The national direction for ICBs is still being clarified, and we anticipate further guidance in the coming weeks and months. We will ensure that any local updates are communicated clearly to our staff, stakeholders, and the public.</p> <p>We fully understand that this period of change is unsettling. While uncertainty remains, we are committed to being as open as possible about developments as they unfold. Our priority remains ensuring that our workforce is supported, and that we continue to commission the best possible care for the people of Shropshire, Telford and Wrekin.</p>
<p>Email 24/03/25 11:54 Gill George</p>	<p>QUESTION 9 - Staff Survey</p> <p>The ICB is to be commended on improved results that suggest improved treatment of staff. That is genuinely welcome.</p> <p>The Staff Survey results show that 62.15% of staff agree with the statement "Care of patients/service users is my organisation's top priority". This means</p>		<p>Thank you for this question on the 2024 staff survey results and for recognising our improved results across the ICB.</p> <p>The ICB has, during the last 12 months, introduced a new operating model and restructured our teams and directorates to ensure that we are better aligned to deliver our statutory</p>

ICB Board – 26 March 2025 – Questions received from members of the public

	over a third of ICB staff believe that care of patients / service users is not the ICB's top priority. Does the ICB have any view on why so many staff hold this view?		responsibilities. As part of this transition, we have worked closely with our staff to ensure that they understand our role in the system and its importance in improving healthcare for patients.
Email 24/03/25 11:54 Gill George	<u>QUESTION 10 - GP Out of Hours Procurement</u> The headline figures are that funding for the GP Out-of-Hours and related provision is being reduced from £8m a year to £6.5m. This would represent a reduction of around 18.75%. Does the ICB believe that this a cut in spending?		The numbers quoted here are inaccurate as the starting point for the existing contract. As the current contract value has been deemed commercially sensitive by the incumbent provider, the ICB are unable to share the actual value at this point in time, recognising we remain in a live procurement process.