Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

ICB Board – 27 November 2024– Questions received from members of the public

Name, Date and Time	Submitted questions	Summary Response

Email 25/11/2024 10:29 Cllr Julia Evans - Shropshire Unitary Councillor for Radbrook	**QUESTION 1**
	
	Dear All,
	Recently I had cause to suspect my 88yr father had symptoms of diabetes. His health and mobility have been poor since a stroke and a subarachnoid haemorrhage last year – both within a week of each other – and he has short term memory issues due to occluded and partially occluded cranial arteries. With this in mind and trying not to burden the GP system with yet another visit with long appointment waiting times, I called to ask if either a Nurse or Health Care Assistant could carry out a quick blood glucose check, something that is carried out in triage at the Emergency Department without permission from the medical team, on wards and in the community hundreds of time per day.
	This would not impact any appointments and be the least disruptive for my father. I was told this was not possible and I would have to get an appointment with the Out of Hours GP service who would call my father – who would have become anxious and have no recollection of the request or need for it. This was not a suitable option for a test that takes seconds, in terms of time with the GP out of hours system and financially – never mind the disruption to my father, myself as his carer and my family who would have to travel with me to his home to assist with the call of an unknown time. I am a former Nurse Practitioner with most of my career in Emergency Departments and Minor Injuries Units, so have knowledge of a more flexible ways of working.
	My question is why has this system become so complex and without flexible routes that can accommodate frail people without huge impact to the system or individuals?
		Response provided by Dr Lorna Clarson, Chief Medical Officer
		
		Thank you for taking the time to share your experience with us.
		
		NHS Shropshire, Telford & Wrekin recognises the need for flexibility in the way that care is provided to our residents, particularly those with frailty or other challenges in accessing services; however, it is important care remains safe and in line with appropriate clinical standards.
		
		The reluctance of the practice to use the quick blood glucose test (finger-prick test) you describe having seen widely used in emergency care, relates to the purpose for which it is being used. As a measure of capillary blood glucose, it is not considered a reliable test for the diagnosis or exclusion of diabetes in primary care, but can be helpful in emergency scenarios to determine immediate treatment whilst waiting for a plasma blood result in acutely unwell people. It doesn't serve useful purpose in routine diagnosis.
		
		The NICE guidance on the diagnosis of diabetes recommends that diabetes can be diagnosed or excluded based on:
		• HbA1c of 48 mmol/mol (6.5%) or more (a venous blood test)
		• Fasting **plasma** glucose level of 7.0 mmol/L or more.
		• Random **plasma** glucose of 11.1 mmol/L or more in the presence of symptoms or signs of diabetes.
		  ○ If the person is symptomatic, a single abnormal HbA1c or fasting plasma glucose level can be used, although repeat testing is sensible to confirm the diagnosis.
		  ○ If the person is asymptomatic, do not diagnose diabetes on the basis of a single abnormal HbA1c or plasma glucose result. Arrange

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		repeat testing, preferably with the same test, to confirm the diagnosis. If the repeat test result is normal, arrange to monitor the person for the development of diabetes, the frequency depending on clinical judgement. Additionally, it is important to understand the symptoms the patient is experiencing and examine the patient for any physical signs as this is also part of the NICE diagnostic criteria and can influence how urgently a patient needs to be managed. Symptoms of ketosis or dehydration may warrant urgent admission. So, whilst we appreciate your efforts to use the NHS in the most efficient and least burdensome way, and absolutely understand the desire to minimise the impact on your elderly father, there are good clinical reasons why your practice may not have wanted to simply rely on a capillary blood glucose measurement. That said, NHS Shropshire, Telford and Wrekin is committed to improving care for older people and is in the process of developing a frailty strategy to ensure that we keep the needs of older people with frailty and their family and carers at the centre of how their care is delivered. We would very much welcome your input into this work as an expert by experience. If you did feel able to contribute to this work, please contact Patient Services who will make the necessary arrangements.
Email 25/11/2024 11:24 Gemma Offland - Member of public	**<u>QUESTION 2</u>** I note from the Integrated Performance Report that 'Efficiency delivery at M7 is £3.57m ahead of plan'. Where can I find information on the impact of these and previous efficiency savings on services to the public? The Finance Committee Report comments on risk, unmitigated risk, and 'the work that PWC are doing as part of the Investigation and Intervention (I&I) Phase 2 work in support of 'derisking' the position'. Where can I find information on the work carried out by PWC currently and over the course of	**Response provided by Claire Skidmore, Chief Finance Officer** The minutes of the System finance committee meetings as detailed within the Board papers (page 446 6.1, page 447 7.1, page 460 5.1) set out non-patient services efficiencies delivered through savings on ICB running costs, non-recurrent benefits and rebates. The ICB has released patient services efficiencies through improving quality of care and processes for continuing healthcare e.g. to ensure more assessments are completed within 28 days as a result releasing efficiencies. The

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	this financial year, including information on any impact on services to the public?	minutes of the quality and performance committee meetings confirm oversight of the quality impact of schemes. NHS-STW-Integrated-Care-Board-Appendices.pdf The individual Boards of System partners will also receive and consider their own reports which reference the impact of schemes. The scope of the Phase 1 I&I work is detailed in the Finance Committee minutes (page 456, 9.1). Phase 2 I&I work is reflected in the System Integrated Improvement Plan (page 264) as mitigations to key risks to delivery. This includes support to developing the system PMO as an enabling action and focus on decision making support for UEC, Workforce and CHC. NHS-STW-Integrated-Care-Board-Appendices.pdf
Email 25/11/2024 11:52 Gill George - Chair, Shropshire, Telford and Wrekin Defend Our NHS	**QUESTION 3** Your revised rules on questions may prevent you answering this, but perhaps you could stretch to a quick response? It's a matter of public interest. Stuart Anderson MP has spoken publicly of 'the Ludlow Hospital plan' and 'the proposals for a new Community Hospital in Ludlow'. Does the ICB have any awareness of this plan or set of proposals? Have any discussions taken place in which the ICB has had involvement? Background: https://www.ludlowadvertiser.co.uk/news/24742812.mp-urges-government-back-ludlow-community-hospital-plan/	**Response provided by Simon Whitehouse, Chief Executive Officer** The ICB are very aware of the importance of the current community hospital in Ludlow and the central role that is plays within the community in terms of health service provision. However, at present, there are no plans in place for a new Community Hospital in Ludlow. To deliver this would require capital funding for a new facility which we do not have available within the Integrated Care System. The ICB remains committed to working with the local community in developing a model of care that is built around local needs, in particular the implementation of Integrated Neighbourhood approaches across health and social care as outlined within the ambition under the proposed 10 year plan, and are currently developing the next steps in commencing discussions as to how this could be delivered with a focus on service integration, prevention, community based support and improving access.
	QUESTION 4	**Response provided by Dr Lorna Clarson, Chief Medical Officer**

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	The Integrated Performance Report begins 'The System continues to have significant performance pressures in Urgent and Emergency Care…' It is clear that the pressure on our A&Es and on acute hospital beds remains a major concern for the Board. There are, understandably, many references in Board papers to 'UEC oversight', 'areas of concern within UEC', 'winter mitigations' for UEC pressures etc. What estimated contribution is made to A&E avoidance and acute admissions avoidance through: • The current GP Out-of-Hours service • The current Care Coordination Centre • The current 'direct access' palliative care helpline run by Shropdoc? What risk assessment has taken place around possible future changes to service delivery and any subsequent impact on UEC?	The GP Out Of Hours (GPOOH) service is currently out to procurement alongside the Care Coordination Centre (CCC) and Single Point of Access (SPA). The specification that has been developed and signed off by the ICB enhances the requirements of these services in a number of areas and there are no changes in what is required to be delivered by the successful bidder. As per the detail shared within the response dated 27th November 2024 to the open letter sent on behalf of Defend Our NHS, the detail that sits behind this is included within the specification. The ICB do not measure admissions avoided for either the GP OOH service or palliative care helpline as neither of these services are set up as admission avoidance schemes. The Care Coordination Centre and Single Point of Access are an enabler to support the wider admission avoidance programmes such as falls responder, rapid response and virtual ward services. As outlined within the specification, there are no required changes to the service delivery model other than enhancements and as part of the moderation and evaluation process and contract award these will be assessed and scored both individually but also via a moderated panel. Any proposed changes will be underpinned by an Integrated Impact Assessment which will be shared and overseen by the ICB but also the system wide Urgent and Emergency Care Delivery Group.