

Questions from the public – ICB Board Meeting in Public - 19 September 2024

Question 1- from Jo Osorio

Patients are encouraged to use online services to view their health record through systems like TPP SystemOne and the NHS App.

The NHS App patient health record includes the core services and activities provided by (GP) primary care and does not include other services such as the Enhanced Access Clinic managed by Brunel Health Group of which my surgery and primary care network is part.

What plans is the ICB aware of to incorporate other information on the NHS App or other systems used by GP practices so that patients can see their complete health record?

ICB Response:

Thank you for your question.

New and innovative features continue to be added to the NHS App to help patients access convenient and high-quality care when and where they need it.

Work is currently underway to add a range of new enhancements including developing the way primary care data is sent to the NHS App to enable a richer, more user-centric experience. This work will make it possible for the App to include data from other services.

Work is also underway to improve the way test results are displayed in the App so that users can more easily understand whether their results are inside or outside the usual range.

NHSE now publish and regularly update their roadmap for the NHS App. Please see [NHS App roadmap - NHS England Digital](#) for further information and also details on all the other NHS App improvements being planned.

The number of people registering to use the NHS App in BSW is growing at the fastest rate in the whole of England.

This has translated to a doubling of repeat prescribing requests over the levels we had six months ago. That's 40,000 fewer manual patient requests into primary care each month.

Question 2 –

In light of the Darzi report, two themes seemed quite prominent:

- 1) The importance of investment, with many “callouts” around the need for further investment in Diagnostics
- 2) The way systemic changes (over the last decade or so) have had a negative impact on Care (specifically refer to points 21 & 22 in the Executive Summary).

Considering this, can the ICB board share their view on how local Diagnostic Imaging services are currently controlled.

All ICS member Acute Trusts, must answer to their own Boards as well as the ICB. There are also Imaging Networks (nationally these do not always mirror the ICS/ICB), national approval processes (NHS England & NHS Improvement). Also, national initiatives like the ongoing CDC programme and capital replacement strategies.

Is there not a risk that this complicated landscape, could delay crucial decision making (and investment) in local services, harming patients. What is the ICB strategy, to encourage swift decision making, cut through red-tape and ensure issues can be addressed in a timely manner.”

ICB Response:

Lord Darzi’s Independent Investigation of the National Health Service in England was published last week, with the report striking a stark and unapologetic view of the NHS in 2024.

As an ICB, we have been considering its contents over the last few days, and while many of the issues described within the report are not new to us, including those around diagnostics and imaging services, having them laid out in black and white, and in such unambiguous terms, shows there is much to do.

Locally, we have not shied away from the fact we are on a long journey of improvement, and we are already making great strides in the areas referenced in this question. Despite a potentially “complicated landscape,” within BSW, we collaborating effectively with partners for the benefit of our population.

Three new community diagnostic centres have, over the last 12 months, opened in Bath, Swindon, and Salisbury, following an investment of more than £14 million.

The first centre to open was that which is located at the Sulis Hospital in Bath. During its first year of operation, the centre provided care to almost 10,000 patients, many of whom would have otherwise had to wait to be seen in an acute hospital.

In March of this year, a second centre opened in Salisbury, and this was followed in April by the opening of the third centre in Swindon. Within the first five months, these centres saw approximately 5,000 patients, and it is anticipated that by April 2025, more than 60,000 people will have been cared for at one of the community diagnostic centres.

Over the coming months, more services will be added to these centres, including a mobile endoscopy unit in both Bath and Swindon, as well as cardiac and ultrasound services at the site in Salisbury.