NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 8 July 2025 Board meeting:

| Ref | Questions / Comments |
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| No. 1 | I have read the performance and quality report as at Feb 2025 published from the 13 May 2025 board meeting.<br><br>There is a slide titled Autism and ADHD - CYP. I cannot see any figures or statistics relating to adult referrals and wait times. Can this be included in future? If not, why?<br><br>*Question submitted by Will Batting, Buckinghamshi*<br><br>*re resident* |
| **Response** | We are working on improving our reporting of Autism and ADHD waiting times for adults and children and young people. The list below sets out the metric we have asked our providers to report. We are unable to provide a timescale yet, however, please be assured that this is a high priority.<br>1. Number of referrals received for adult Autism assessment<br>2. Number of referrals received for CYP Autism assessment<br>3. Number of adult patients on the Autism waiting list (broken down by weeks waited)<br>4. Number of CYP patients on the Autism waiting list (broken down by weeks waited)<br>5. Number of adult autism assessments carried out<br>6. Number of CYP autism assessments carried out<br>7. Number of referrals received for adult ADHD assessment<br>8. Number of referrals received for CYP ADHD assessment<br>9. Number of adult patients on the ADHD waiting list (broken down by weeks waited)<br>10. Number of CYP patients on the ADHD waiting list (broken down by weeks waited)<br>11. Number of adult ADHD assessments carried out<br>12. Number of CYP ADHD assessments carried out<br>13. Number of reasonable adjustments made by CYP/Adults |

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| **No. 2** | When patients are transferred between providers in an acute collaborative does money follow the patient?<br><br>*Question submitted by Tom Lake, Interglossa Ltd* |
| **Response** | Yes, the financial regime operating in 2024/25 and 2025/26 ensures providers are reimbursed when patients move between providers. |

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| **No. 3** | The ICB will be emphasising population health and health inequalities. These are also areas that Public Health, within local authorities, covers, and necessarily so, since they support decisions on the social determinants of ill health.<br><br>How will the ICB avoid duplication of work with Public Health and ensure that the relevant teams work closely together?<br><br>*Question submitted by Tom Lake, Interglossa Ltd* |
| **Response** | The ICB is currently undergoing a period of significant organisational change, in response to national NHS England and Department of Health and Social Care requirements to reduce costs and respond to updated requirements for ICB responsibilities. Further information on this process is included in the response to no. 4. |

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| | As part of this change, the ICB is engaging with a range of stakeholders. This includes engagement with local authorities to develop a new operating model and new organisational design for the ICB. It is envisaged that the new ways of working will enable ICBs to work closely with local public health teams in the following areas:<br>• Development of population health strategies<br>• Public health insight to inform population data which, in turn, will support the ICB in assessing needs and planning services<br>• Joint local development of plans, such as through place-based partnerships which will include Directors of Public Health and/or local authority executive leads<br>• Public health involvement in strategic commissioning, needs assessments and helping to shape priorities for shared funding and decision making<br>• Involvement in relevant governance and management structures developed in response to the model ICB blueprint. |

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| **No. 4** | At the Board Meeting of 11 March 2025, a planning paper included the following:<br><br>"Streamlining our offer across our providers and places through a managed approach to service review and system change over time – We will approach this through the lens of a major services review and clinical strategy programme to support robust development with partners, clinical engagement and public consultation of options.<br>We will develop the principles for this work through engagement with our population to ensure their insight is taken into account, alongside working with clinicians and partners to define the most clinically appropriate and cost-effective pathways and provision."<br><br>How has/will the public consultation be carried out and what has been achieved so far?<br><br>*Question submitted by Tom Lake, Interglossa Ltd* |
| **Response** | Thank you for your question. Work on this programme is progressing, but within the context of a significantly changed NHS landscape since the 11 March Board meeting. Changes announced include the abolishment of NHS England and its merger with the Department of Health and Social Care (DHSC) and the requirement for Integrated Care Boards (ICBs) to significantly reduce their running costs to £19 per head of population by end of Dec 2025 (announced in mid-March). Our response to this has led to a Joint Transition Programme with Frimley ICB to develop a new ICB for Buckinghamshire, Oxfordshire and Berkshire – the Thames Valley ICB. The Model ICB Blueprint (published in May) and the 10 Year Health Plan (published last week) present significant policy changes that will inform the way BOB ICB and a future Thames Valley ICB operate as a strategic commissioner, how we plan forward, and how we develop a clinical strategy. NHS England have also confirmed that NHS planning will move from an annual cycle to a medium-term (3 years) cycle.<br><br>We are analysing our local population health and healthcare data and working with system stakeholders to develop a draft clinical strategy, taking into account the policy changes highlighted above. We remain committed to ensuring that public insight plays a central role in shaping the principles and direction of this work. However, we are still in the early stages of development and are not yet at a point where we can provide full details of what the formal consultation will involve. |

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| **No. 5** | Availability of NHS ear wax removal must be based on need, not location or ability to pay. A report for the RNID has exposed a serious lack of progress on the availability of ear wax services in England, leaving 8.1 million with zero support and at risk of preventable hearing loss. |

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| | Ear wax removal services are essential and around 2.3 million people in the UK need professional ear wax removal every year. RNID research shows that too many people are not able to get their ear wax professionally removed. As a result, people face painful symptoms, limited audiology care, and mental health challenges.<br><br>A lack of consistent NHS ear wax removal services, particularly as many GP surgeries no longer offer this service, leaves people with few options. Private removal, costing up to £120, is unaffordable for many. Attempting self-removal can lead to serious complications, such as infections, permanent damage to the ear or hearing loss.<br><br>There is no medical reason for withdrawing this vital service. The ongoing cuts to ear wax removal services are having a profound impact on people's wellbeing.<br><br>Failing to offer free NHS wax removal services contradicts clear guidance from the National Institute of Health and Care Excellence .<br><br>NICE guidelines state that GP surgeries or community clinics should offer to remove ear wax, if build-up is contributing to someone's hearing loss or causing other symptoms.<br><br>Availability of NHS ear wax removal must be based on need, not location or ability to pay.<br><br>What are the details of the provision for ear wax removal in Reading by the NHS and what are the plans to improve this aspect of our health services in a community setting?<br><br>*Question submitted by Chris Herd* |
| **Response** | Integrated Care Boards (ICB) have a statutory duty to procure treatments and services within an allocated budget subject to evidence of clinical and cost effectiveness. This is clearly set out in the NHS Constitution and within other contractual and legal obligations.<br><br>Routine removal of ear wax is no longer provided by some GP practices as the evidence-base indicated that this service is not considered clinically effective in most patients and there are also some risks associated with the procedure, such as ear perforation or infection. That being said, a minority of patients do require the procedure for specific reasons and these patients are eligible to be referred by the GP to an appropriate service, if the procedure is not provided by their practice.<br><br>Please see the link below for our policy for managing ear wax:<br>https://www.bucksoxonberksw.icb.nhs.uk/media/3379/tvpc88-management-of-earwax.pdf<br><br>GP practices are therefore expected to work in line with the commissioning statement which says it may be available for patients if the criteria outlined are met. The criterion by which a Berkshire West patient would receive NHS ear wax removal is detailed within this policy. We would recommend that you discuss this matter with your GP who will be best placed to advise on whether a referral is indicated and what services are available locally on the NHS. |

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| **No. 6** | 1.Regarding the NHS 10 Year Plan, there is little mention as to the continuation of direct Service User input / EbE's (Experts by Experience) involvement in coproduction.<br><br>References are made in the Plan to future involvement work in the form of:<br><br>(a) EbE's as Peer Support workers (Pg. 33)<br><br>- (Note: This contradicts current NHSE Policy as EbE's are intended to be lay persons not paid professionals).<br><br>(b) Care Quality Commission to use Service Users (*people with lived experience of care*) for inspections (Pg. 93) |

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| | - Presumably, in place of volunteers for Healthwatch "enter and view" reporting and Trust level Service Users / EbE's for Peer Reviews.<br><br>In view of the Plan can the BOB ICB, give an indication as to the changes that will be made to Service User involvement / EbE's other than those listed above?<br><br>2. Could the BOB ICB provide information about how it intends to have, "*deep engagement with patients and the public*" and what the "*user involvement functions*" (Pg. 79) are that the ICB will need?<br><br>*Question submitted by Lionel Barnard, Service User* |
| **Response** | Thank you for your thoughtful questions regarding the future of Service User involvement and Experts by Experience (EbEs) in light of the NHS 10-Year Plan and the evolving role of Integrated Care Boards. We welcome the opportunity to clarify our position and share our ongoing commitment to meaningful public and patient engagement.<br><br>We acknowledge your concerns regarding the limited references to direct Service User involvement in the NHS 10-Year Plan, particularly the shift toward roles such as Peer Support Workers and involvement in CQC inspections.<br><br>As we develop the new Thames Valley ICB, we are committed to preserving and strengthening the role of EbEs as lay contributors to service design, evaluation, and transformation. Furthermore, we are committed to broader engagement by working closely with our voluntary and community sector partners to ensure that the voices and insights of our diverse local communities inform and shape our work.<br><br>The NHS Model Blueprint and the 10-Year Plan both emphasise the need for deep engagement with patients and the public. As we develop a new operating model for the Thames Valley ICB we will ensure by gathering meaningful insight through the collection and analysis of patient experience data, including qualitative feedback and lived experience narratives. To support this, we would aim to develop our approach to co-production, something we had started to do as BOB ICB but will continue into the new organisation. |

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| **No. 7** | Now that Healthwatch is to disappear shouldn't there be a more rigorous approach by providers to patient experience and complaints and shouldn't the handling of complaints, audit and patient experience be an explicit part of any clinical strategy?<br><br>*Question submitted by Tom Lake, Information Officer, Reading Patient Voice Group* |
| **Response** | Thank you for your question. As we develop our new ICB operating model, we fully recognise the need for a more robust approach to patient experience and complaints, especially in light of the close down of Healthwatch.<br><br>We are committed to ensuring that listening to patients, learning from complaints, and acting on feedback are embedded in our clinical strategy. These functions will be integral to quality improvement, governance, and service design, with strong collaboration across providers and the voluntary sector to maintain independent patient voice and insight. |