

Public questions and answers: Integrated Care Board meeting, 16 October 2024

Questions received from the public with responses from the ICB

Question 1	<p>Given that GPs have a uniquely rounded perspective on the NHS locally and how it is working, and as this is the mainstay of patients, will the Board consider increasing the level of representation of GPs within the ICB, at least returning it to an equivalent level maintained previously by CCGs</p>
Response	<p>The ICB recognises the unique perspective that our clinicians, including GPs and the wider group of primary care professionals bring to our system and the key role of primary care in delivering care to patients.</p> <p>The ICB board membership meets the national guidelines and includes a partner member for primary care as well as a partner member for other areas of provision, alongside non-executive membership. A return to the same proportion of GP members on the Board as the previous clinical commissioning group governing bodies will not be possible.</p> <p>The ICB benefits from GP input and leadership in many ways both at SEL level and across the six boroughs across SEL. This includes having GP membership on our Board, our SEL Integrated Care Partnership, our borough based Local Care Partnerships, and many of our programme boards. We have a Primary Care Leadership Group which meets regularly and has GP representation from all boroughs. GPs also lead the Clinical Effectiveness South East London (CESEL) work which provides a systematic evidence-based approach to quality improvement across south east London general practice, to help to improve health outcomes and reduce variation and inequalities for our local population.</p>
Question 2	<p>I would like to ask what the plans are for the MSK services, in particular MSK community services and MSK hubs. Will the future of MSK be sited in community hubs to include physio, osteopathy, podiatry, etc</p>
Response	<p>Our current SEL MSK provision is provided by community MSK providers most of whom are based in the community. There are ongoing projects within SEL that align with moving care closer to home and fit in with the recommendations in the Hewitt and Fuller reports. [..contd overleaf]</p>

1. **Improve Access to Rehabilitation and Therapy Services - GSTT are working in partnership with UK Active.** This project is working with fitness and leisure facilities to provide GSTT physiotherapy services in local gyms, with sessions on the gym floor and group classes in studio spaces. The aim is to increase patient choice for site of their musculoskeletal rehabilitation and, to transfer current patient activity from Guy's Hospital to local gyms, combining specialist GSTT staff expertise with the high-quality equipment within community gym settings. engaging with three providers initially. This project will also have physical health benefits for both staff and patients, as early discussions with the gyms have indicated that they will be able to use the wider gym facilities including: exercise equipment, studio classes, pool, sauna, and steam rooms, during the days when they are accessing GSTT physiotherapy services. Better Gym and Everyone Active will offer discounted membership for GSTT patients at the point when their treatment finishes. Since there is a financial barrier to accessing the gym (and therefore the opportunity to continue physio exercises), reducing or diminishing this barrier will increase the chances of sustained behaviour change and help address some of the health inequalities for people from lower socio-economic groups.
2. **The good Boost project at Kings- [Transforming community venues and leisure centres into musculoskeletal \(MSK\) health and wellbeing hubs - Musculoskeletal \(MSK\) digital playbook - NHS Transformation Directorate \(england.nhs.uk\)](#)** Two thirds of patients with painful bone, muscle and joint conditions taking part in the novel pilot project, reported improvements in their health. The Good Boost Project launched in Southwark in April 2021, and was led by King's College Hospital NHS Foundation Trust rehabilitation clinicians, physiotherapists and hospital volunteers. The project aimed to give patients living with long-term MSK conditions (conditions affecting the joints, bones and muscles), those recovering from joint replacement surgery, as well as older patients, the opportunity to keep active.
3. **Community assessment daycommunity assessment day pilots** in 4 SEL boroughs that aim to:
 - Proactively meet patient needs – biopsychosocial needs.
 - Bring care closer to home are held in leisure centres.
 - Support self-management of health focussing on what matters to you.
 - Minimize treatment burden on patients by bringing care to patients and reducing barriers to accessing community services and the voluntary sector.
 - Ease demands on MSK services and demedicalising MSK care using a strength based approach
4. **Community Podiatry services** can be accessed via self referral in all SEL boroughs.

The future direction for MSK services in SEL is moving care closer to home providing easier access and focussing on integrating with the community, charity and voluntary sectors to improve MSK health and long term conditions.