| Question | Response |
|---|--|
| Could you give us some evidence of how need and facilities for Leighton Buzzard are being assessed in relation to the pressures on hospitals and the effect that | |
| active prevention could have on the pressures on GPs ar | d |
| the questions below are the obvious questions that come | |
| to me as a lay person in assessing what is needed. | |
| What is the pressure on the three hospitals in BLMK and Stoke Mandeville from Leighton Buzzard patients who access A&E from Leighton Buzzard when they should be accessing Primary Care? | In November 2022, Leighton Linslade Connections Primary Care Network (PCN) practices provided a total of 27,291 appointments. This is 588.07 appointments per 1,000 population. The PCN rank consistently well. |
| | For the period April 2021 to November 2022, Leighton/Linslade Health Connections (LLHC) PCN had an A&E attendance rate of 471.3 per 1,000 population. That is the fourth lowest rate of all our 23 PCNs. |
| | At our A&E departments in BLMK, we have services streaming patients away from A&E/hospital services if they would be better seen by a primary care service such as being directed to an urgent treatment centre. |
| What economic case or the evidence in this area for services such as a minor injuries clinic, Xray, CCT Scans, ultrasound scans and blood tests and other hospitalised services in Leighton Buzzard | The Integrated Care Board supports the provision of care closer to home where possible. |
| taking pressure off the three hospitals in BLMK ar Stoke Mandeville. Or is the economic model that everyone should travel to hospital for their treatment. | d We routinely review travel distances/times when assessing access to services. |
| What is the economic case for following the example of some London surgeries where the GP has the patient with them in the consulting room | As part of our BLMK Fuller Programme for the transformation and integration of primary care, we have an ambitious plan to develop neighbourhood teams; review how we provide same day primary care; ensure continuity of care to the population who have the most complex health needs and embed prevention. |

| Question | Response |
|--|---|
| and has a teams call with the consultant in the hospital. | We are working with partners to develop ways of working to improve patient experience, including through the use of multidisciplinary teams. |
| | The 'Working Together in Leighton Buzzard' programme is a multi-agency and multi-disciplinary approach to supporting the population with a range of complex health needs. |
| 4. What is the economic case for supporting venues so that community groups could play a significant role in prevention following the report from the All Party Parliamentary group on the effectiveness of arts and culture on health in reducing demand for GP appointments by 37% https://www.culturehealthandwellbeing.org.uk/appginquiry/ | |
| | Our work to develop social prescribing and health coaching will grow access to non-medical services, supported by the proposed neighbourhood teams as part of the "Working Together in Leighton Buzzard" programme. |
| | In November 2022 our data shows that 57% of appointments in the LLHC PCN were delivered by professionals other than a GP, demonstrating the diversity of the primary care teams. |
| 5. What work is happening on recruitment and in making Leighton Buzzard a really attractive facility to train in and develop as a GP so that the low numbers of GPs in this area can be addressed? Output Description: | Our Primary Care Training Hub hosts a number of specific initiatives to locally grow and retain our GP workforce including; |
| | Leighton Buzzard has one GP training practice with the capacity to host a number of GP trainees and we work with the Primary Care Network to ensure |

| Question | Response |
|---|--|
| | all their GP trainees are aware of the packages of support they can access to |
| | retain them within the area. |
| | The Training Hub provides bespoke support to all practices with the |
| | advertisement of their vacancies and the development of attractive recruitment |
| | packages. |
| Can Biggleswade be considered a special case for | The broader Hub programme falls outside the scope of the prioritisation |
| investment in a Hub due to its exceptional circumstances | exercise on which decisions were made at the extraordinary meeting of the |
| with a practice handing back its GMS contract and planned | Primary Care Commissioning and Assurance Committee on 11 January 2023. |
| building of 1500 houses east of the town? | We continue to work with our health and care partners to develop proposals for |
| | integrated health and care hubs across BLMK. |
| | The ICB will continue to support practices and PCNs with addressing |
| | operational pressures as necessary, as we are already doing in the |
| | Biggleswade area. The ICB is pleased to be increasing its expenditure on |
| | primary care estates to just under £11m per annum by 2025/26. |