

## Acute Provider Collaborative Update

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### 1. Purpose

- 1.1. The purpose of this paper is to provide an update to the Board on the current positions of the Thames Valley Buckinghamshire, Oxfordshire and Berkshire West (BOB) Acute Provider Collaborative (APC).

### 2. Programme update

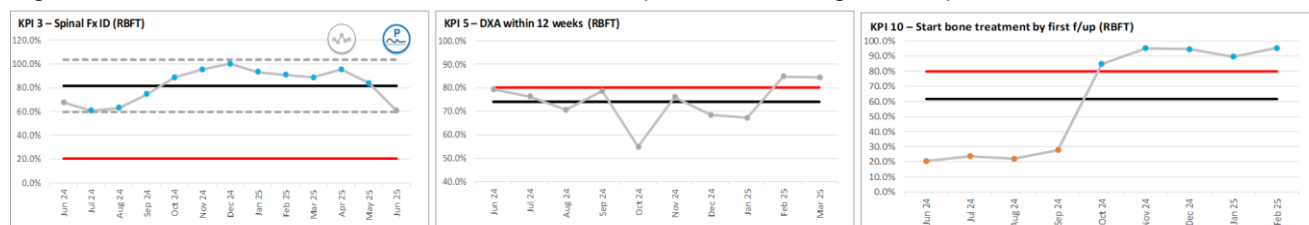
- 2.1. The APC Board met on Monday 27 October. The aims of the meeting were to review the progress that has been completed in the first half of 2025/26, understand the direction of travel for the remainder of the year and have first sight of the proposed priorities for 2026/27, to feed into the operational planning process.
- 2.2. The Board also reviewed the Thames Valley Commissioning Intentions, to ensure that its priorities will support delivery of the system goals in the next financial year.

### 3. Achievements to date

- 3.1. Over the last eighteen months, the Thames Valley APC has shifted the culture of collaboration and partnership between the partner organisations, building trusted relationships that have enabled clinical quality improvements and a commitment to future financial sustainability through corporate services transformation.
- 3.2. Some of the highlights in 2025/26 include:
  - 3.2.1. Supporting approximately 300 patients on the waiting list to transfer to an alternative provider through 'mutual aid', where they have indicated that they are happy to do so.
  - 3.2.2. Establishment of a 'High Volume, Low Complexity' programme, targeting the most highly challenged specialties: ENT, Urology, Orthopaedics and Gynaecology. Each workstream has a clinical lead from one of the acute providers, implementing areas identified by GIRFT to improve clinical quality and operational performance.
  - 3.2.3. Funding secured from NHS England to roll out community-based hearing checks and patient self-guided support for tinnitus, to reduce pressures on Audiology and ENT.

- 3.2.4. Completed the diagnostic phase of the Neurology clinical 'deep dive' with clinicians and operational leads, identifying ways to improve the quality and resilience of services. Recommendations will go to Chief Medical Officers for review in early December.
- 3.2.5. Implemented learning from Oxford University Hospitals NHS Foundation Trust to deliver a new, BOB-wide Fracture Liaison Service, which has increased the identification and treatment of patients at risk of fracture in Royal Berkshire NHS Foundation Trust. Recruitment has now been completed in Buckinghamshire Healthcare NHS Trust and similar results are expected over the next nine to 12 months. The Royal Osteoporosis Society has contacted the APC and asked for a case study on the benefits of collaboration to drive clinical improvement.

Figure 2: RBFT national KPIs for fracture services. Implementation began in September 2024.



- 3.2.6. Implementing a new, shared approach to Advice and Guidance for Rheumatology, reducing unnecessary referrals. An evaluation of the new approach is due in February 2026.
- 3.2.7. Agreed a new pathway between three BOB acute providers for treatment of AMD, supporting biosimilar drug switches expected to start this year.
- 3.2.8. Supporting the cross-system working group for procurement services, strengthening the pipeline of savings opportunities across the five providers in BOB. Using clinical resources from the APC to manage savings opportunities in clinical services.

#### 4. Draft priorities for 2026/7

- 4.1. The APC is engaging with Executive teams over November and December to test the draft priorities for APC in 2026/27. The aim is to agree programmes through the operational planning process. The priorities are set out in Table 1.

Table 1: Draft APC Priorities 2026/27

Programme	Workstream	Planned deliverables in 2026/27
Elective Care Board	Improving Elective Performance	<ul style="list-style-type: none"> <li>Implement shared pathways for HVLC procedures in ENT, Urology, Gynaecology, Orthopaedics and General Surgery</li> </ul>
Clinical Services Transformation	Improve the resilience of Rheumatology services	<ul style="list-style-type: none"> <li>Increase advice and guidance, remote monitoring and asynchronous consultations to improve management of patients at home or in the community</li> </ul>
	Roll out the FLS database and AI tool	<ul style="list-style-type: none"> <li>Improve proactive identification and treatment for patients at risk of fracture.</li> </ul>
	Implement recommendations from Neurology Deep Dive. Launch next deep dive to be agreed e.g. Skin or Oncology	<i>Scoping</i>
	CVD Prevention	<ul style="list-style-type: none"> <li>Clinical review and optimisation of patients with high LDL cholesterol</li> </ul>
Corporate Services Transformation	Scaling People Services	<ul style="list-style-type: none"> <li>Implement recommendations from the Scaling People Services programme.</li> </ul>
	Digital, Data and Technology	<ul style="list-style-type: none"> <li>Implement opportunities for greater alignment on data, digital and technology (identified by March 2026)</li> </ul>
	Procurement	<ul style="list-style-type: none"> <li>Continue to deliver joint procurement initiatives through the ICS cross-system working group.</li> </ul>

## 5. Lessons learned

5.1. The APC is continually learning from what works and what does not, putting in place interventions to support successful implementation and drive impact. To support delivery of the 2026/27 priorities, the APC is recommending the following changes:

5.1.1. Seeking investment from each trust is time-consuming and challenging in the current financial environment. The APC is proposing to ring fence a small pot of investment to support delivery of its priorities. This will need to be signed off by each trust.

- 5.1.2. Clinical leadership is vitally important for success, but it takes time to free up staff to be able to participate in programmes. New clinical deep dives will factor this in, with a longer lead-in time for co-design and development of initiatives.
- 5.1.3. Trust staff are equally key to successful implementation – they have the deep knowledge and expertise, as well as the relationships within their organisations, to drive change. In 2026/27, the APC will fund roles in trusts on a more flexible basis to support and deliver its programmes.

## **6. Thames Valley Commissioning Intentions**

- 6.1. The ICB's commissioning intentions highlight two areas where the APC could support system goals: the clinical services review and reducing clinical variation. The APC is already mapping out areas in which the four acute trusts need to work together to drive out unwarranted variation and redesign clinical pathways to best meet the needs of the Thames Valley population.
- 6.2. The APC will partner with the ICB to agree where the APC will *Support*, *Co-produce*, or *Lead* key system initiatives in 2026/7.

## **7. Recommendations**

- 7.1. The Trust Board is asked to receive this paper for information.