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DATE: 15 March 2021

To: Members of the  
**HEALTH SCRUTINY SUB-COMMITTEE**

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Judi Ellis, Robert Evans, David Jefferys and  
Keith Onslow

Non-Voting Co-opted Members

Roger Chant, Bromley Carer  
Jaime Walsh, Healthwatch Bromley  
Francis Poltera, Bromley Experts by Experience  
Vicki Pryde, Bromley Mental Health Forum

A meeting of the Health Scrutiny Sub-Committee will be held on **TUESDAY 23  
MARCH 2021 AT 4.00 PM**

**PLEASE NOTE: This is a 'virtual meeting' and members of the press and public can see and hear the Committee by visiting the following page on the Council's website:**

**<https://www.bromley.gov.uk/councilmeetingslive>**

**Live streaming will commence shortly before the meeting starts**

MARK BOWEN  
Director of Corporate Services

***Copies of the documents referred to below can be obtained from  
<http://cde.bromley.gov.uk/>***

## **A G E N D A**

- 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**
- 2 DECLARATIONS OF INTEREST**

**3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Wednesday 17<sup>th</sup> March 2021.**

**Please note that all public questions will be answered by written reply.**

**4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 14TH JANUARY 2021 (Pages 3 - 14)**

**5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

*To follow*

**6 HEALTHWATCH BROMLEY - Q3 PATIENT ENGAGEMENT REPORT (Pages 15 - 42)**

**7 UPDATE FROM THE CCG - VACCINATION PROGRAMME (Pages 43 - 60)**

**8 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING (Pages 61 - 64)**

**9 ANY OTHER BUSINESS**

**10 FUTURE MEETING DATES**

- 4.00pm, Tuesday 13<sup>th</sup> July 2021
- 4.00pm, Thursday 7<sup>th</sup> October 2021
- 4.00pm, Thursday 13<sup>th</sup> January 2022
- 4.00pm, Wednesday 20<sup>th</sup> April 2022

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## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 14 January 2021

### Present:

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,  
Robert Evans, David Jefferys and Keith Onslow

Francis Poltera and Vicki Pryde

### Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

## 26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

Apologies for absence were received from Councillor Angela Page – Executive Assistant for Adult Care and Health and Roger Chant.

The Chairman informed Members that Dr Angela Bhan – Borough Based Director, SEL CCG had recently been unwell, and on behalf of the Sub-Committee wished her a speedy recovery.

## **UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

The Chairman welcomed Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites (“Site Chief Executive”) to the meeting and thanked him for attending at short notice to provide an update on the King’s College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that since the beginning of December, the PRUH and South Sites had seen a marked increase in the number of COVID-19 presentations, and this had continued at pace. On the 24<sup>th</sup> December 2020, the PRUH Campus had around 250 COVID-19 positive patients, which was a higher volume than at the absolute peak of the first wave of the pandemic. Numbers had remained steady between Christmas Day and New Year, but had then been followed by a further spike. The most significant day for the PRUH had been the 8<sup>th</sup> January 2021, on which they

had been housing and caring for 297 COVID-19 positive patients, including 18 receiving fully ventilated Level 3 care in ITU and a further 20 receiving Level 2 high dependency care. It was stressed that these were extreme volumes of patients.

Since the 8<sup>th</sup> January, there had been a small reduction in the numbers, which statistically would be considered a downward trend, and as of that day there were 275 COVID-19 positive patients across the PRUH and South Sites (with some being nursed at the Orpington Campus). Currently, there was the capacity to respond to the daily ebb and flow of patients, with only a very minimal number of ITU Level 3 patients having been transferred to Denmark Hill to receive more intensive and complex therapy.

In response to a question, the Site Chief Executive said that when comparing the previous six weeks with the peak of the first wave, the rate of presentations with COVID-19 was 51% higher. This highlighted the marked impact of the second wave, and indicated that the virus was significantly more virulent. However, over the last six weeks there had not been the same need for ventilated Level 3 beds which the PRUH had experienced during the first wave. Presently, there were 18 of these beds open, compared to 28 beds during Wave 1. As a result of the learning taken from the first wave, new and different interventions were being used early on in a patient's admission, such as CPAP positive pressure ventilation. It was too early to say if they would see the same number of deaths that occurred during the first wave, but the number of presentations had been significantly higher, resulting in a far greater impact. With regards to oxygen usage, there had recently been a peak on their system, however they had still been well within tolerance levels. The current oxygen flow to the 550 beds was running at 71%, so there was still plenty of reserves. It was noted that when a patient in ITU was fully ventilated it did not use any more oxygen than positive pressure ventilation.

The Trust had redeployed 243 staff from non-critical and back-office roles, such as clinical and non-clinical education staff, to support frontline healthcare workers. These staff were providing clinical support by delivering care to patients, and non-clinical support by checking ward stocks and making beds. The Trust had continued to offer a range of support to staff through their Wellbeing Hub, which offered a sanctuary for some "downtime" and provided psychological welfare support. This was extremely important as staff were working under immense pressure in an unpleasant and hostile environment. The Site Chief Executive highlighted that staff across the Trust had been affected by COVID-19, with 1,259 staff (around 10% of the workforce) currently absent. Of this cohort, 362 had a confirmed COVID-19 diagnosis, whilst the others were required to either shield or quarantine.

As a health system, the Trust had worked closely with Bromley Healthcare and the LBB Social Care team, who had provided a huge amount of interactive support to move patients through the hospital as quickly and appropriately as possible. There were no concerns regarding delays, and any patient in the PRUH or Orpington Campus undoubtedly needed to be there, receiving care until they were fit and stable. There had not yet been the

requirement to access the regions Nightingale Hospital, which was located at ExCel London, which was being used as a 'step-down facility' during the second wave of the pandemic. It was noted that this was largely due to the strength of the Orpington Campus, which was being utilised as a 'step-down facility' locally.

Since the 24<sup>th</sup> December 2020 other activity at the hospital had been very limited, with operations only taking place for life and limb threatened cases, and this would remain the situation going forward. Members were advised that a national decision had been made to restrict several urgent cases, including some cancer services. This had been a very rigid instruction, which the Trust had already started to soften by bringing in a very small number of cancer patients that week. Whilst this was a concern for both patients and clinicians, they would respond as quickly as they could to progressively increase this number.

In response to a question from the Chairman, the Site Chief Executive advised that a range of patient groups had recently been discussed with him. Due to the downward trend in the presentations of COVID-19 positive patients, it was anticipated that urgent cancer and elective cases could start to be brought in. Any operations that were cancelled had been clinically reviewed at the highest level, and operations would be rescheduled at the PRUH or Orpington Campus during the next week or so.

The Site Chief Executive advised Members that the PRUH had originally been selected as one of the 50 national vaccination centres to deliver the Pfizer COVID-19 vaccine, which they had been administering since the 8<sup>th</sup> December 2020. In collaboration with the Clinical Commissioning Group (CCG), it was decided that the PRUH would invite individuals in the over-80's cohort that had been under the care of the hospital between September – December 2020. This had created an initial "order book" of recipients whilst the CCG prepared their model for delivering vaccine support. The PRUH was not currently delivering any "new" vaccines to the over-80's, as the Primary Care Networks had now taken over vaccinating the general population. However they were continuing to vaccinate NHS, Social Care and Council staff.

In response to a question, the Site Chief Executive said that when the 50 vaccination centres had been initiated, the national instruction had been that the second dose of the vaccination should be given between 21 and 28 days after the first, for any population group. Subsequently, central government had changed this instruction, as allowing more of the general population to receive a vaccine sooner would reduce the overall burden of COVID-19. There was also emerging clinical evidence from the government that a greater gap between the two doses strengthened the vaccine in the body. It was unfortunate that central government had amended its guidance, and therefore two different services were being delivered to the population. The Site Chief Executive acknowledged the frustration of Members and their constituents, but the PRUH was just applying the national instructions. The Portfolio Holder for Adult Care and Health noted that this issue was not unique to the PRUH,

as she was aware that this had also been the case at Beckenham Beacon Hospital, with some constituents having already received their second dose of the vaccination.

Members were informed that during late December 2020, there had been an issue whereby residents were unable to access the PRUH by telephone over a three day period. The Site Chief Executive noted that this had been due to an issue with an external switchboard, which needed to be resolved by an external contractor, and had therefore been out of their control. This had now been resolved and they were continuing to respond to new vaccination requests for NHS, health and social care workers; follow-up vaccinations for the initial cohort of over-80's; and patients requiring emergency treatment.

Members passed on their thanks to the Site Chief Executive, and his staff, for all the work they had been undertaking, and enquired if any further support could be provided by the Council, and residents. The Site Chief Executive acknowledged this kind offer, but advised that they just needed them to continue to amplify the government messages around social responsibility; maintaining social distancing; and the wearing of facemasks. It was noted that the Trust were very fortunate to have ample stocks of PPE and welfare provision, and hospital charities had been providing other items to staff, such as hand cream. It was highlighted that due to the distinct restrictions within the working environments of the hospital site, and whilst acknowledging they were very kind offers, they did not want to receive food donations as they were difficult to distribute.

On behalf of the Sub-Committee, the Chairman thanked the Site Chief Executive for attending the meeting. It was agreed that an official message of thanks from the Sub-Committee would be drafted and circulated to staff across the Trust.

## **27            DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **28            QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

## **29            MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 21ST OCTOBER 2020**

**RESOLVED** that the minutes of the meeting held on 21<sup>st</sup> October 2020 be agreed.

### **30 UPDATE ON THE SINGLE POINT OF ACCESS (SPA) AND DISCHARGE ARRANGEMENTS**

The LBB Assistant Director for Integrated Commissioning provided an update to the Sub-Committee on the Single Point of Access (SPA) and discharge arrangements.

On the 19<sup>th</sup> March 2020 the government had published its 'COVID-19 Hospital Discharge Service Requirements' which stated that unless required to be in hospital, patients must not remain in an NHS bed. The guidance required acute trusts and community health and social care providers to work together to deliver a discharge to assess model that facilitated immediate discharge from hospital with assessment of need taking place in the community.

The guidance outlined four discharge pathways – pathway 0, where patients were discharged home with no further support, was managed by the Trust; and pathways 1-3, where discharge required further support in the community (such as requiring domiciliary care; a rehabilitation bed; or care in a residential / nursing home), were accessed via a Single Point of Access (SPA) for community health and social care services.

Each area was required to establish a SPA and had been provided with some additional funding to do so. The government had also underwritten some of the early parts of the discharge process and since March, the first six weeks of discharge were covered by NHS COVID funds. The SPA was required to:

- Function seven days a week, 8am-8pm;
- Provide a single route for all community health and social care services;
- Accept assessments from hospital staff on the needs of individuals;
- Use multi-disciplinary teams on the day of discharge to assess and arrange packages of support;
- Provide timely access to equipment; and
- Maintain the flow of patients through the pathway, ensuring assessment of long-term care and support needs were undertaken following a period of recovery.

Led by Bromley Healthcare, partners from across the system (the PRUH and King's College Hospital NHS Foundation Trust; the Local Authority; Oxleas and St Christopher's), had collaborated resources to form a SPA and worked as a Multi-Disciplinary Team (MDT) to simplify the hospital discharge process. The key features of the SPA were:

- Discharge to assess (so needs can be evaluated most appropriately);
- Single referral process (bringing together what was a complex system with multiple discharge pathways into a single, simple process);
- Clinical triage (nurses and therapists efficiently triage to ensure clients access the most suitable service);
- Streamlined referral pathways (revised protocols for referral pathways which enabled timely allocation);
- Welfare calls (management of welfare calls/visits for all clients discharged from hospital, including ED, ensuring safe discharge); and

- Virtual Multi-Disciplinary Team (partners coming together to provide a whole systems approach to managing a client's transition).

Data provided on the SPA's activity between March and December 2020 highlighted the volume of its work, processing on average 576 referrals per month. During this period, around 50% of the patients discharged from the PRUH had been supported through the SPA, with a large number requiring further nursing and domiciliary care. A Member asked for further clarification regarding the columns of percentages listed for each pathway (Table 1, 5<sup>th</sup> slide of the presentation). The LBB Assistant Director for Integrated Commissioning responded that the left-hand column indicated the government's prediction of the percentage of patients that would be discharged via each pathway, while the right-hand column provided the actual percentages for each pathway that had occurred in Bromley. Bromley was operating slightly differently to the government's expectations, which could partly be due to the borough having an older population.

The benefits of the SPA were that it allowed patients to be discharged from hospital in a timelier and client focused way, with them feeling safe and supported. Bringing partners together had also allowed greater flexibility with pooled knowledge and resources, making them more responsive to the changing needs of patients, as well as the pandemic itself. It was noted that the future of the Bromley SPA needed to be considered – it was a fantastic resource for residents which was working well, but it was “held together” by the additional financial resources provided by the government. Before the end of the pandemic these processes would need to be reviewed, to consider if they could be sustained – learning and development would be taken from the SPA to support future arrangements, but it was a very specific vehicle to support the current crisis.

There were currently no discharge delays, and the SPA was working with healthcare providers to ensure that patients were discharged in a safe and timely manner. A number of patients in the PRUH were very unwell, and as a result were spending longer periods of time in the hospital and required more support at the point of discharge. The LBB Assistant Director for Integrated Commissioning informed Members that he chaired a weekly meeting attended by the agencies and professionals whose teams were responsible for discharge. They reported that the system was working well, however it was not without its challenges, including outbreaks of COVID-19 amongst staff and residents in some care homes. Some domiciliary care agencies were more hesitant about accepting discharges of COVID-19 patients. To help address this, they were working closely with these agencies, and were also looking to increase the number of domiciliary care agencies used in case there were further demands on the system. Members were advised that COVID-19 vaccination programmes for both residents and staff were underway across the borough's care homes. All local health and care providers were being contacted to organise the first vaccination for their staff by mid-February 2021.

In response to a question regarding the cost of the SPA and discharge arrangements, the LBB Assistant Director for Integrated Commissioning



highlighted that the government, through the NHS, were underwriting the costs at the point of discharge for the first six weeks of a patients' care. During this period, assessments were undertaken, and decisions made as to who would pay for any ongoing care. This speeded up the process and simplified the working process. Similar arrangements had been established across the country, which had worked successfully, and it was anticipated that the government would want to take some learning from these processes. An evaluation of the SPA's impact was being undertaken locally, to look at how partners could sustain their collaborative effort and the ability to afford it.

The Chairman thanked the LBB Assistant Director for Integrated Commissioning for his presentation to the Sub-Committee.

### **31 GENERAL UPDATE - BROMLEY HEALTHCARE**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare provided an update on the work being undertaken by the organisation.

The Bromley Healthcare incident room had been running via a mixture of physical and virtual attendances since March 2020. In December 2020, this had been stepped back up to daily meetings, alongside which the following had been rapidly mobilised and implemented:

- Cataloguing over 400 separate items of guidance;
- Issuing more than 1 million items of PPE to staff (since the beginning of the pandemic);
- Completing six daily situational reports (Sitreps);
- Rolling out rapid lateral flow testing for patient facing staff from 14<sup>th</sup> December 2020, and extended to the whole organisation from 21<sup>st</sup> December 2020, with twice weekly testing being undertaken; and
- Issuing 500 laptops and 400 phones to enable remote working.

The Chief Executive Officer emphasised that their staff had been outstanding, and extremely flexible. It was noted that the increase in COVID-19 related workforce absences were in line with local population increases. As of the 12<sup>th</sup> January 2021, the organisation had 100 staff sickness absences, of which 57 were COVID-19 related (5% of the workforce). Some of these absences were in key services, however these were being managed through additional bank and agency shifts. A small number of staff had been redeployed, although it was highlighted that this was at a much lower level than during the first wave of the pandemic.

As services had recommenced following Wave 1, patient interventions had started to increase, along with a corresponding increase in activity. The referrals during October and November 2020 were above the levels seen for the same period in 2019. Over the last four months there had been a focus on reducing the waiting lists that had built up during the first wave of the pandemic. Overall, most areas were now “back on track”, and in line with their key performance indicators (KPIs). During the second wave, they had been

successful in keeping as many services as possible operating in some format, including their Hollybank site which had been open and fully functioning.

With regards to Hospital Discharge Services, the key to its success had been the close partnership working with the PRUH, CCG and Local Authority. There had been a reduction in the length of stay (LOS) and an increase in the number of discharges. LOS in the home pathway had continued to decrease, with patients spending 1.5 fewer days (-6%) on the pathway in Quarter 3 2020-21, compared to the same period the previous year. LOS in beds had continued to decrease further. In Quarter 3, a patient spent on average 4 days fewer (-20%) on the pathway, compared to the same period the previous year, with an increase of 10 patients (+9%) discharged in the period to date. Members were informed that Foxbury rehabilitation unit had experienced a small outbreak of COVID-19 before Christmas, which had been safely managed. The team had recently been joined by a new geriatrician, who was now providing support to the unit, and in conjunction with the PRUH, had developed a community IPAC proposal which would be launched in the coming weeks.

The Bromley Community COVID Monitoring Service (BCMS) provided community support to residents that were COVID-19 positive. Patients received daily phone calls from the service, and there was also a hotline number which patients could call 24 hours a day, 7 days a week, with any concerns. The service was manned by GPs, Community Matrons and Respiratory Nurses, and they could refer patients on to the GP Alliance hub, or organise a home visit. There had been 4,302 admissions into the service, 473 of which were readmissions. During the past seven days, the service had received 252 referrals, with 268 referrals having been received the previous week. The caseload currently stood at 183 patients. Over recent weeks, there had been a significant increase in referrals, and the team were now undertaking round 150 daily phone calls. An initiative had been introduced the previous day, whereby low-risk patients could send in their readings, allowing staff to dedicate more time to their high-risk patients.

During the pandemic, Bromley Healthcare had successfully mobilised the new Bromley 0-19 Public Health Service, which would be discussed in more detail later in the meeting. In collaboration with the PRUH, they had also established the urgency respiratory service for adults, and a new Hospital@Home service for children would commence from the beginning of February 2021. The organisation had also received two regulatory visits during October and November 2020. Both visits had been challenging – Ofsted had visited Hollybank on the second day after it reopened, and the CQC inspection of the 0-19 Service had taken place only five weeks after they had taken over the contract. Overall, the Ofsted inspection had been positive, with only a couple of areas “to be worked on”. Good feedback had also been received from the CQC, and they were awaiting the final report being published.

The Chief Executive Officer noted that historically, the staff uptake of the flu vaccination had been relatively low, and therefore this year they had focussed on increasing it. Currently, 439 staff had received their vaccination, which was

an uptake of 76%. A patient reference group had been enlisted to provide some quotes and share stories of why they felt healthcare professionals should get the flu jab. COVID-19 vaccinations had also commenced, with over 70 staff members having received their jabs at the PRUH, which it was noted had been an extremely well organised process.

Members were informed that Bromley Healthcare had published their People Plan, the key focus of which had been on keeping colleagues safe and looking after the wellbeing of the team – risk assessments had been completed for all staff, into which wellbeing discussions were being incorporated.

The Chairman led Members in thanking Jacqui Scott and Janet Ettridge for the update regarding the work of Bromley Healthcare.

## **32 UPDATE ON THE 0-19 SERVICE - BROMLEY HEALTHCARE**

The Sub-Committee were provided with an update on 0-19 Public Health Service being delivered by Bromley Healthcare, presented by Fe Akers, Associate Director for Children's Services and Loretta McGurry, Head of Health Visiting – Bexley and Bromley 0-19 Service (“Head of Health Visiting”).

The Associate Director for Children's Services advised Members that the 0-4 element of the service had transferred on the 1<sup>st</sup> October 2020. Due to the pandemic, mobilisation had been slightly different to what they were used to, but the transfer had gone as well as expected.

The Head of Health Visiting informed Members that the Health Visiting and Family Nurse Partnership (FNP) were based in three localities across the borough (central Bromley, Penge and Orpington), in alignment with the Children and Family Centre reach areas. Health Visitors led the delivery of the 0-4 Healthy Child Programme, which was provided in partnership with other agencies, providing a universal offer for all, and more intensive support for the families that required it the most. The 0-4 element now formed part of the 0-19 Public Health Nursing Service with health support for schools, and offered families seamless support. Post-pandemic, there was the potential for child health clinics to run alongside Speech and Language and Dietetic drop-in sessions.

At the time of transition, there had been one Head of Service; 3 Operational Leads; an FNP Supervisor; 36 Health Visitors; 16 Nursery Nurses; 3 Family Nurses and 9 Administrators. The aim had been to maintain the safety of clients and ensure that service and quality standard were maintained during the transition. Progress to date had included the recruitment of three fulltime Health Visitors, who would be starting in post shortly – this left only a 3.5% vacancy rate in Health Visiting, which was the lowest it had been for some time. They were also in the process of recruiting an FNP Supervisor, for which the interviews would be taking place the following week. In terms of service delivery, a centralised duty system had been established which was the “front

door” for any client queries. Due to some staff being required to self-isolate or having COVID-19 related sickness, a centralised rota and allocation tool was being used to plan across the service, and was working well. Communication had been vital due to the high volume of remote working, and fortnightly team and leaderships meetings had been held. The team had also been developing processes and standards, aligning them across Bexley and Bromley and sharing best practice. Access to the service had been increased via duty and appointment only clinics – this included the appointment only weight clinics, which had been increased from 27 to 51, and allowed any client whose weight needed to be monitored to receive an appointment within a matter of days. Demand and capacity were being monitored on a weekly basis, in collaboration with commissioners. They were also engaging with teams and seeking feedback and ideas from them, particularly in relation to service delivery and the EMIS template designs.

The Head of Health Visiting advised Members that during October 2020, the Health Visiting teams had delivered more than 7,000 contacts, of which 4,000 had been first appointments such as antenatal or new births. The FNP consisted of three fulltime nurses and a Supervisor, who had delivered in excess of 150 face to face contacts. The Infant Feeding Team consisting of an Infant Feeding Nurse and two Nursery Nurses, and had delivered 150 contacts over the same period, which highlighted how responsive they had been to new mums.

With regards to safeguarding during the first period of lockdown, it was noted that whilst the number of children with Child in Need (CIN) and Child Protection Plans had not differed greatly, there had been an increase in the number of meetings. There had been over 130% more core group meetings between April – June 2020, and the number of CIN meetings had also increased by 81%. During stage 1 of COVID-19 recovery, the aim had been to prioritise home visits for families that: were not known to the service; where there was a safeguarding concern; and families where there was vulnerability or clinical need and the Health Visitor had judged a visit to be clinically necessary. Face to face visits had been maintained for:

- all new birth visits;
- removal in under 1’s;
- families where there were safeguarding concerns;
- mandated contacts for families with additional needs;
- antenatal where health and/or safeguarding concerns had been identified;
- faltering growth, infant feeding appointment only clinics.

Appointments had been provided virtually for universal antenatal; 6 to 8-week reviews; and 1- and 2-year reviews. The extended central duty system had ensured access and responsiveness for clients contacting the service in lieu of drop-in sessions.

COVID-19 had been the main challenge faced by all services, and the requirement for them to be delivered in different ways – the COVID SOP had been reviewed weekly, and staff had been given laptops and phones to enable remote working. Following the suspension of drop-in clinics, the

service had needed to ensure that families knew how to contact them. The service had also worked to improve the number of Health Visitor vacancies, with recruitment already underway. Other challenges faced had included the data migration on transfer of the service, and staff adapting to a new clinical records system. As mitigation, lead Health Visitors had been provided with access to the clinical records of the previous service provider. A staff training plan had been developed, and ad hoc training would be provided where necessary.

The Head of Health Visiting informed Members that there would be a number of enablers and opportunities for the service. This would include an increase in the CAFs enabled by the adapted BCP assessment form, and feedback from staff would be used to ensure that the EMIS template developed would collect data in an accurate and user-friendly way. It was noted that the shared record system with allied health professionals and GPs would be invaluable for improving their collaborative working, as would the co-location of the central Bromley Health Visitor team with allied health and specialist children's teams. In the future, there was also the potential to work with the school nursing teams. The "next steps" for the service included increasing and improving their collaborative working with the Early Intervention and Health for Schools and Early Years Settings. They would also establish a joint training plan; undertake weekly reviews of COVID SOP and complete the BFI Level 3 reassessment in March 2021.

The Associate Director for Children's Services noted that there was a Bromley 0-19 website (<https://www.bromley0to19.co.uk>), which Members were encouraged to view.

On behalf on the Sub-Committee, the Chairman thanked Fe Akers and Loretta McGurru for their presentation on the 0-19 Public Health Service.

### **33 OXLEAS MENTAL HEALTH SERVICE UPDATE (VERBAL UPDATE)**

The Chairman noted that apologies had been received on behalf of Oxleas NHS Foundation Trust, and their item would be deferred to the next meeting of the Health Scrutiny Sub-Committee.

### **34 HEALTHWATCH BROMLEY - Q2 PATIENT ENGAGEMENT REPORT**

As the Healthwatch Bromley representative was not present at the meeting, the Chairman noted that a response to questions relating to their Quarter 2 Patient Experience Report, received from the Co-opted Member representing Bromley Experts by Experience, would be followed up outside of the meeting.

**35 HEALTH SCRUTINY SUB-COMMITTEE INFORMATION BRIEFING**

The Health Scrutiny Sub-Committee Information Briefing comprised of one report:

- Executive Report – Consideration for Agreement to Exempt from Tendering: Service for Co-Occurring Mental Health, Alcohol and Drugs Conditions.

The Chairman informed Members that the recommendations in the report had been agreed at the meeting of the Council's Executive the previous evening.

**36 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING**

The Chairman noted that a number of the matters outstanding related to the PRUH and its Emergency Department, and had been marked as 'in progress' for some time. Members were asked if responses to these issues were still required. A Member responded that a lot had changed since January 2020, as a result of the pandemic. It was agreed that the key issues should instead be discussed with the Site Chief Executive and his team, and removed from the work programme.

**37 ANY OTHER BUSINESS**

There was no other business.

**38 FUTURE MEETING DATES**

4.00pm, Tuesday 23<sup>rd</sup> March 2021

The Meeting ended at 5.18 pm

Chairman

**PATIENT EXPERIENCE  
REPORT 2020**

**Q3: October - December**

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# Introduction and Executive Summary

Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

Healthwatch Bromley has a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty in Bromley, a comprehensive Patient Experience data collection programme is operated. Annually this yields approximately **2,400** patient experiences.

This is the seventh Patient Experience Report for Healthwatch Bromley. Your Voice in Health and Social Care (YVHSC) took over the provision of Healthwatch Bromley in April 2018 when an online Digital Feedback Centre was launched together with the Healthwatch Bromley website.

Normally, Healthwatch Bromley Patient Experience Officers and volunteers visit health and social care services to gather feedback from patients, service users, carers, and relatives about their experiences of local services. These patient experience comments and reviews are gathered using a standard form (see appendices 1 & 2).

During the current COVID-19 pandemic, because of restrictions put in place by the government, collecting feedback on a face to face basis had not been possible. Instead, during this quarter, patient experience feedback has been gathered in two ways. Firstly, a number of Bromley residents have been contacted by telephone in order to seek their views and secondly, online platforms such as [www.nhs.uk](http://www.nhs.uk) and [www.careopinion.org.uk](http://www.careopinion.org.uk) have been used to gather patient experience comments.

# Introduction and Executive Summary cont.

Whilst we aim to gather patient experience comments and reviews from a representative sample of Bromley's population, we acknowledge that the type of service used varies from person to person and varies at different stages in people's lives. Some people, of course, do not use services at all. All those contacted are asked for their monitoring information but some do not wish to provide this information.

The outreach element of the Healthwatch Bromley Patient Experience Programme is, in normal circumstances, supplemented by community engagement work. However, the Healthwatch website ([www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)) continues to be available for the public to visit and independently provide service feedback and comments. Our questions are uniform across the Digital Feedback Centre and the physically collected forms.

This report covers the Quarter 3 period, October to December 2020. During this time, **407** reviews were collected. Of the total number of patient experiences received, based on the star rating provided by patients (see next page), **299 (74%)** were positive, **12 (3%)** were neutral and **96 (23%)** were negative. The information presented within this report reflects the individual patient experience of health and social care services and captures genuine observations and verbatim comments from the community.

Healthwatch Bromley presents this information for consideration and anticipates that it will be used to highlight good practice but also to improve service provision.

# Overall Patient Reviews

The number of patient reviews received this quarter is **407**. The table below shows a breakdown of the positive, neutral and negative patient reviews.

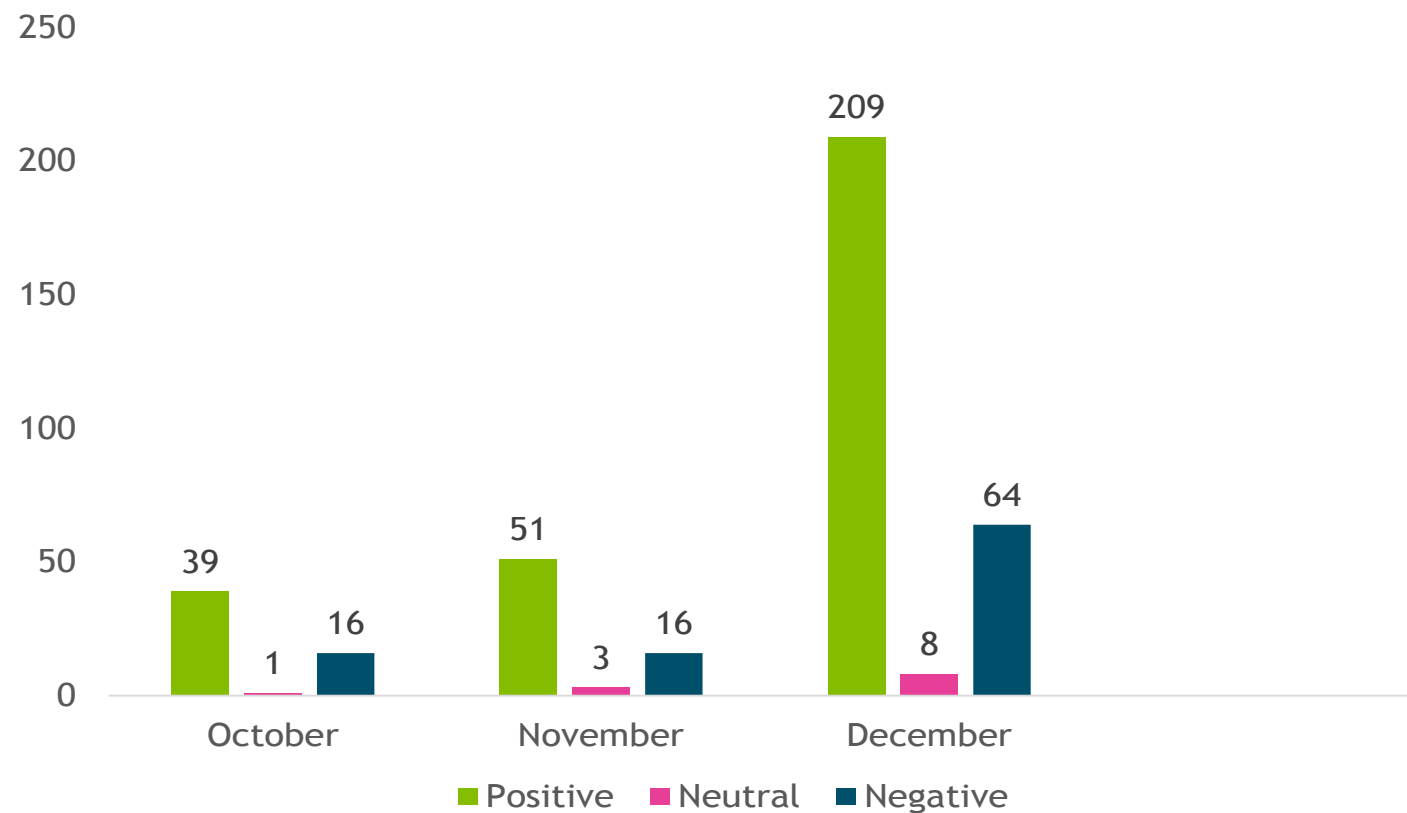
Each patient is asked to give an overall star rating out of 5 stars for a service. Star ratings of 1 and 2 indicate a negative response; 3 indicates neutral; 4 or 5 indicate positive. This quarter **299** positive, **12** neutral and **96** negative responses were recorded (see the appendices for examples of our physical and online feedback questionnaires).

Month	1 - 2 Star Reviews (Negative) ★ ★	3 Star Reviews (Neutral) ★ ★ ★	4 - 5 Star Reviews (Positive) ★ ★ ★ ★ ★
October	16	1	39
November	16	3	51
December	64	8	209
<b>Total</b>	<b>96</b>	<b>12</b>	<b>299</b>

# Overall Patient Reviews

This chart provides a breakdown of positive, neutral and negative reviews for each month, based on the overall star ratings provided.

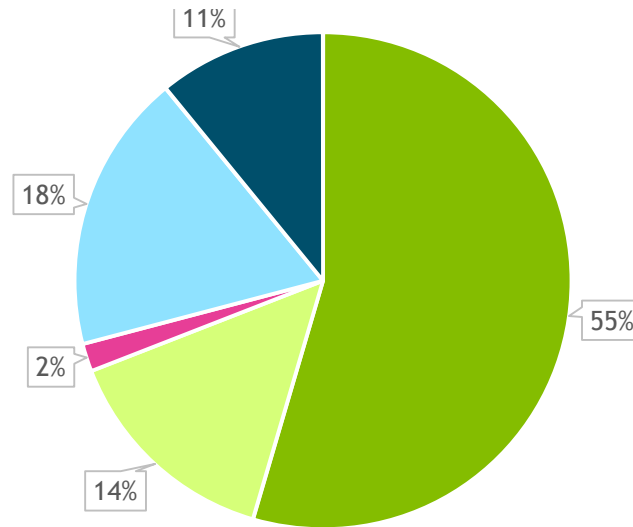
Total Positive, Negative & Neutral Reviews for Q3



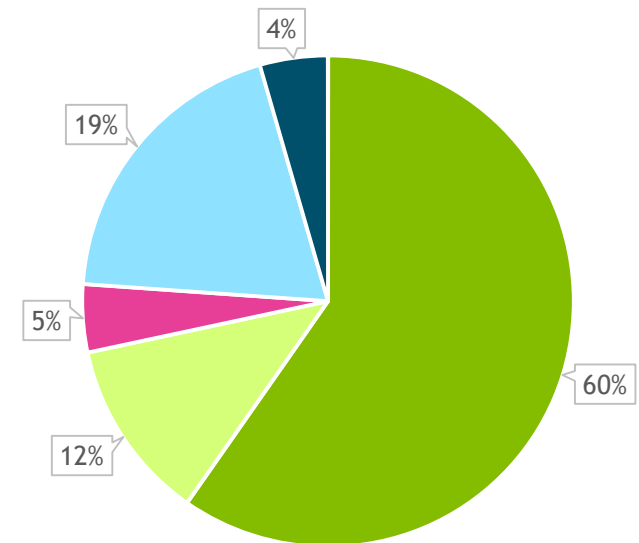
# Overall Patient Reviews: Star Ratings

- These pie charts show the breakdown of star ratings for each month and for the whole quarter.
- In each month the 5 star rating received the highest proportion of reviews.
- The star ratings for services show that Bromley residents are generally satisfied with the services.

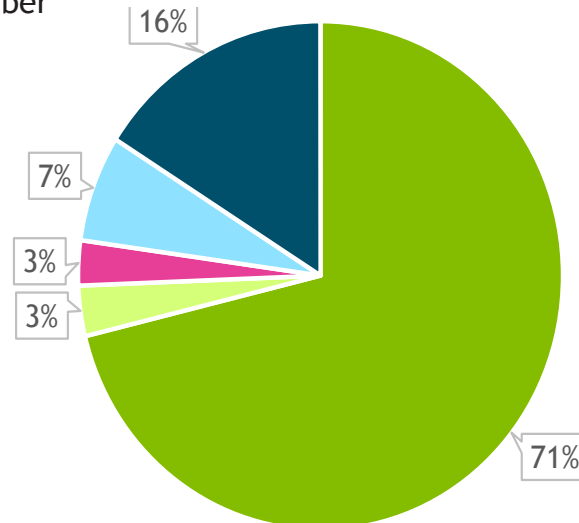
October



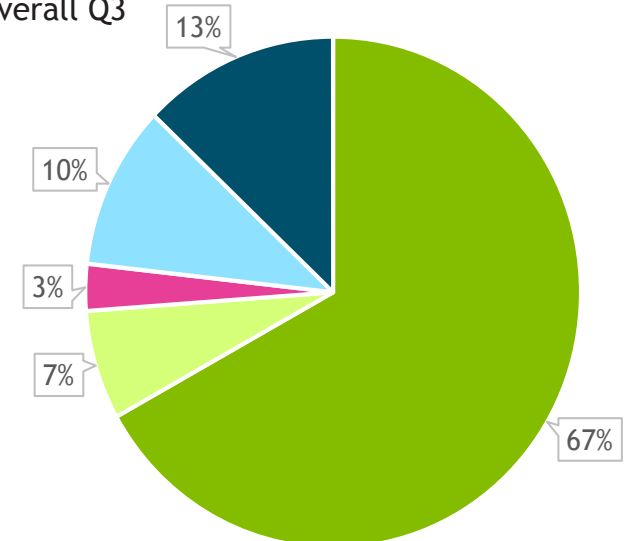
November



December



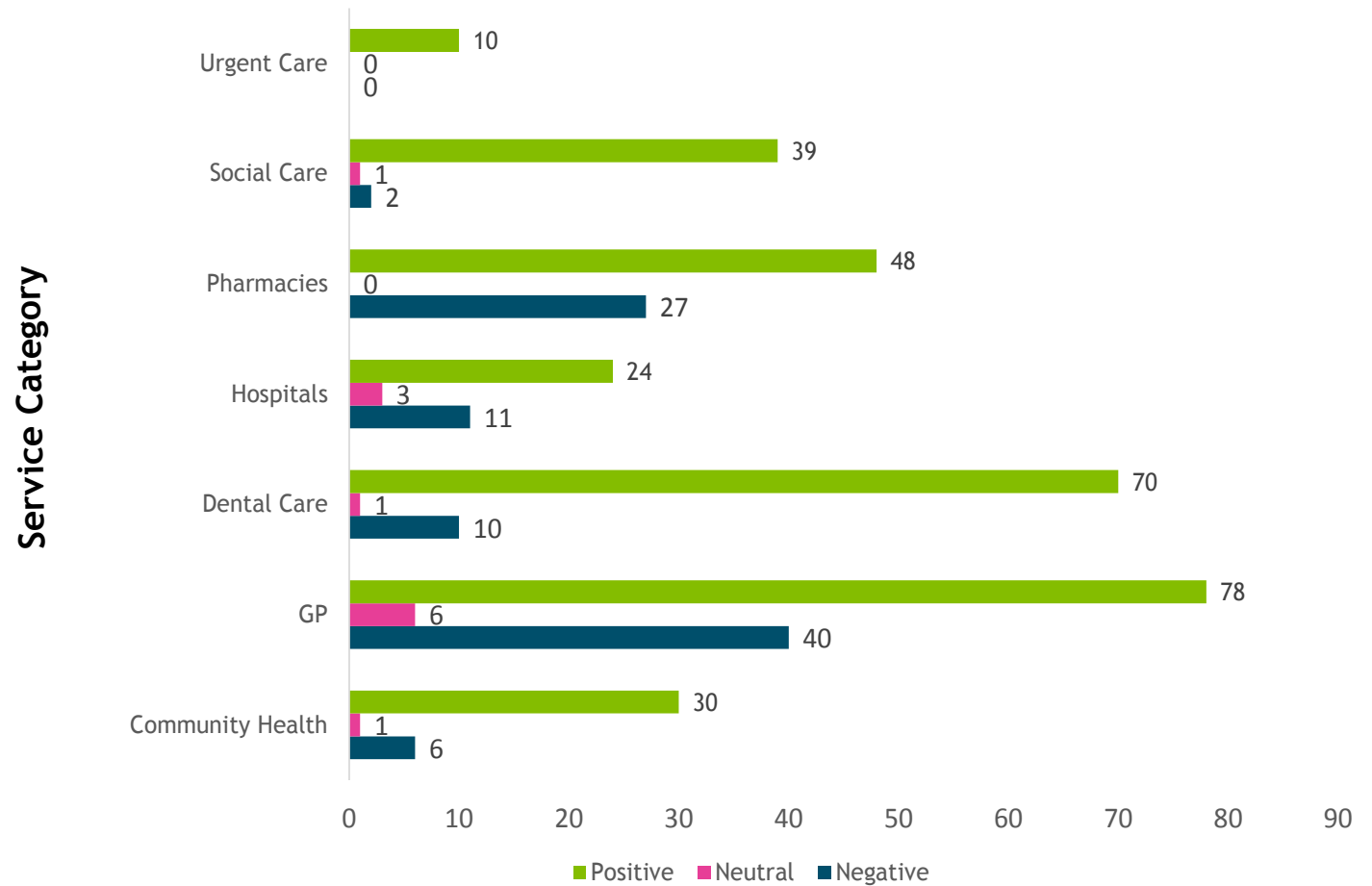
Overall Q3



# Reviews for major services

- The patient reviews recorded for this quarter cover seven service categories, as seen in this chart.
- The category with the highest number of reviews recorded is the **GP category (124)**, followed by the **Dental Care category (81)** and **Pharmacies (75)**.

Reviews for major services



# Distribution of Positive & Negative Reviews

This table compares the number of negative and positive reviews for each service category.

The 'Urgent Care' received the highest proportion of the positive reviews - 100% (10) followed by 'Social Care' with 93% (39). Another service category that received high proportions of the positive reviews were 'Dental Care' with 86% (70).

The service categories that received high proportions of negative reviews were 'GPs' with 32% (40) and 'Hospitals' with 29% (11).

Service	Positive	Neutral	Negative	Total
Community Health	30	1	6	37
Bromley Hospitals	24	3	11	38
Dental Care	70	1	10	81
GP	78	6	40	124
Pharmacy	48	0	27	75
Social Care	39	1	2	42
Urgent Care	10	0	0	10
<b>Total Reviews per Service Category</b>	<b>299</b>	<b>12</b>	<b>96</b>	<b>407</b>

# Themes

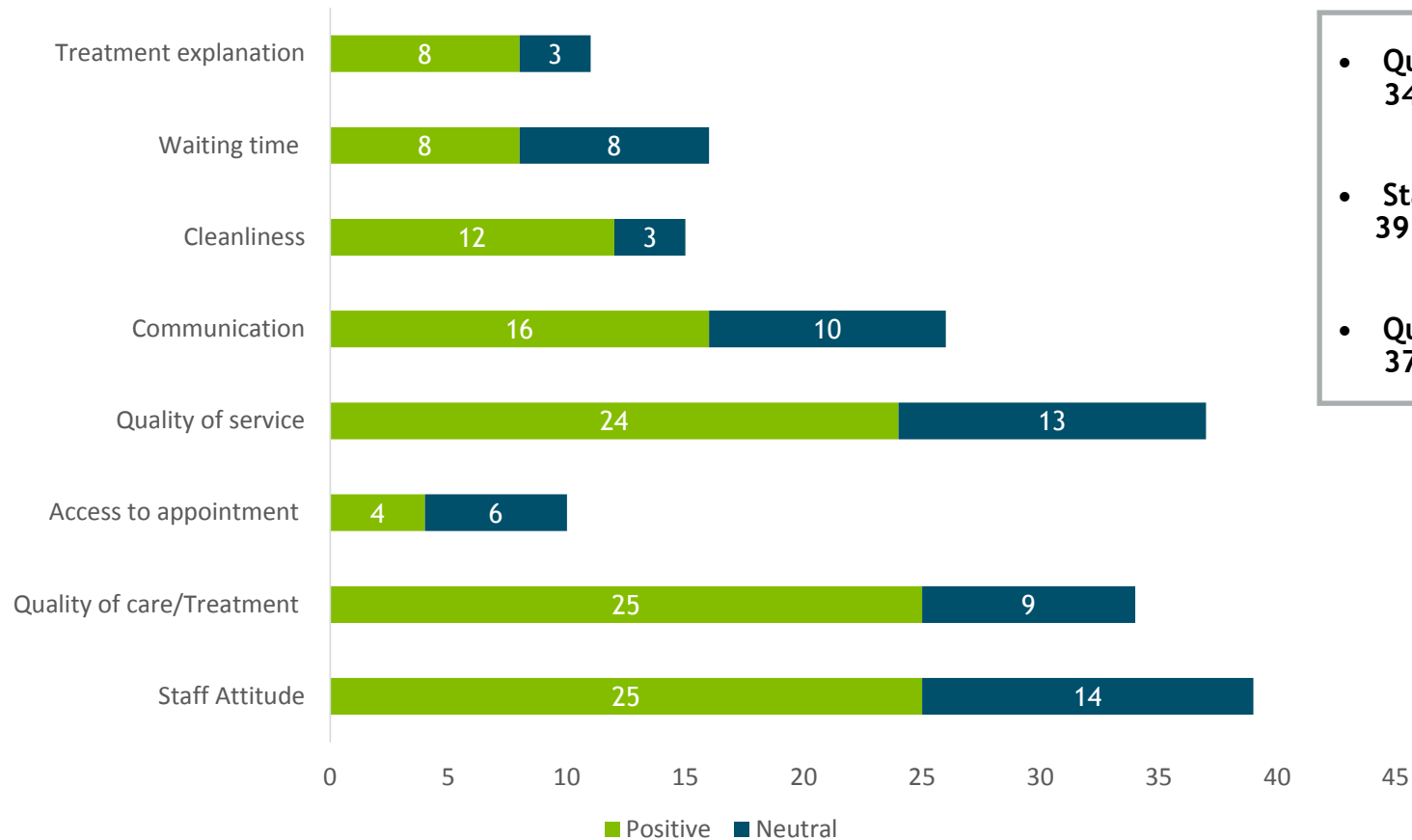
This section shows a breakdown of the main themes for service areas where we received a significant number of reviews, **Pharmacies, GPs and Dental care**. After asking patients for an overall star rating of the service we ask them to “Tell us more about your experience”. (See the appendices for examples our physical and online questionnaires).

Each comment is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see appendix ii. for a full list). Depending on the content of the comment it may have one or more themes attached to it. For this reason, the total number of themes will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, neutral or negative sentiment is recorded.



# Themes/Trends for Pharmacies

Themes



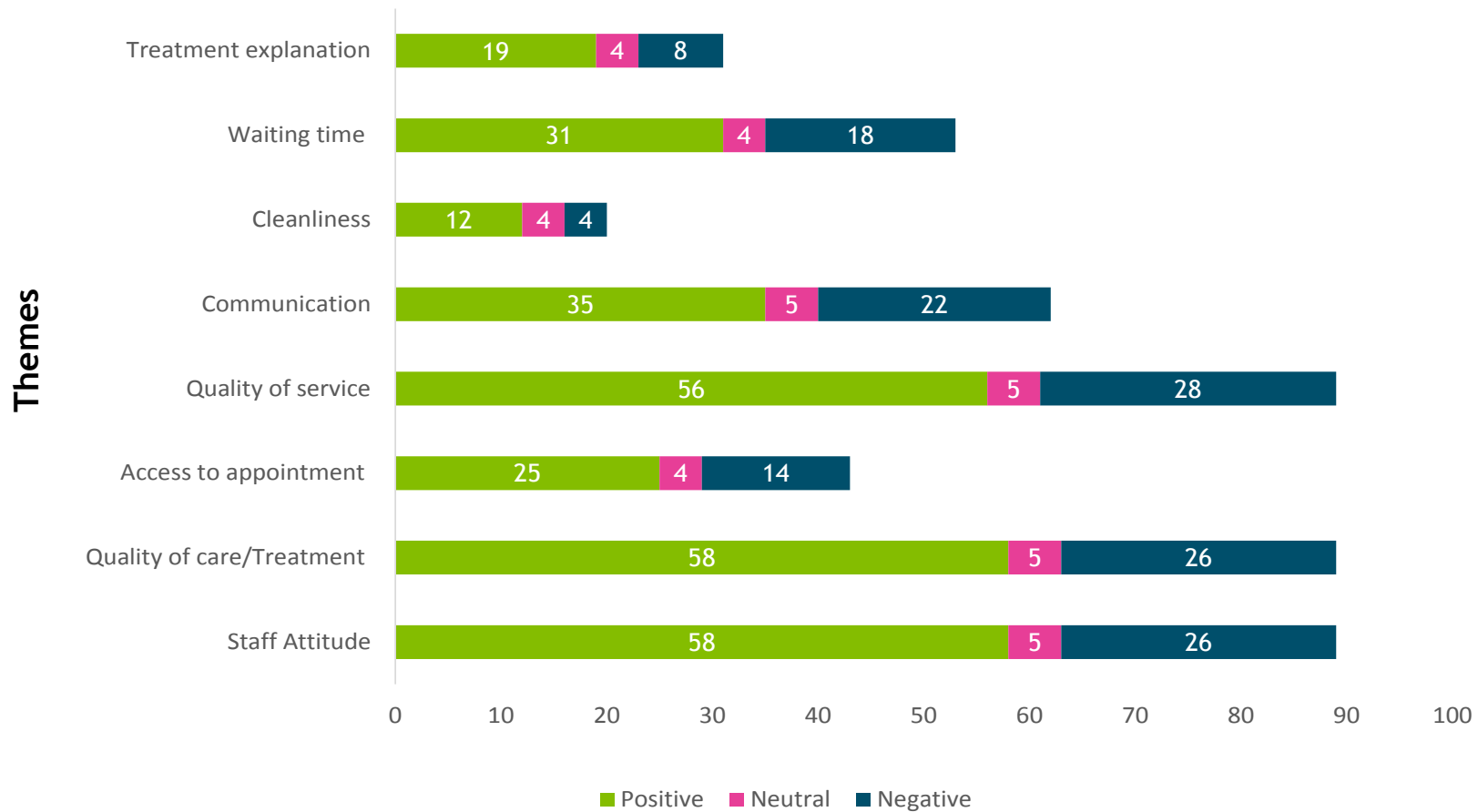
- **Quality of care/treatment**  
34 responses, 73% positive
- **Staff attitudes**  
39 responses, 64% positive
- **Quality of service**  
37 responses, 64% positive

Page 25

The majority of responders were satisfied with the delivery of their medicines to their home despite the fact that some had to pay extra money for the service. Some issues with long waiting times were reported around the delivery of prescriptions. Some also experienced a positive response around flu jab.

# Themes/Trends for GPs

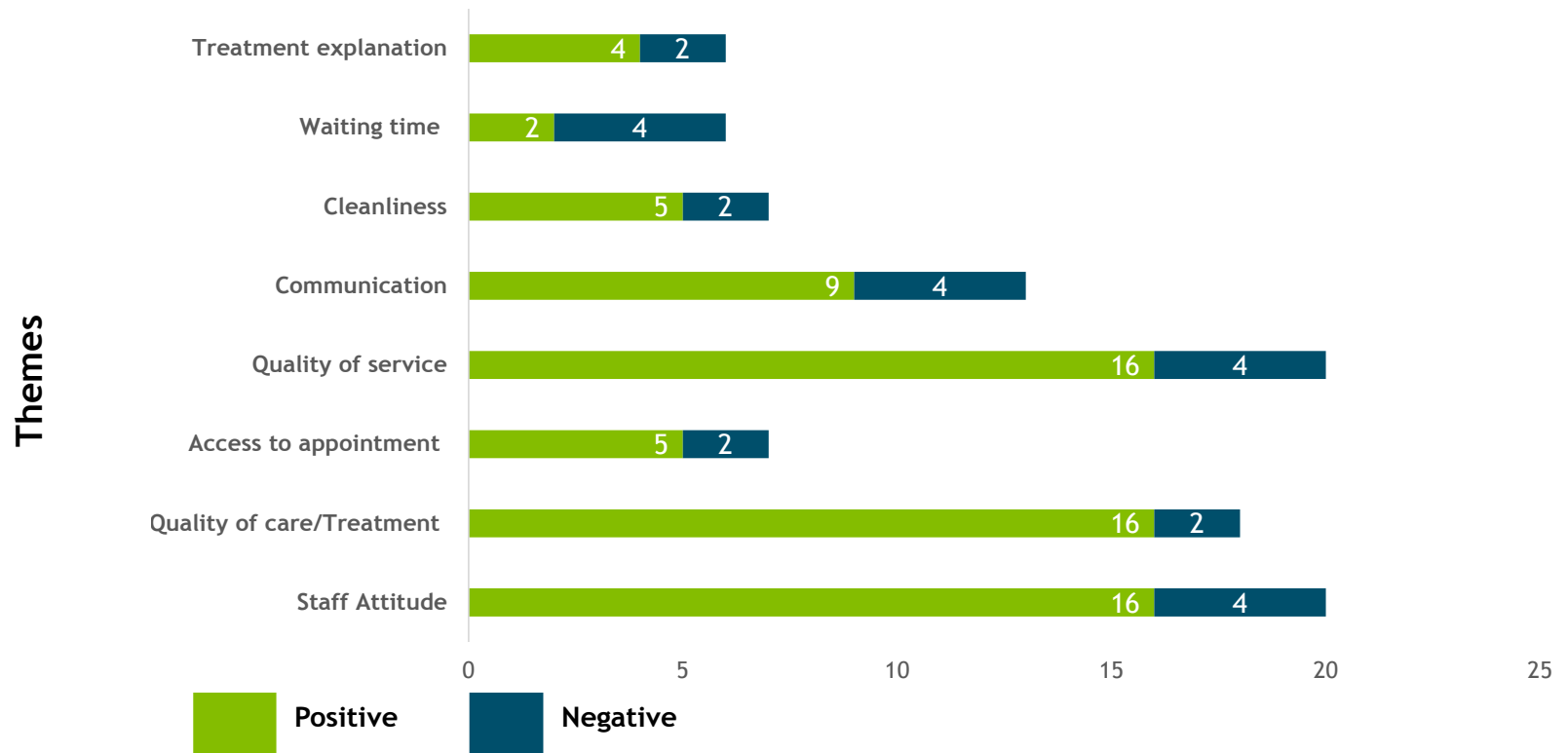
For GPs, 'Quality of care/treatment' received **89** reviews, with **65%** positive, 'Staff attitudes' received **89** reviews, with **65%** positive, 'Quality of services' received **89** reviews, with **62%** positive, 'Communication' received **62** reviews, **56%** positive.



Many GP surgeries have established good online appointment systems that are easy to navigate and through which it is easy to book appointments. Patients reported that for some GPs, getting through by phone was time consuming as lines were constantly busy. Some complained that it was very difficult to make urgent appointments. Compared to the feedback received in the last quarter, many patients now feel confident in using online appointment systems. However, some still preferred, and needed, face to face appointments as they did not feel comfortable explaining their issues over the phone or online.

# Themes/Trends for Dental Care

In the review of Dental Care, 'Quality of service' received 20 reviews, 80% of which were positive; 'Staff attitude' received 20 reviews, of which 80% are positive. 'Quality of care' received 18 reviews 88% of which were positive.



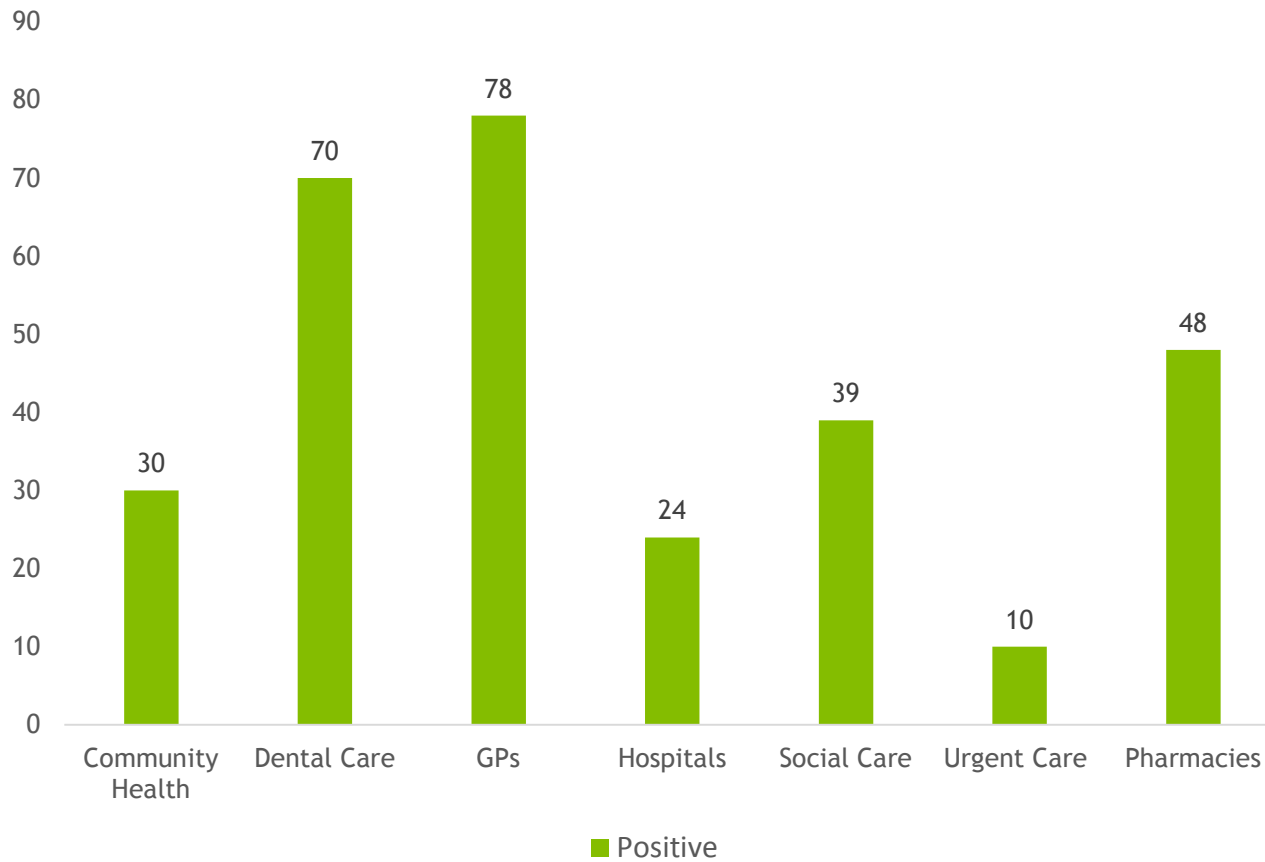
We received positive feedback on the dental services in Bromley. Patients were mostly pleased with the cleanliness measures taken by the clinics in view of the Covid pandemic. They were particularly pleased with the attitude of the dentists and support staff.

# Positive Reviews: Themes/Trends

Looking at the positive reviews received allows us to highlight areas where a service is doing well and deserving of praise. This section provides an overview of the number of positive reviews by service area and theme, and includes comments received regarding each service area.

Positive feedback

October - December



Type of Service



## Pharmacies

Quality of services- 37 reviews received of which 64% were positive

“I was made to feel very calm and safe when getting my injection for my holiday. Got a great service. Thank you all the team.”

“Very straight forward, friendly and professional service with in a clean and modern environment. Highly recommended this place!”

“Would highly recommend, sorted out multiple travel vaccinations with scheduled appointments to ensure I was fit and safe to travel.”

## Pharmacies

Staff attitude- 39 reviews received of which 64% were positive

“Staff are very coronavirus aware, all wearing masks, distance markers, extremely clean premises, very efficient and friendly, helpful staff, well stocked medicines.”

“Absolutely fantastic staff, went there late night on Friday after my son's inhaler had emptied out and no way to contact GP as it was after hours, the pharmacist and staff were extremely helpful and showed concern and advice and before they closed I was helped. Super grateful to them for professional and excellent service.”

“Great local pharmacy, has everything you need and staff are friendly, recommended.”



**GPs**  
**Staff attitude - 89 reviews received with 69% positive**

“I was unlucky with some technical issues but the staff understood my circumstances and found a way round them so that I could be helped as soon as possible. A big thank you to those that helped me.”

“I have had a few problems through the Pandemic and all staff have been very helpful.”

“I had an appointment with the doctor who is very welcoming and highly qualified.”

**GPs**  
**Quality of services - 89 reviews received with 65% positive**

“Just had my flu jab, a very efficient and quick system. The surgery had been refurbished and looks so clean and clinical. The whole area was well ventilated and the queuing system so quick I was straight through in less than ten minutes. They were also fantastic with my preschool child a couple of weeks ago for her vaccine. Very impressed.”

“I've been with the surgery for just over a year now. They've helped resolved some outstanding issues created by my previous GP and have been incredibly proactive and helpful. I thoroughly recommend them.”

“I registered with this medical practice today and received exceptionally good care. The reception staff were extremely kind and helpful and went well beyond the call of duty to support my individual needs, even when this involved staying after hours at the surgery on a Friday night! I would like to offer an enormous thank you for such commitment, hard work and dedication!”



## Dental Care

Quality of services- 20 reviews received of which 80% were positive

“I am so pleased with the treatment I had today and would definitely coming back for maintenance. The hygienist was very friendly and explained the process and talked me through what she was doing so I knew what was coming next so I felt at ease. I would highly recommend them to anyone! Thank you!”

“I'm very happy with my new teeth and I can't thank the dentist there for completely transforming my smile. My dentist attention to detail and finish is second to none.”

“Great practice. Very friendly and highly professional. Would recommend to anyone.”

## Dental Care

Staff Attitude- 20 reviews received of which 80% were positive

“All the staff are friendly and welcoming. The dentists are professional, and experienced. They will explain a procedure. They are reassuring and put you at your ease.”

“The team are wonderful, I am satisfied with the treatment.”

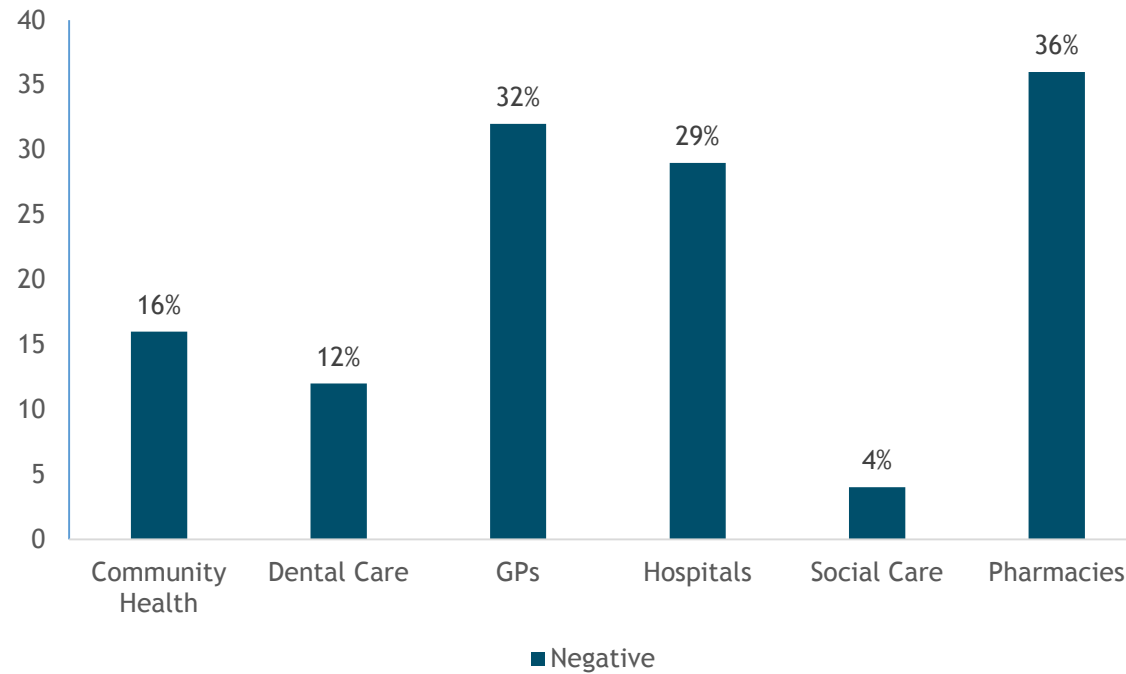
“The staff is very welcoming and friendly. It has a clean interior and I felt really safe with their set up to adapt to covid. The dentist was fantastic and I really like his advice.”

# Negative Reviews: Themes/Trends

This section provides an overview of the percentage of negative reviews by service area and goes on to give some example of comments received. By looking at the negative reviews received from the people of Bromley every month, we can identify themes and trends, which enable us to recommend where a service needs to improve to provide a more positive experience.

October - December

Negative Feedback



Type of Service





GPs - Waiting Time  
45% reviews received are negative

“I waited over 40 minutes for an appointment once again, have previously complained to the practice manager about long waiting time when I waited an hour and unfortunately nothing has changed even with fewer people currently visiting the surgery.”

“Never get appointments; diagnosis never given, asked to manage using medication available from supermarkets when needed and repeat prescription. Service is a nightmare.”

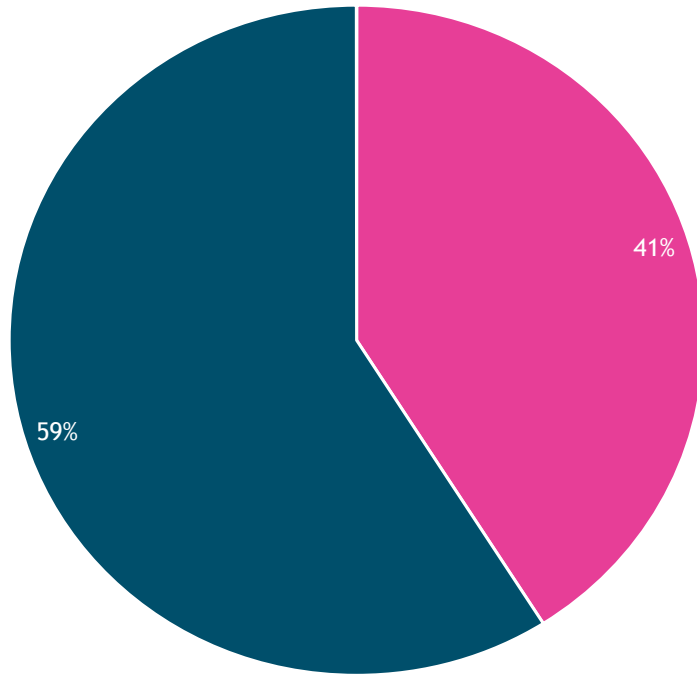
Pharmacies - Waiting Time  
29% reviews received are negative

“I am not very happy with the waiting time between ordering and getting the medicines.”

“Slow service and big queues. Pharmacist too busy doing flu jabs to approve prescriptions.”

# Demographic information

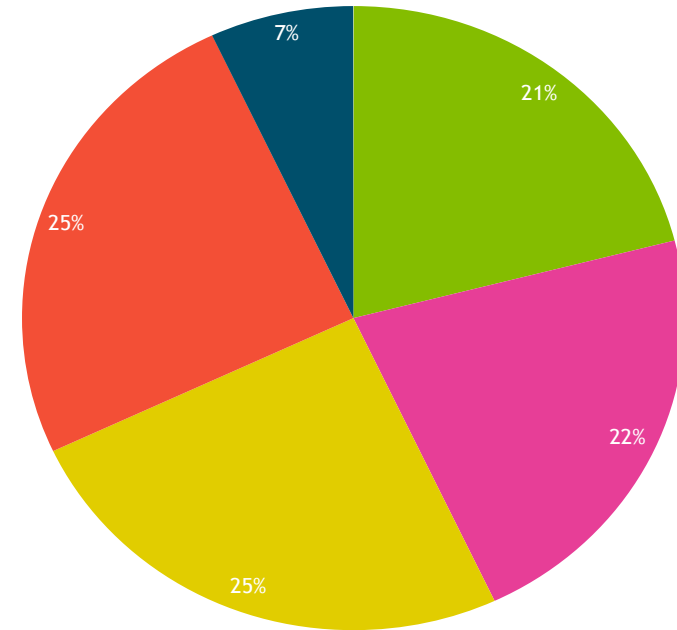
The pie chart below shows the number of reviews received by gender from October to December 2020. 59% are from women, and 41% from men.



■ Male ■ Female

**Gender**

The pie chart below shows the number of reviews received this quarter from different age groups. The largest age groups were 51-60 and 61-70 years with 25% in each age group.

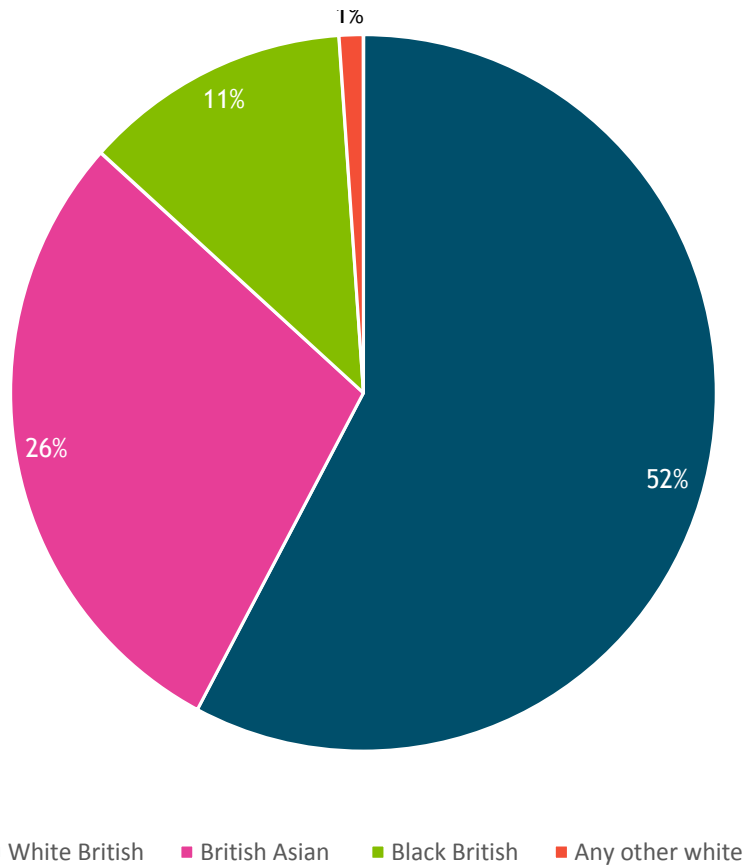


■ 21-40 ■ 41-50 ■ 51-60 ■ 61-70 ■ 71-90

**Age**

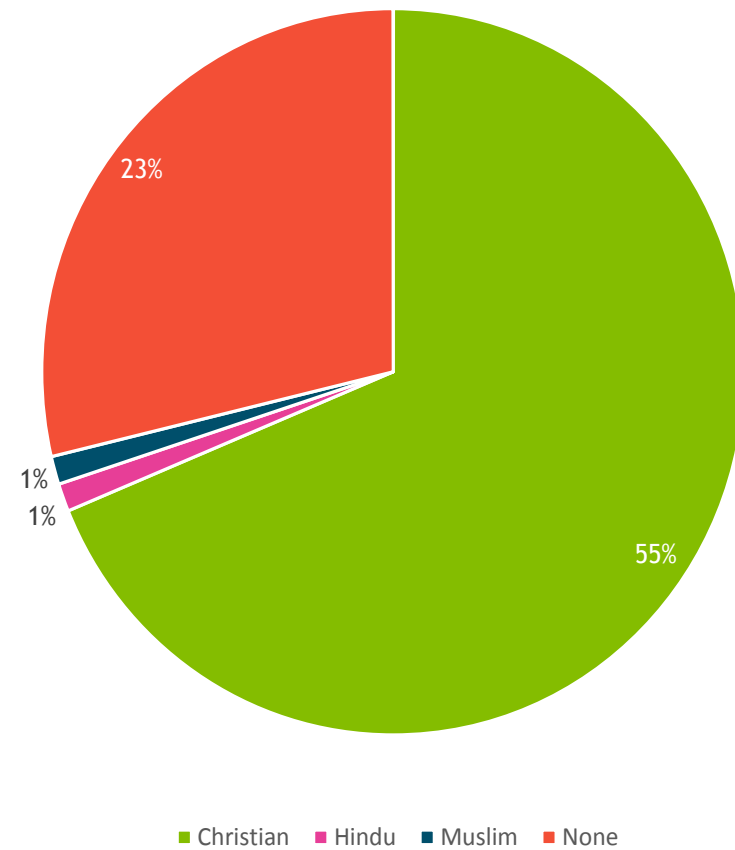
# Demographic information

The majority of feedback (52%) was from people who identified as White British. Other ethnic groups included 26% Asian British and 11% Africans. Details are shown in the chart below. We aim to capture feedback from people from all ethnic groups in Bromley.



**Ethnic Background**

Religion - 55% of respondents stated their religion as Christian, 23% as None. The chart below shows percentage of respondents by identified religion.



**Religion**

# Conclusion

This quarter, **407** patient experiences were collected. There were **299** positive reviews, **96** negative and **12** neutral, so a very large majority of patient experiences were positive.

## Positive

- Flexibility of accessing services for GPs.
- Staff at dental services very helpful.
- Quality of care for dental services.
- Some people have reported positive feedback on accessing online appointment services.

## Negative

- Lack of clarity about the availability of services in hospitals during the pandemic.
- Long waiting times for GPs.
- Long waiting time between ordering medicines and receiving them from pharmacies.

# Actions, impact and next steps

This report identifies areas of good practice and areas for improvement across different services. Healthwatch Bromley will use this report in its meetings with commissioners and providers, sharing the themes identified from the patient voice to identify how services could be improved. As additional reports are published, identified themes and trends will be followed up in more detail with relevant partners. We will work with partners to develop appropriate actions to address the issues identified.

The Healthwatch Bromley Patient Experience Report (Q3) will be shared and presented to different groups including:

- Bromley Place Based Board and South East London Governing Body
- South East London CCG Healthwatch Regional Director
- Bromley Communications and Engagement Network
- Bromley's Health and Wellbeing Board
- Bromley Health Scrutiny Committee
- Kings College NHS Foundation Trust Patient Experience Committee (PEC)

We are working closely with the CCG and a variety of partners to identify how this intelligence can influence commissioning and monitoring mechanisms. Healthwatch Bromley is keen to explore how Healthwatch data can best be integrated with other patient experience monitoring and reporting, to improve patient experience of using health services.

# Actions, impact and next steps

Healthwatch Bromley continue to engage patients in innovative ways during the COVID-19 pandemic. We will continue to collect reviews from telephone interviews and develop our social media platforms to raise awareness of our service and seek feedback from local people. We will work with key partners to distribute our feedback form through foodbank parcels; pharmacy prescriptions; volunteer community support programmes. We intend to reach our Patient Experience targets this quarter through telephone interviews with residents to collect patient experience feedback.

## i. Feedback Form

### Leave feedback

How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

How do you rate your overall experience of this service?\*



Summary of your experience\* (max 45 characters)

Give a brief description of your experience, or highlight a key observation

Tell us more about your experience\*

Expand on your experience here. Why was your experience a good / bad one? List any reasons or specific detail that might help explain

Where do you live? (town/city)

e.g. Biggin Hill, Chislehurst and Orpington

Which department did you visit?

Department

## Your ratings (select if applicable)

Cleanliness



Staff Attitude



Waiting Time



Treatment explanation



Quality of care/treatment



Quality of food



Access to appointments



Quality of Service



Communication



In relation to your comments are you a:

Select one

When did this happen?

Where did you hear about us?

Select one

Would you like information about other local services? \*

No  Yes

Do you want to know more about how to make an official complaint?\*

No  Yes



## About you

Name

Leave feedback anonymously?

Email\* (Your email will be kept private and you will not be sent any marketing material)

I accept the [Terms and conditions](#)

I consent to being contacted regarding my feedback by Healthwatch\*

Yes  No

I confirm I am over the age of 16\*

Yes  No

Subscribe to the newsletter?

If you are willing to provide us with some monitoring information please [click here](#).

Please note: Monitoring information helps us identify trends and gaps in our information gathering, enabling us to provide more detailed evidence to service providers and commissioners about your health and social care services.

[Submit feedback >](#)

Only your overall rating, comment and name (if disclosed) will be visible online.

## ii. Taxonomy

Main themes	Sub themes
Access to services	Access for those with a physical disability
	Access for those with a sensory disability
	Access for those with learning disabilities
	Access for those with mental health problems
	Access to Community Health services
	Access to Dentistry services
	Access to GPs
	Access to Hospital services
	Access to Mental health services
	Access to Opticians
	Access to Pharmacy services
	Access to Social Care services
	Administration
Admission	
Appointments	Booking Appointments
	Cancellation
	Length of appointments
	Quality of appointments
Buildings/Facilities	
Car Parking	Car Parking Access
	Car Parking Changes
Cleanliness, Hygiene and Infection Control	
Communication	Health Promotion
	Internal communication
	Lack of communication
	Treatment explanation
Complaints Procedure	
Consent to care and treatment	
Cost of services	
Décor	
Diagnosis	
Dignity	
Discharge	
Equality	Stigma
Food/Nutrition	
Health and safety	
Health inequalities	
Interpreters	Access to interpreters
	Quality of interpreters
Medication	Prescriptions
Patient choice	
Patient records	
Patient Transport	
Prevention	
Procurement/Commissioning	
Quality of care/treatment	
Referrals	28
Safeguarding	
Service co-ordination	
Service Closure	
Staff Attitudes	
Staff Levels	
Staff Training	
Suitability of provider/staff	
Waiting times	Waiting lists for treatment
	Waiting times to be seen at appointment

# Bromley Covid-19 vaccination programme update

## Health Scrutiny Sub-Committee

23 March 2021

# South East London Covid-19

## Programme update

# South East London progress and cohort coverage by borough

**Total vaccinations delivered to date:**  
**537,000**

	80+	75-79	70-74	CEV	65-69	At risk	Carers (DWP)	60-64**	55-59**	Care home residents	Care home staff
Bexley	93.6%	93.4%	92.6%	85.1%	88.9%	61.8%	53.0%	75.7%	50.1%	89.5%	61.4%
Bromley	93.1%	93.1%	91.6%	86.1%	87.5%	68.6%	52.5%	72.2%	47.4%	90.5%	60.0%
Greenwich	87.4%	87.1%	86.0%	73.0%	79.3%	57.0%	47.5%	61.5%	45.8%	90.3%	57.1%
Lambeth	76.8%	77.1%	75.9%	67.2%	69.0%	52.6%	41.8%	59.4%	41.0%	80.5%	44.5%
Lewisham	79.6%	79.9%	78.9%	68.4%	72.6%	50.6%	44.4%	59.0%	35.3%	80.9%	59.2%
Southwark	77.6%	77.3%	78.3%	66.7%	70.9%	40.8%	39.8%	53.2%	35.8%	86.4%	49.1%
<b>SEL</b>	<b>86.8%</b>	<b>86.5%</b>	<b>85.4%</b>	<b>73.2%</b>	<b>78.8%</b>	<b>55.0%</b>	<b>46.4%</b>	<b>63.7%</b>	<b>42.3%</b>	<b>86.7%</b>	<b>56.2%</b>

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**Last week's activity: 68,000 vaccination**  
**This week's planned activity: 52,000 vaccinations**  
**Next week's planned activity: 107,000 vaccinations**

\*All data is at Thurs 11<sup>th</sup>, except for the care home data, which is at Mon 8<sup>th</sup>

\*\*These cohorts only became eligible in early March so they have not been 'RAG' rated here

# Bromley Covid-19

## Programme update

COVID-19 vaccination

First phase priority groups

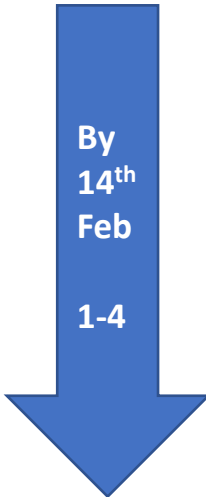
Priority	Risk group
1	Residents in a care home for older adults and Staff working in care homes for older adults
2	All those 80 years of age and over and Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group* **
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
10	Rest of the population (to be determined)

\* Blood cancer (such as leukaemia, lymphoma or myeloma); diabetes; dementia; a heart problem; a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma; a kidney disease; a liver disease, lowered immunity due to disease or treatment (such as HIV infection, steroid medication, chemotherapy or radiotherapy); rheumatoid arthritis, lupus or psoriasis (who may require long term immunosuppressive treatments); have had an organ transplant; had a stroke or a transient ischaemic attack (TIA); a neurological or muscle wasting condition; a severe or profound learning disability; a problem with your spleen, eg sickle cell disease, or you have had your spleen removed; are seriously overweight (BMI of 40 and above); are severely mentally ill.

\*\* Unpaid carers: Adult carers—those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Current focus for PCN-led sites

Current focus for MVCs & pharmacy



# Cohorts being vaccinated now

## Over 55s

Care home residents, care home staff, health and social care workers, clinically extremely vulnerable

## Additional clinically extremely vulnerable

46,015 additional people added to the shielding list in SEL

Added on the basis of BMI, gender, ethnicity and postcode, as well as health conditions

Coding straight into the patient record within 10 days

Notification by letter and email (where held)

GP practice will call people for vaccination

## Underlying health conditions

Such as chronic respiratory / heart / kidney / liver / neurological (e.g. stroke) disease, diabetes or immunosuppression

Includes learning disabilities

Total number in SEL are TBC

## Unpaid carers

In receipt of Carers Allowance

Coded as a carer in the GP record

Known as a carer to the council

Through voluntary sector organisations that support carers

Proactive communications to encourage carers to come forward



# Bromley sites: 10 March

## Local Vaccination Services (Designated Sites)

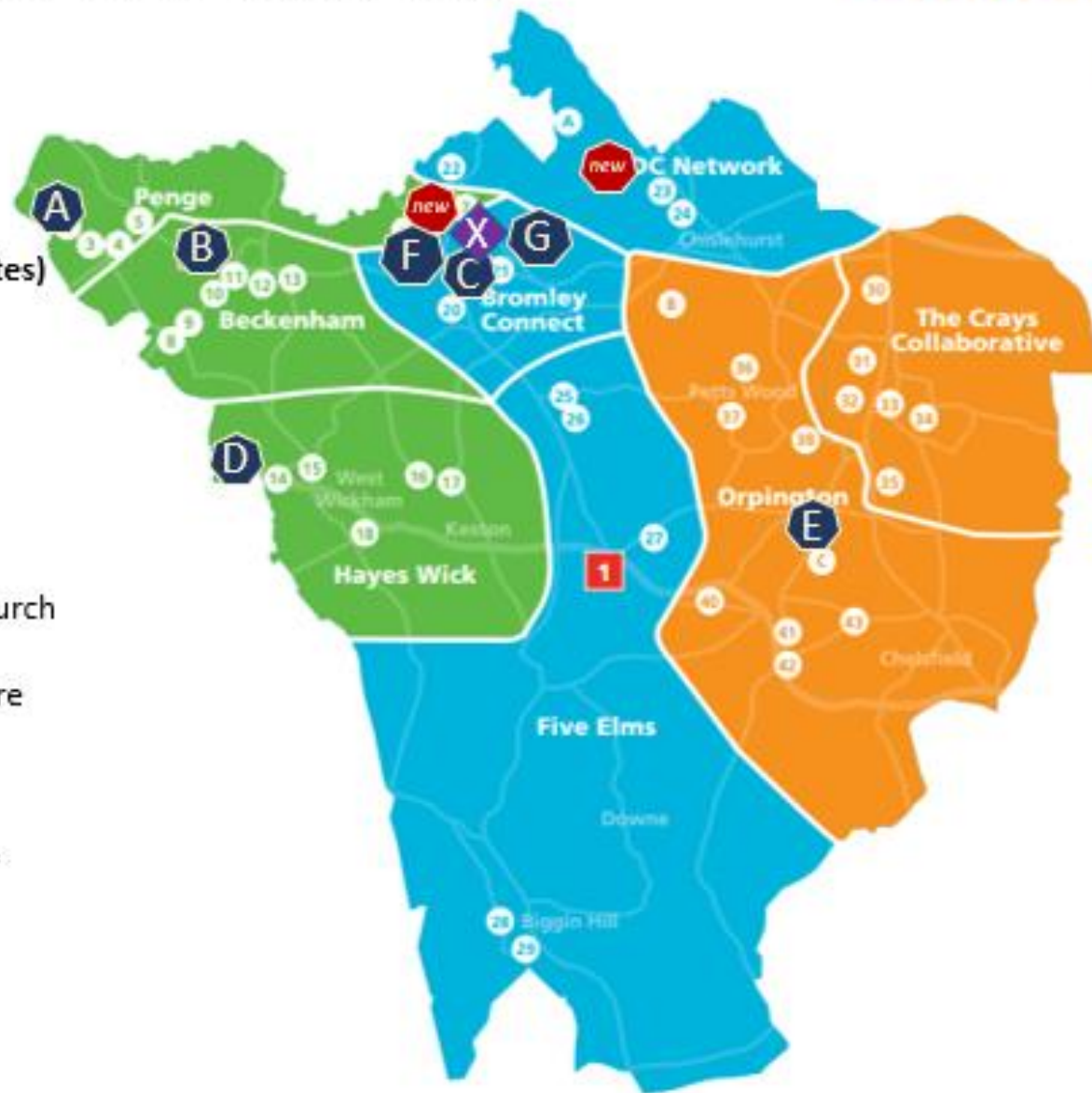
- A** Oaks Park
- B** Beckenham Beacon
- C** Community House\*
- D** West Wickham & Shirley Baptist Church
- E** Orpington Health & Wellbeing Centre
- F** The London Lane clinic\*\*
- G** St Edwards Church – Mottingham\*\*

**X** Mass Vaccination Site - Civic Centre

**1** Hospital Hub – PRUH

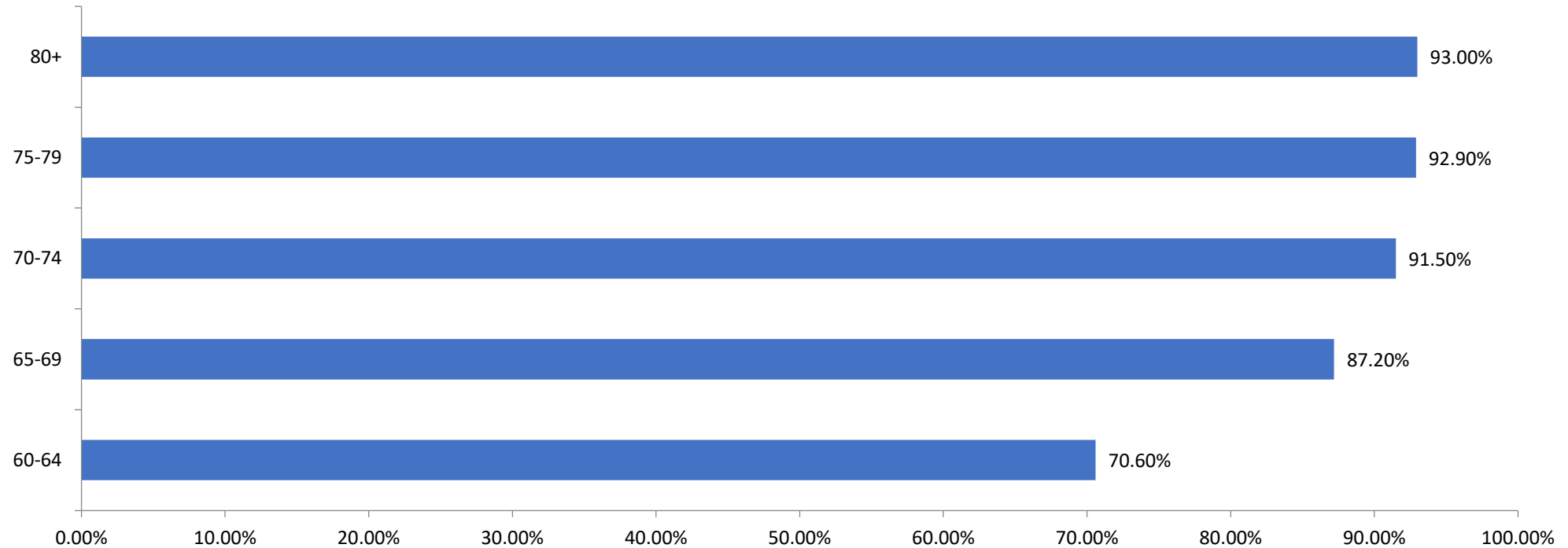
\* Till 12 March

\*\*From 13 March

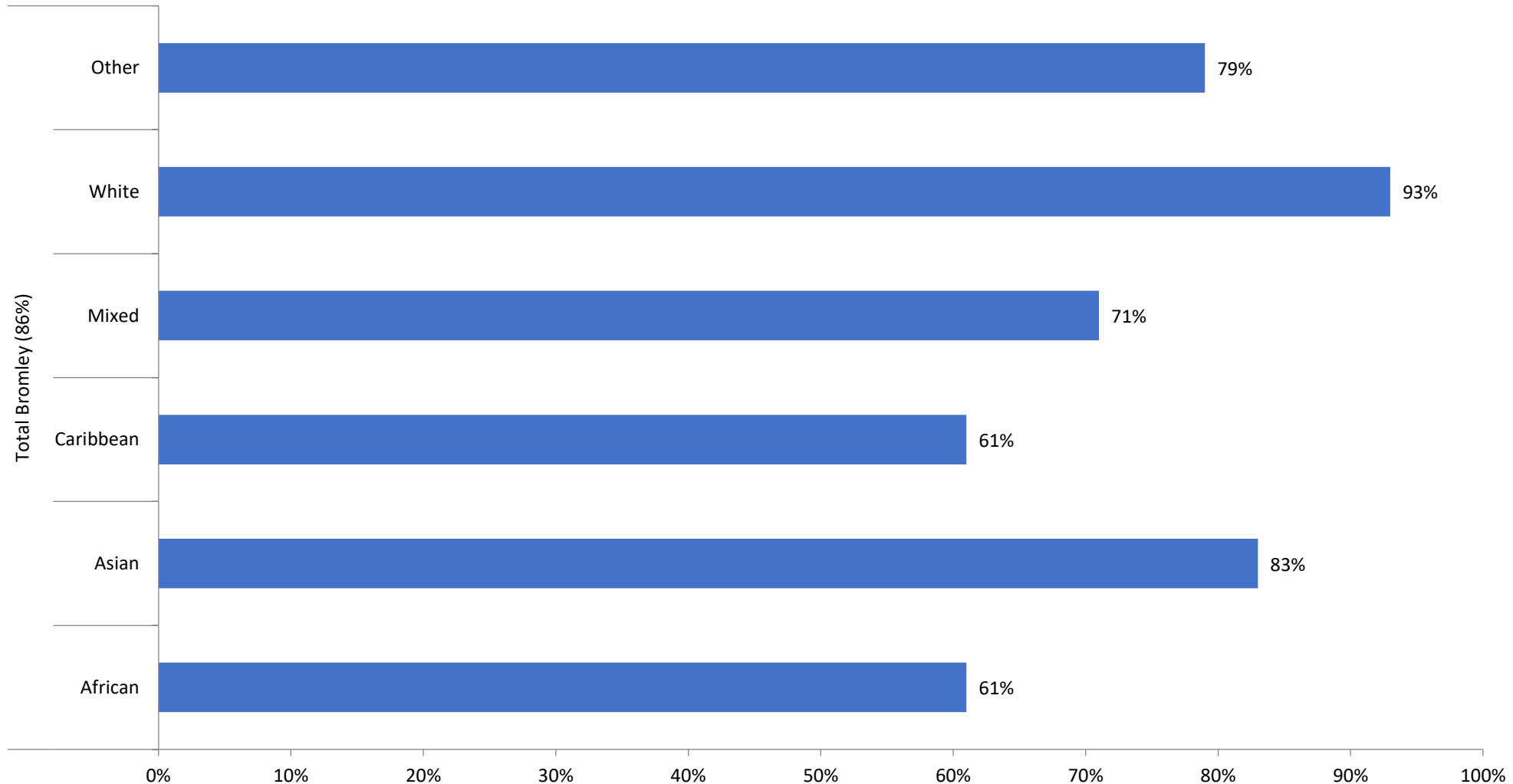


# Vaccination statistics by age group – 9/3/2021

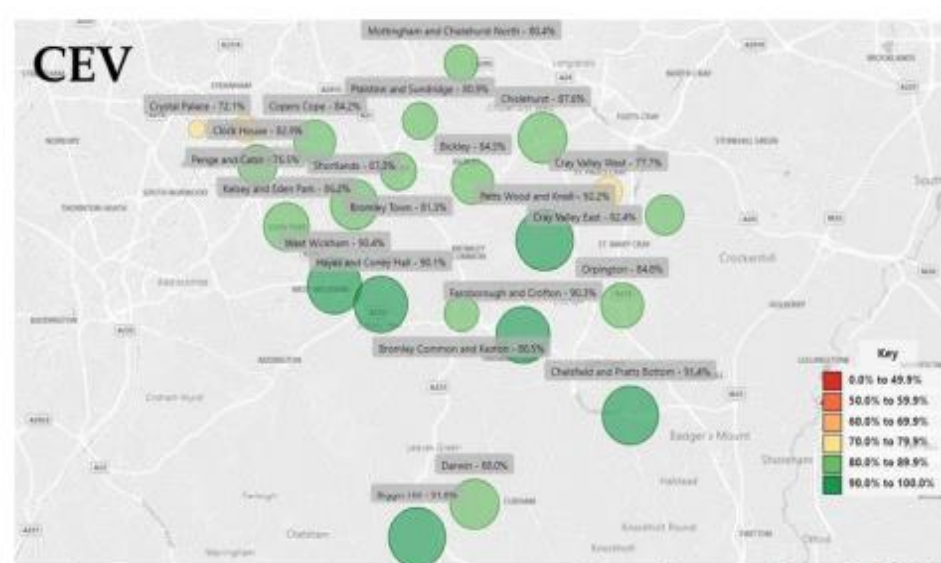
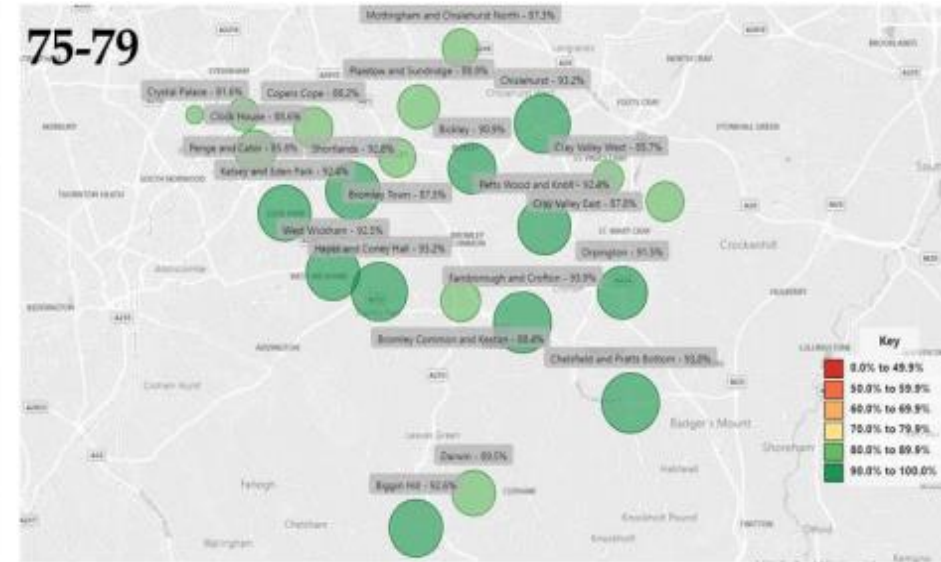
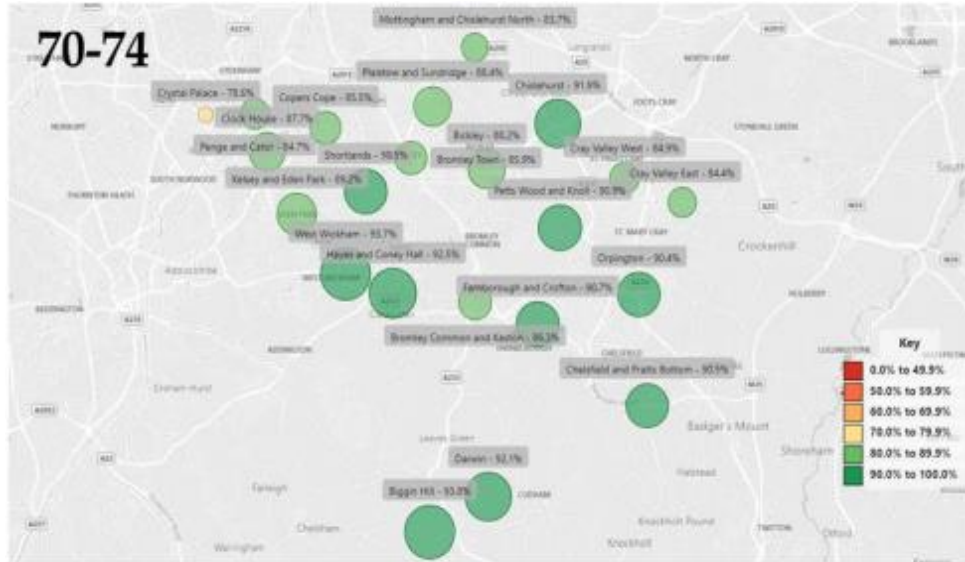
## Bromley



# Vaccination statistics by ethnicity 9/3/2021



# Vaccination statistics by ward 9/3/2021



# Health and care staff vaccination

# Health and care staff vaccination

## Boroughwide information and advice

- Information sessions for managers
- Briefing sessions for staff
- Communications pack and other resources to health & care employers

## Targeted

- Bromley Care Practice visits to care homes with low take up
- Targeted support to specific settings and sectors
- Health and care staff Covid-19 Vaccination email/helpline
- Responding to individual questions and concerns
- Certificate of achievement for setting with 100% take up



Watch our care home video – made by staff at the Heathers Residential Care Home

<https://www.youtube.com/watch?v=ul7Hgfid7bs&list=PL1fo7mb0qmAvQANj-ByeV72ScnsIGPk2M&index=27>

# Addressing inequalities in vaccine uptake





Although overall vaccination rates in Bromley are high, there is:

- A marked difference between white and BAME groups
- Lower uptake in more deprived areas
- Lower uptake amongst care home staff

## What are we doing about it?

Vaccine hesitancy is a behaviour, influenced by a number of factors including issues of **confidence** (do not trust vaccine or provider), **complacency** (do not perceive a need for a vaccine, do not value the vaccine), and **convenience** (access)

Vaccine decision making by a caregiver or patient is a **complex process** with many factors influencing this both directly and indirectly



- 1. Bromley Inequalities in Vaccination Taskforce, led by senior leadership team in the Council and CCG has been set up to develop and test innovative ways of addressing vaccine hesitancy in Bromley.**
- 2. Aim is to improve vaccine uptake in BAME population, deprived areas, amongst health and care staff and homeless community.**
- 3. Number of planned interventions will be delivered with local leaders, community influencers and ambassadors.**
- 4. Interventions targeted at individual and small group level to achieve the best impact.**

## Interventions

Working with local politicians to address inequalities and challenges by ward

Small grant schemes for local employers

Using pop up clinics in deprived areas and church venues

Reimbursing travel costs to vaccination sites.

Training and appointing ambassadors who have knowledge and insight of BAME communities

Identifying homeless and use existing ways to vaccinate them.

# What we have done so far

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1. Briefing sessions with local faith leaders, voluntary sector, those working with older people, those from BAME communities and lower income families.
2. Insight gathering from BAME community influencers.
3. Satellite and pop up clinics set up in areas of need.
4. New vaccination clinic has opened in Mottingham.
5. Online information and Q&A sessions held for managers and staff in care homes.
6. New staff email helpline has been set up to respond to vaccination queries.
7. Health clinic at the Bromley Homeless Shelter and in Homeless Hostels.



# Questions, comments, ideas

*When can I expect to be contacted about my second vaccine?*

*When do you expect to start vaccinating key workers?*

*We had our first vaccine (Pfizer) at Guy's Hospital. The 2nd one should be due soon. Can we have this in Bromley or not?*

*Will vaccinations be made available from high street pharmacies in Bromley?*

*Which vaccine will I get?*

*Where will I get my second vaccine if my first one was done at Community House?*

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Report No.  
CSD21044

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** Tuesday 23<sup>rd</sup> March 2021

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME 2020/21

**Contact Officer:** Jo Partridge, Democratic Services Officer  
Tel: 020 8461 7694    E-mail: joanne.partridge@bromley.gov.uk

**Chief Officer:** Director of Corporate Services

**Ward:** N/A

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1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2020/21.

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2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

### Corporate Policy

1. Policy Status: Existing Policy:
  2. BBB Priority: Excellent Council:
- 

### Financial

1. Cost of proposal: No Cost: Further Details
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £ 359k
  5. Source of funding: 2020/21 revenue budget
- 

### Personnel

1. Number of staff (current and additional): 7 posts (6.67fte)
  2. If from existing staff resources, number of staff hours: N/A
- 

### Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable: This report does not require an executive decision.
- 

### Procurement

1. Summary of Procurement Implications: None
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

### 3. COMMENTARY

- 3.1 There were currently no matters outstanding.
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2020/21 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 11<sup>th</sup> February 2020 are as follows:
- 4.00pm, Monday 6<sup>th</sup> July 2020
  - 4.00pm, Wednesday 21<sup>st</sup> October 2020
  - 4.00pm, Thursday 14<sup>th</sup> January 2021
  - 4.00pm, Tuesday 23<sup>rd</sup> March 2021
- 3.4 The work programme is set out in [Appendix 1](#) below.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

## APPENDIX 1

### HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

<b>23<sup>rd</sup> March 2021</b>
Update from King's College Hospital NHS Foundation Trust
Update from the CCG – Vaccination Programme
Patient Engagement Report Q3 - Healthwatch Bromley