



THE LONDON BOROUGH
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BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BR1 3UH

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To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mary Cooke (Chairman)
Councillor Gareth Allatt (Vice-Chairman)
Councillors Kim Botting FRSA, Aisha Cuthbert, Ian Dunn, Judi Ellis, Robert Evans
and David Jefferys

Non-Voting Co-opted Members

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

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre
on **TUESDAY 13 JULY 2021 AT 4.00 PM**

PLEASE NOTE: This meeting will be held in the Council Chamber at the Civic Centre, Stockwell Close, Bromley, BR1 3UH. Members of the public can attend the meeting: you can ask questions submitted in advance (see item 3 on the agenda) or just observe the meeting. There will be limited space for members of the public to attend the meeting – if you wish to attend please contact us, before the day of the meeting if possible, using our web-form:

<https://www.bromley.gov.uk/CouncilMeetingNoticeOfAttendanceForm>

Please be prepared to follow the identified social distancing guidance at the meeting, including wearing a face covering.

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from
[**http://cds.bromley.gov.uk/**](http://cds.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 7th July 2021**.

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 23RD MARCH 2021 (Pages 5 - 14)

5 PRESENTATION BY THE CHARTWELL CANCER TRUST

A copy of The Chartwell Cancer Trust's current brochure can be accessed via the following link:

<https://chartwellcancertrust.co.uk/wp-content/uploads/2020/12/CCT-PORTRAIT-A4-Charity-Brochure-Oct-2020-PRINT.pdf>

6 UPDATE FROM THE SEL CCG

a GP ACCESS (Pages 15 - 28)

b LONG COVID (Pages 29 - 32)

c VACCINATION UPDATE (VERBAL UPDATE)

7 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (Pages 33 - 40)

8 UPDATE FROM BROMLEY HEALTHCARE

To follow

9 UPDATE FROM HEALTHWATCH BROMLEY (Pages 41 - 72)

10 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (REPRESENTATIVES)

11 WORK PROGRAMME 2021/22 AND MATTERS OUTSTANDING (Pages 73 - 78)

12 ANY OTHER BUSINESS

13 FUTURE MEETING DATES

4.00pm, Thursday 7th October 2021

4.00pm, Thursday 13th January 2022

4.00pm, Wednesday 20th April 2022

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Agenda Item 4

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 23 March 2021

Present:

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

Jaime Walsh, Francis Poltera and Vicki Pryde

Also Present:

Councillor Angela Page, Executive Assistant for Adult
Care and Health
and Councillor Diane Smith, Portfolio Holder for Adult Care
and Health

39 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.

The Chairman noted the National Day of Reflection and led Members in paying tribute to the residents of the Borough who had lost their lives due to COVID-19. A service would take place at the Civic Centre that evening with over 730 candles being lit in memorial. Further tributes were paid to colleagues working in health and social care who had worked unstintingly throughout the pandemic, and continued to do so, and thanks were extended on behalf of the Health Scrutiny Sub-Committee.

The Chairman informed Members that Sarah Middleton, Head of Stakeholder Relations – King's College Hospital NHS Foundation Trust had recently started her maternity leave and best wishes were sent on behalf of the Sub-Committee. Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust was welcomed to the meeting.

Members were also advised that Co-opted Member, Mina Kakaiya, had recently left her role at Healthwatch Bromley and Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care was also welcomed to the meeting.

Apologies for absence were received from Roger Chant.

Apologies for lateness were received from Francis Poltera.

40 DECLARATIONS OF INTEREST

There were no declarations of interest.

41 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

42 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 14TH JANUARY 2021

RESOLVED that the minutes of the meeting held on 14th January 2021 be agreed.

43 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust (“Interim Director of Communications”) attended the meeting and provided an update on the King's College Hospital NHS Foundation Trust on behalf of Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites.

With regards to vaccine hesitancy, the Interim Director of Communications advised that this had been, and continued to be, one of the biggest challenges of the vaccination programme. It was noted that 3% of staff across the Trust had formally declined the offer of a vaccination. The Trust had received over 230 varying comments from the 400 staff who had declined their vaccination offer, as to their reasons for doing so. Around 20% were awaiting their first dose of the vaccine, who had not declined, and over the next seven days they would try and increase the pace and scale of communications to these staff to encourage uptake before the disruption to supply. In response to a question, the Interim Director of Communications said that there were a number of different reasons had been received from staff as to why they did not want to receive the vaccine – there was not a specific theme and it was hard to pinpoint why some were more hesitant than others. It was considered that there may be some staff who wanted to wait a little bit longer to see any effects of vaccine.

The Interim Director of Communications said that the Trust had tried to make the vaccination as accessible as possible for all staff and they were looking at ways to increase this even further. The PRUH had more than 70% vaccination uptake from staff, which it was highlighted was higher than the NHS national average. The majority of staff working there had chosen to be vaccinated and the Trust was looking to learn lessons as to why the PRUH had outperformed other sites. In response to a question, the Interim Director of Communications

said that he was aware that other countries, where hesitancy was particularly strong, had suggested offering monetary incentives as part of their strategy to encourage uptake, however this was not something that would be pursued here. The focus would be on reaching out to the communities that were the most hesitant of the vaccine and using trusted voices to encourage them to receive it.

A Member enquired if the Trust would be including the risk of legal challenge, which could arise from situations relating to staff who were not vaccinated caring for patients, within their Risk Register. The Interim Director of Communications agreed to take this back and seek clarity regarding all legal situations that could manifest as part of COVID-19 and a response would be provided to Members following the meeting. The Consultant in Public Health highlighted that the vaccination programme focused on protecting those most vulnerable to the infection, but there was not currently a legal system in place that mandated vaccinations. As it was not yet clear how effective the vaccine was at preventing transmission and all infection control measures, and the wearing of PPE, would remain in place. This provided protection to both the health care staff and those they were looking after, and therefore it should not make a difference if the carer was vaccinated or not.

In response to a question, the Interim Director of Communications gave reassurance that steps were already being taken to resume “business as normal” as quickly and safely as possible. This, along with caring for the current patients with COVID-19, was their main priority – the Trust were not under the pressures faced from the previous waves of COVID-19 and were now looking to reinstate services. There were several initiatives being rolled out, part of which was ensuring that a staff recovery plan was in place to support them. The Trust’s greatest asset was its staff and they needed to ensure that they were “ready, willing and able” to help return services to normal. There were timescales and plans in place, which were reviewed on a daily or weekly basis, and it was agreed that these would be provided to Members following the meeting.

The Chairman thanked the Interim Director of Communications – King's College Hospital NHS Foundation Trust for the update provided to the Sub-Committee.

44 HEALTHWATCH BROMLEY - Q3 PATIENT ENGAGEMENT REPORT

Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care (“Director of Operations”) provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 3 Patient Engagement Report.

The Director of Operations informed Members that over 400 reviews had been collated during the Quarter 3 period (October to December 2020) however, this was a shortfall compared to the usual quarterly target. There

were several reasons for this, including staff changes and the continued restrictions around social distancing, but it was anticipated that target numbers would be reached during Quarter 4. The Director of Operations advised that nearly 75% of feedback received had been positive. It was noted that the trend being seen in Bromley was replicated in Healthwatch's other boroughs, with a large increase in both 5-star and 1-star ratings. This was something that had changed over the last year with more 4-star ratings having been received pre-pandemic.

During Quarter 3, a number of comments had continued to be received relating to GP, pharmacy and dental services and it was highlighted that there had been a reduced number of comments relating to hospital services. This was unusual, although it had been a feature over the last year and was an area in which increased feedback was hoped for going forward. Feedback received relating to GPs had included positive comments regarding staff attitudes and quality of service, with more balanced and negative feedback connected to communications and waiting times. These same trends were replicated for pharmacy and dental services.

The Director of Operations said that the Patient Engagement Report had previously been presented to a several large meetings, however during the pandemic a number of these had been cancelled or changed frequency. Going forward, consideration would need to be given as to how discussions around the content of the report could be reinvigorated to ensure "Bromley voices" were heard and any impact or actions made clear. A Member suggested that the next Patient Engagement Report could include an indication of how things had changed over time – previously the overriding feature for negative comments had related to waiting times and it would be useful to see how this had changed over the course of the pandemic.

In response to a question, the Director of Operations advised that Healthwatch's priority was to get back out into the community as quickly and as safely as they could. During the pandemic they had been required to undertake direct engagement via phone and online sessions. The main feature of the Patient Experience programme was to go and speak with people face to face and they were currently mapping out a return to this, as best they could, in line with the lifting of restrictions. It was a changing picture, but it was hoped that they would be able to reflect on what had happen pre-pandemic and how it had changed throughout the course of the last year. Discussions with providers, to ensure their data and statistics were triangulated with other patient experience data, would help form the "bigger picture". The Member agreed that a joint piece of work with other providers would be beneficial particularly as an area of focus had been on the 'hard to reach' cohort, and it may now be even more difficult to engage with this group.

The Director of Operations confirmed that responses had been provided, relating to questions on the Quarter 1 and 2 Patient Experience Reports, received from the Co-opted Member representing Bromley Experts by Experience. It was agreed that a copy of the responses would be circulated to

Members of the Sub-Committee. The Director of Operations noted that a new Healthwatch Bromley co-ordinator would be in post from the 1st April 2021.

The Chairman thanked Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care for her update to the Sub-Committee.

45 UPDATE FROM THE CCG - VACCINATION PROGRAMME

The LBB Assistant Director for Integrated Commissioning and Dr Agnes Marossy – Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) (“Consultant in Public Health”) provided an update on the COVID-19 vaccination programme in Bromley.

Members had been provided with benchmarking data across South East London regarding the number of COVID-19 vaccinations delivered as of 11th March 2021 and 8th March 2021 for data relating to care homes. The LBB Assistant Director for Integrated Commissioning advised that since this time, the programme had moved forward and around 67% of care home staff had now been vaccinated. The data highlighted that the Bromley vaccination programme was performing strongly – it was noted that Bromley had a larger population than neighbouring boroughs and a substantial amount of people had been vaccinated.

The priorities for the vaccination programme had been set nationally and, starting in December 2020, had focussed on the most vulnerable and those living and working in care homes. Since December, the programme had continued through the first nine priority groups to be vaccinated, with the over 50's being the most recent cohort called in for their vaccinations. The programme had been working extremely well and a number of vaccination centres and Primary Care Networks (PCNs) in Bromley had been able to move ahead of the timetable. The groups currently being vaccinated were anyone over the age of 50; care home residents and staff; all adults considered to be Clinically Extremely Vulnerable; those with underlying health conditions; and unpaid carers. There were several designated vaccination sites across the borough, including a Mass Vaccination Site at the Civic Centre.

The vaccination statistics by age group highlighted that more than 90% of people in the older age categories had received their vaccination and good progress was being made in relation to vaccinating those over 60 years old. However, there were issues, as seen across London, with some sections of the community being more hesitant to take up the vaccination offer. The data indicated that people of African and Caribbean heritage were showing greater vaccine hesitancy and plans were in place to help address this. It was noted that three areas of the borough had been identified (Penge, Anerley and the Crays) where more work would be carried out to increase the vaccination uptake.

With regards to health and care staff, the LBB Assistant Director for Integrated Commissioning advised that, although they wanted all those who worked with vulnerable people to be vaccinated, there was still some hesitancy with this cohort coming forward to receive their vaccinations. Around 67% of care home staff had taken up their vaccination offer, and therefore further work would be required to encourage more to do so. A three-tiered approach had been taken to the vaccination of health and care staff. At the beginning of the year, a large amount of information had been provided to employers and managers to enable service leaders to get their staff “on board” with vaccination programme. A range of briefing sessions had been delivered to staff working in health and care services during February. These sessions had been extremely well attended, providing advice and one to one support if required. Since then, further targeted work had been undertaken to reach out to any staff having doubts about receiving the vaccine, or questions still to be answered. The Bromleag Care Practice had been visiting care homes with low take up and offered to vaccinate staff on site. All non-regulated care providers had been written to with the offer of more information and support, and they would be looking to collect data from this group regarding the uptake of the vaccine by their staff. A COVID-19 vaccination helpline and email had been established at the beginning of March for health and care staff to use to seek advice regarding the vaccine. So far this had received a good response and the staff manning the helpline had been booking vaccination appointments for some of the health and care staff that contacted them (around 29 people the previous week). Recognition was also being given to health and care settings with a certificate of achievement awarded to those with 100% staff take up of the vaccine. The importance of advice from peers within the health and care sector was noted, and a video had been produced by the staff at Heathers Residential Care Home to provide an insight into why they had chosen to be vaccinated which could be viewed via the following link: <https://www.youtube.com/watch?v=uI7Hgfid7bs>

The Consultant in Public Health highlighted that although overall vaccination rates in the borough were high there was a marked difference in the uptake between White (over 90%) and BAME groups, particularly the Black African and Black Caribbean cohort (around 60%). There were also lower rates of uptake in more deprived areas. Funding had been allocated to the Local Authority and a Bromley Inequalities in Vaccination Taskforce, led by the senior leadership team in the Council and CCG, had been set up to develop and test innovative ways of addressing vaccine hesitancy in the borough. It aimed to improve vaccine uptake amongst the BAME population; in deprived areas; amongst health and care staff; and the homeless community. There were a number of planned interventions to be delivered with local leaders, community influencers and ambassadors. As the uptake for priority groups 1 to 4 was already well above 90%, these interventions would be targeted on an individual and small group level to achieve the best impact. Work undertaken so far included:

- Regular briefing sessions with local faith leaders, the voluntary sector, those working with older people, those from BAME communities and lower income families;
- Insight gathering from BAME community influencers;

- Satellite and pop up clinics set up in areas of need (including Keston Mosque and Anerley Town Hall);
- New vaccination clinic had opened in Mottingham; and
- Health clinic at the Bromley Homeless Shelter and in Homeless Hostels.

The Consultant in Public Health informed Members that further joint working was being carried out with the Shielding and Test and Trace teams. When contacting residents, the Shielding team would be asking additional questions to check if they had received their vaccination, and if not, what could be done to assist them. The Test and Trace team would also be sending out a survey, developed with the LBB Communication team, asking the same questions and asking residents to provide contact details if they required further practical help, information, or advice. A vaccine hesitancy conference was also planned to promote the vaccination and identify ambassadors.

In response to questions, the Consultant in Public Health said that the majority of care home staff would not be included in the eligible age cohort's data. In relation to the number of people within the BAME community that had not received their vaccination it was agreed that figures could be provided to Members following the meeting. It was noted that vaccine hesitancy within the BAME community was an issue nationally, and it was important for this group to receive their vaccinations as the impact of COVID-19 infections were often more severe. There were a number of reasons for this hesitancy and it was largely due to misinformation including lack of trust; stories of microchips and conspiracies; reluctance to receive the Pfizer vaccine; and those with strong faith beliefs who said their faith would protect them.

A Member enquired if hesitancy had increased due to reports of the alleged reactions to the vaccine. The Consultant in Public Health said that a number of vaccination appointments had been cancelled the previous week. A strong message had been sent via vaccination sites and practices to reassure people that there was no link indicating that these had been as a result of the vaccine. It was hoped that further reporting of the EMA approval would help to reduce these concerns.

In response to a question, the Consultant in Public Health advised that when moving down the age groups to be vaccinated, there would be a need to focus communications to reassure women of childbearing age. The Chairman asked if there were plans to offer pregnant women the vaccine post-birth. The Consultant in Public Health said that pregnant women were being encouraged to discuss the vaccination with their GPs or specialists. There were no reasons for the vaccination to be damaging during pregnancy, however everyone was being very cautious. Some pregnant women may be considered as high risk due to having a high number of contacts with other people. These discussions would allow them to make a choice, and there should be a plan in place to receive the vaccination post-pregnancy.

The LBB Assistant Director for Integrated Commissioning noted that Members would be aware of the interruption in supply of the AstraZeneca vaccine which

would see the vaccination programme scaled down nationally. The CCG were aware of the supply available to them into the first week of April and the principles used to manage it would ensure that those booked in received their second vaccination. The focus would remain on priority groups 1 to 9, offering vaccinations to residents aged 50 and above and vulnerable groups, and the age groups to which it was offered would not be extended during this period. All residents who had appointments booked would receive their vaccinations, however they may need to be delivered at a different venue.

In response to questions from a Member, the Consultant in Public Health gave reassurance that the second dose vaccines had been reserved and therefore national supply would not be impacted. The second dose received would be from the same supplier as the first dose – residents should receive their vaccinations at the same site, except for those who had previously attended Community House, who they were in the process of contacting. The second dose would be delivered to sites between 11 and 12 weeks after the first dose, however exact delivery dates were not currently known. A national webinar had taken place the previous week during which Mass Vaccination Sites and pharmacy sites were advised that they could no longer offer any appointments between 1st and 30th April 2021 – although all appointments already booked should be honoured. There were a handful of residents booked in to receive their vaccinations at the Civic Centre, who would be contacted to see if their appointments could be brought forward or offered an appointment at a PCN site. Further instructions were awaited from King's College Hospital NHS Foundation Trust; however, it was likely that the Civic Centre site would need to close as it would not be receiving vaccine supplies during this period. It was highlighted that the PCN sites would remain open to deliver second doses and as many first doses as they could.

In response to a question, the Consultant in Public Health informed Members that a separate working group had been established to focus on patients with learning disabilities (LD), and included the Nurse Consultant from Oxleas NHS Foundation Trust, Mencap and the GP Clinical Lead – LD Champion. Two webinars had been held for people with learning disabilities, which had been very well attended. A webinar had also been delivered to practices, providing information related to consent and best interest, to ensure they were prepared to undertake this properly. Several practices had organised pop up clinics within their own surgeries and were inviting patients with learning disabilities to receive their vaccinations in surroundings that were more comfortable and familiar. So far, 79.4% of the borough's patient with learning disabilities had already received their vaccinations and the GP Clinical Lead – LD Champion was tirelessly checking that practices were contacting this cohort to offer help and support. A similar programme was also in place for patients with serious mental illness. The Executive Assistant for Adult Care and Health informed Members that she had co-chaired a recent meeting of the Learning Disability Partnership Board and the feedback received from LD carers regarding the vaccinations programme had been very positive. They had been extremely pleased with the offer for the person with learning disabilities to receive their vaccination at home, and their carer being vaccinated at the same time.

The Chairman thanked the LBB Assistant Director for Integrated Commissioning and Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) for their presentation to the Sub-Committee.

46 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING

Report CSD21044

The Chairman reminded Members that, as the “shape of the world had changed” over the last year, it was agreed at the last meeting that the matters outstanding be removed as they were no longer appropriate.

Members were asked to contact the clerk directly if there were any items that they wished to add to the work programme for the year ahead.

47 ANY OTHER BUSINESS

The Chairman noted that this was the final Health Scrutiny Sub-Committee meeting of the municipal year and thanked Members for their contributions throughout the year.

48 FUTURE MEETING DATES

4.00pm, Tuesday 13th July 2021
4.00pm, Thursday 7th October 2021
4.00pm, Thursday 13th January 2022
4.00pm, Wednesday 20th April 2022

The Meeting ended at 5.06 pm

Chairman

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ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

GP Access in Bromley

Cheryl Rehal
Acting Head of Primary Care, Bromley

Dr Angela Bhan
Bromley Borough Director

July 2021

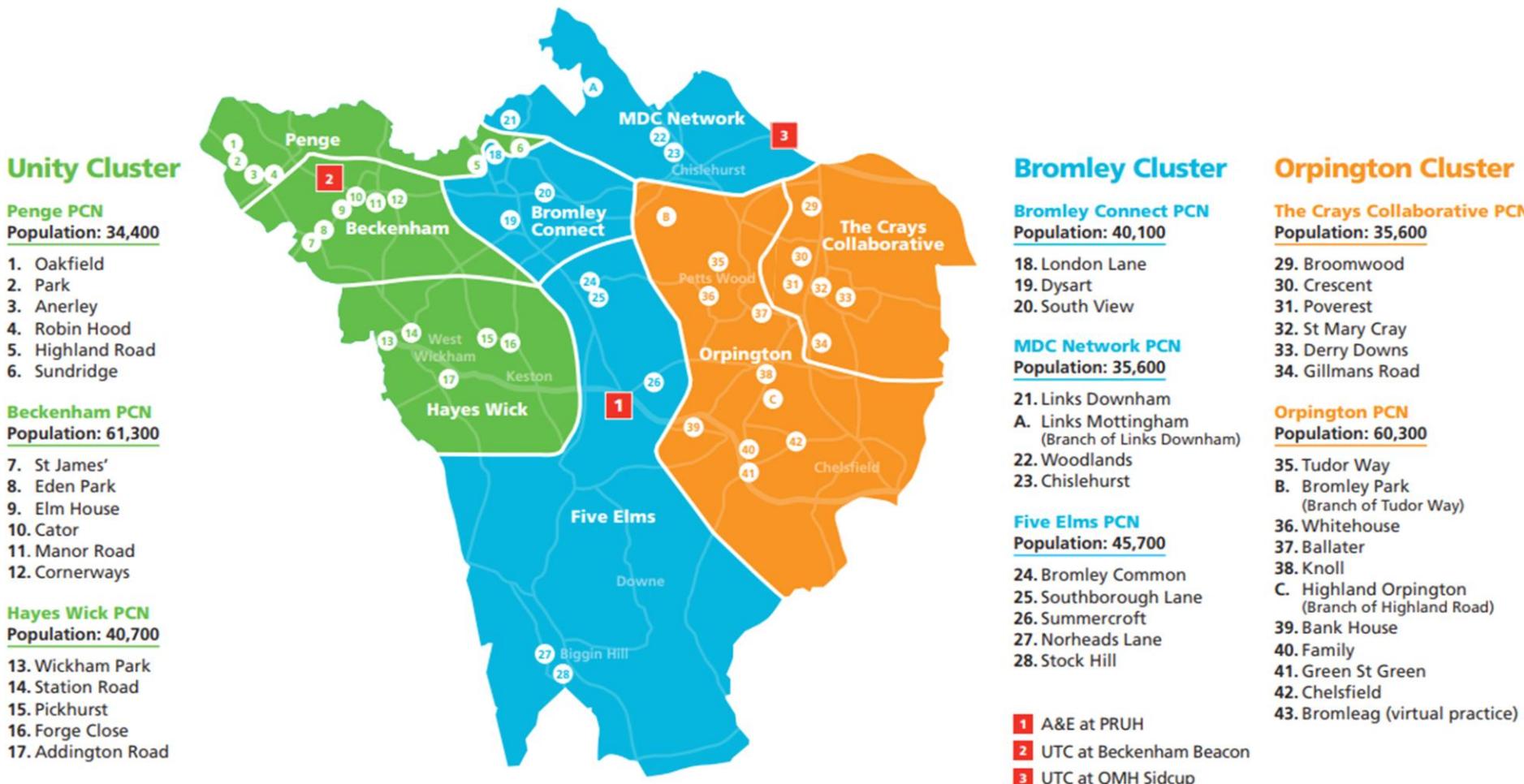
Overview

- GP access before and since the pandemic
- GP access data
- Total triage and online consultations
- Patient engagement
- Learnings and improving access in General Practice

Bromley primary care: 43 GP practices, 8 PCNs

Bromley Primary Care Networks

Population: 353,700



GP access before the pandemic

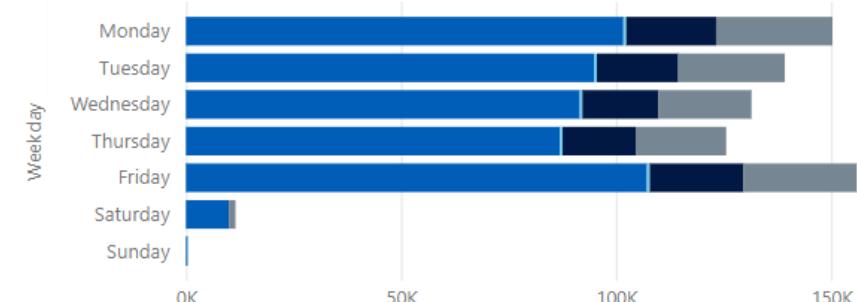
- Consultations were predominantly face-to-face appointments: 69%
- Around half of patients were able to book a same day/next day appointment
- The main way of contacting the practice was by phone or in person
- Major technology advance locally: professional websites
- Only 6 out of 43 practices were offering online consultations
- Limited numbers of patients registered for access to electronic repeat prescriptions and online access to medical records and test results.

Remote consultations were already in use across the country before the pandemic. A number of remote-first GP ‘apps’ (Babylon Health, Virtually GP) were promoting themselves to patients as convenient and highly accessible. These were destabilising general practice by ‘cherry-picking’ the relatively healthy, working age population, leaving the most complex or time-intensive patients to traditional GP practices.

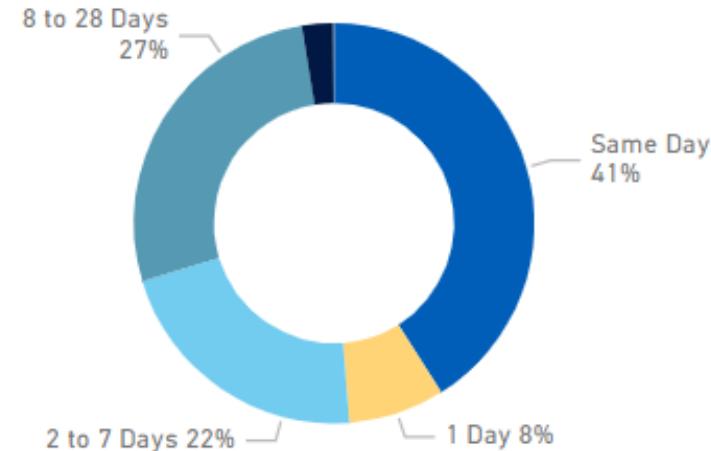
In addition to this impetus for change, the NHS Long Term Plan’s aim was for every patient in England to have the option to access online and video consultations by 2021.

Total count of appointments in SEL GP by mode, Nov 2019

APPT MODE ● Face-to-Face ● Home Visit ● Telephone ● Unknown



Percentage of appointments by time elapsed in SEL GP, Nov 2019



Source: NHS Digital

Adapting GP access to Covid times

GP practices rapidly switched to virtual consultations to protect patients and staff

- Facing workforce gaps due to self-isolation and limited access to PPE, practices rapidly implemented **virtual consultations** – online, telephone and video
- Non-essential, routine care was paused in line with the national strategy to **protect capacity for those most needing care**. National messages guided patients to call 111.
- GP practices were required to operate '**total triage**', assessing all patients remotely, restricting entry to surgeries for essential in-person care only

Spring 2020

Summer/Winter
2020

As part of the restoration of services, face-to-face care has increased

- A summer campaign sought to **encourage patients to seek help for ailments** in a timely manner and contact their GP practice for overdue care and screening services.
- GPs reported **difficulties assuring anxious patients** that it was safe to visit their surgery, with reports of reluctance particularly high amongst 'shielders' and other more vulnerable patients.

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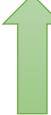
General Practice is 'open for business', with adaptations

- GP surgeries form a core element of the delivery model for the **Covid vaccination programme**, balancing this priority with delivering core services to their patients
- GP surgeries are now expected to permit visits to surgery receptions, with a **lower threshold for in-person consultations**, where safe to do so.

Spring/Summer
2021

Most recent data on GP access

 **Total appointments in General Practice have risen:** across SEL nearly 750,000 appointments were offered in March 2021 compared with 664,000 in March 2020

 **F2F appointments have risen** since the original lockdown: in March 2021 42% of appointments were F2F, compared to just 32% during April-May 2020.



Patients are receiving an appointment sooner: there were 440,000 same day/next day appointments in March 2021 across SEL (60% of total), compared to 350,000 in November 2019.



Home visiting has returned to near pre-pandemic levels: home visits stand at around 3000 per month across SEL.

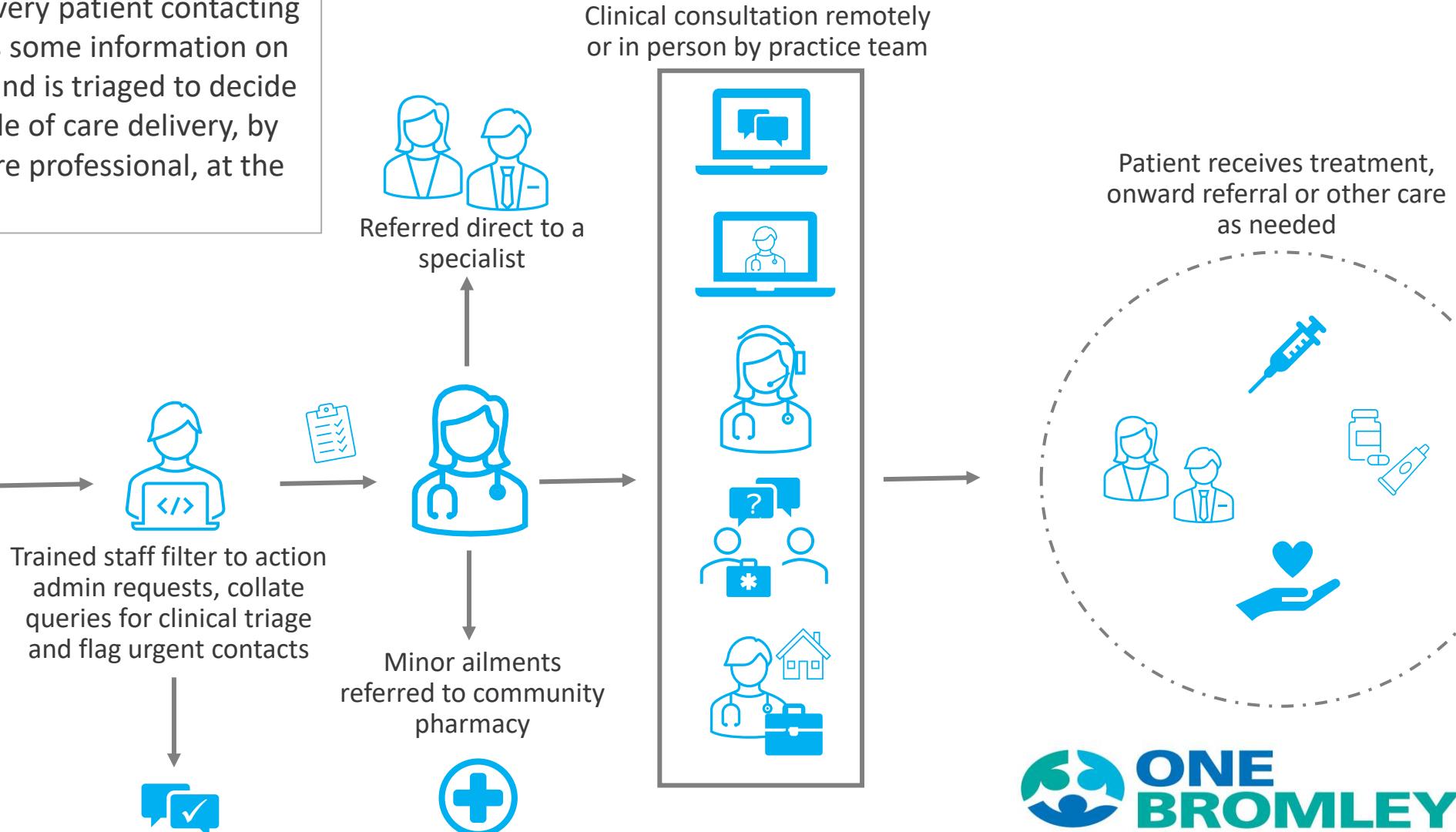
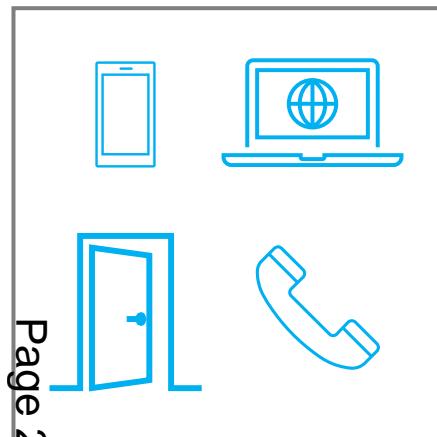
 **Online consultations quadrupled** since pre-pandemic levels. Around 15,000 e-consults are now submitted to Bromley GP practices every month.



Pre-pandemic, in-person appointments represented 69% of all appointments. However only a limited number of practices offered remote consultations before the pandemic, and even fewer had access to video or telehealth solutions such as oximetry@home.

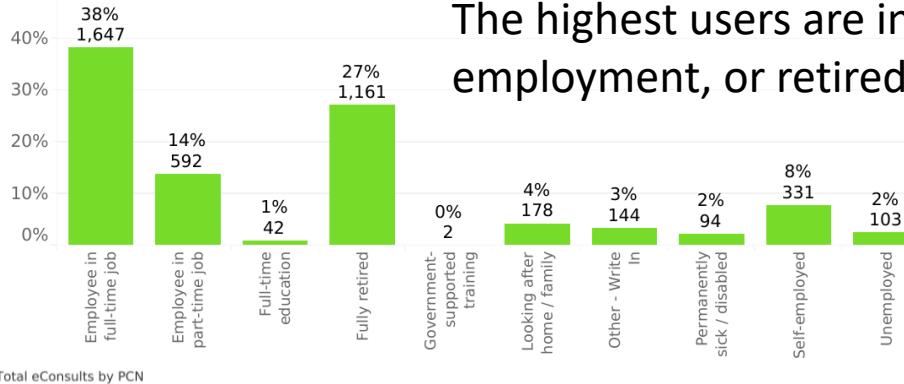
Accessing general practice via total triage

Total triage means that every patient contacting the practice first provides some information on the reasons for contact, and is triaged to decide on the most suitable mode of care delivery, by the appropriate healthcare professional, at the right level of urgency.



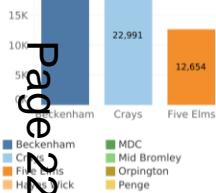
Online consultations

What best describes your current work status?

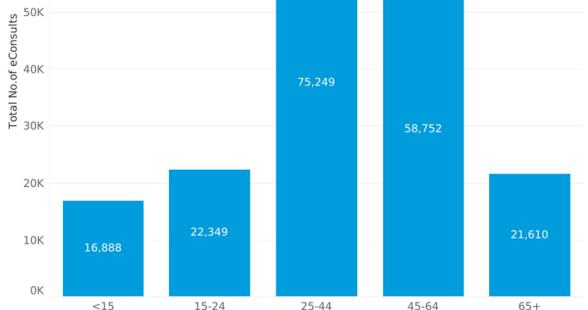


The highest users are in employment, or retired...

...whilst the lowest usage is in the Penge area.

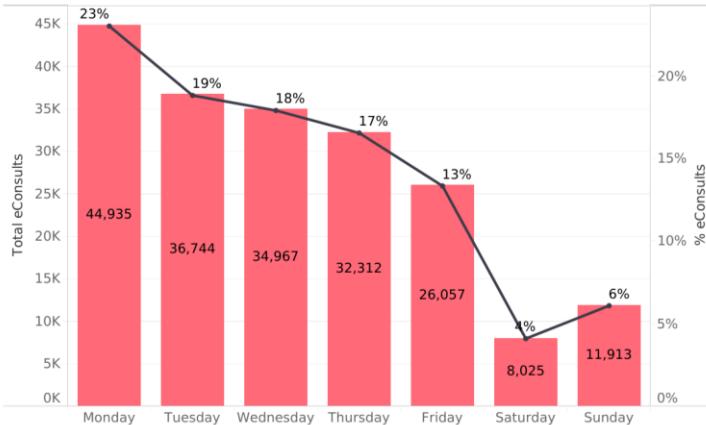


Overall, the most prolific users are 25-64 year olds.



Most e-consults are submitted early in the week...

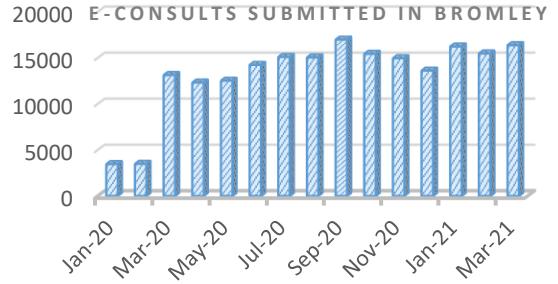
Total eConsults by Day



Top Treatment Categories

General advice	62,478
Administrative help	51,061
Rash, spots and skin problems	7,606
My child is generally unwell	5,464
Earache	4,166
Depression	3,800
Contraception	3,551
Anxiety	3,215
Back pain	2,967
Cystitis in women	2,915

...for conditions suited to remote advice.



Online consultations *may* be reducing the demand on other modes of contacting the GP...

What would you have done if eConsult was not available?

	% Responses	Responses
Called a non-emergency helpline	0%	11
Looked for further information on the Inte..	1%	48
Nothing - I would not have sought any oth..	2%	84
Requested a face-to-face appointment wit..	26%	1,114
Requested a telephone discussion with m..	55%	2,363
Requested an appointment with the pract..	3%	114
Other - Write In	5%	216
Called NHS 111	3%	130
Gone to a pharmacy / chemist	2%	84
Gone to a walk-in centre	1%	60
Gone to a Walk-in Centre	0%	1
Gone to an A&E department	1%	29
Gone to an urgent care centre	1%	41
Phoned 999	0%	12

...whilst only to a minimal extent for the wider healthcare system.

Access challenges for patients

Patients' physical and mental health have been affected by:

- Lockdown
- Delays in seeking help
- Unaware that services are open
- Reluctance to burden the NHS further
- Unwilling to visit the surgery
- Preference to wait for F2F contact

Page 23

5% didn't know the practice was open



31% have delayed seeking help



More than 30% had their physical and mental health affected by lockdown



Different options for remote consultation are working well..



Telephone and video consultations, e-consultations, online prescriptions

...but face to face appointments are still essential



Primary care is now addressing a build up of work due to:

- Workforce challenges reducing practice capacity
- Increase in demand, both new and accumulated
- Increase in acuity
- Longer waiting lists for acute specialities
- Backlog in routine check-ups, screening and immunisations

ONE BROMLEY

Source: July 2020 Bromley Patient Survey

'General Practice is here for you'

The coronavirus pandemic resulted in a decrease in people accessing NHS services for a range of conditions unrelated to coronavirus.

The NHS 'Open for business' campaign sought to give people permission to access NHS services and reassure them that they won't be a burden on the NHS.

The GP campaign was accompanied by explanations about remote triage and consultations, and that face-to-face appointments were being offered alongside other ways of accessing GP services.

GP PRACTICES HAVE MEASURES IN PLACE TO MINIMISE THE RISK FROM CORONAVIRUS.

NHS

Your health matters help us help you

Have a telephone consultation

over the phone, or a video consultation.

How to access your GP practice
80,004 views • Dec 3, 2020

NHS England and NHS Improvement 10.9K subscribers

102 53 SHARE SAVE ...

SUBSCRIBE



Listening to patients

I'd like it to go back to how it was before Covid, with face to face contact, the telephone consults are not always the best way for some health care issues

'I can't get anything done, and you blame everything on COVID 19'

'Dissatisfied my GP has not consulted with me to check on my wellbeing during the lockdown than depend on a telephone survey'

In addition to the feedback direct to practices from patients via Friends & Family Test, Patient Participation Groups and ad hoc contacts, there have been efforts locally and nationally to understand people's experiences of accessing General Practice:

- Pre-pandemic national GP patient survey (issued July 2020)
- Local Healthwatch survey into primary care access (conducted summer 2020, published June 2021)
- National Healthwatch survey on GP access (conducted winter 2020, published March 2021)
- This year's national GP patient survey (due July 2021)
- SEL-wide analysis of patient access to primary care (planned for later this year)

'I like it how it's been over the last 3 months'

I used e-consult before this and will be happy to continue doing so, so long as face-to-face consultation will also be available if/when I need it'

'I have preferred the process used in lockdown to the normal process used before lockdown'

Practice experiences

In Bromley, GP practices:

- Have, on average, a high proportion of older patients on their list
- Are more likely to be small, and/or single-handed practices
- Some operate a more traditional model, with limited modernisation of systems.

Whilst noting these factors:

- Many GPs and their staff have adopted new ways of working very effectively
- Total triage has been beneficial as a way to keep patients and staff safe
- Most GPs still prefer in-person consultations as a safe, reliable way to provide care
- But are balancing this alongside rising rates of Covid and potential risks of visitors infecting other vulnerable patients and staff
- Practices are reporting an increase in the volume of contacts, and an increase in unhappiness amongst patients (who may be frustrated, worried, fatigued, etc)



Improving access in General Practice

Technology and estates

Modernising operations

Digital technology investment, telephony systems, remote working solutions, staff training

Covid-safe premises

Premises improvements, better waiting areas, more effective use of clinical space

Workforce

Expand workforce

Expansion of primary care roles eg clinical pharmacists, physios, paramedics, MH practitioners

Retain workforce

Wellbeing support, flexible working patterns, reduce burden through collaboration

Proficient triage

Redesign of 'reception' roles and internal pathways

Virtual consultation skills

Clinician training to engage with and assess patients remotely

Patient needs

Meeting diverse preferences

Providing a range of appointment options to meet preferences, from more locations

Accessibility requirements

Establish flexible, inclusive virtual access, eg for hearing and sight-impaired patients

Strategic planning

Demand analysis and insight

Improve quality of appointments data, analyse local data for trends in demand and utilisation

Effective communications

Adopt modern communication tools, update patients regularly, increase two-way flow

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ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Long Covid Services Development in Bromley

Introduction

Symptoms include

- extreme tiredness (fatigue)
- shortness of breath
- chest pain or tightness
- problems with memory and concentration ("brain fog")
- difficulty sleeping (insomnia)
- heart palpitations
- dizziness
- pins and needles
- joint pain
- depression and anxiety
- tinnitus, earaches
- feeling sick, diarrhoea, stomach aches, loss of appetite
- a high temperature, cough, headaches, sore throat, changes to sense of smell or taste
- rashes

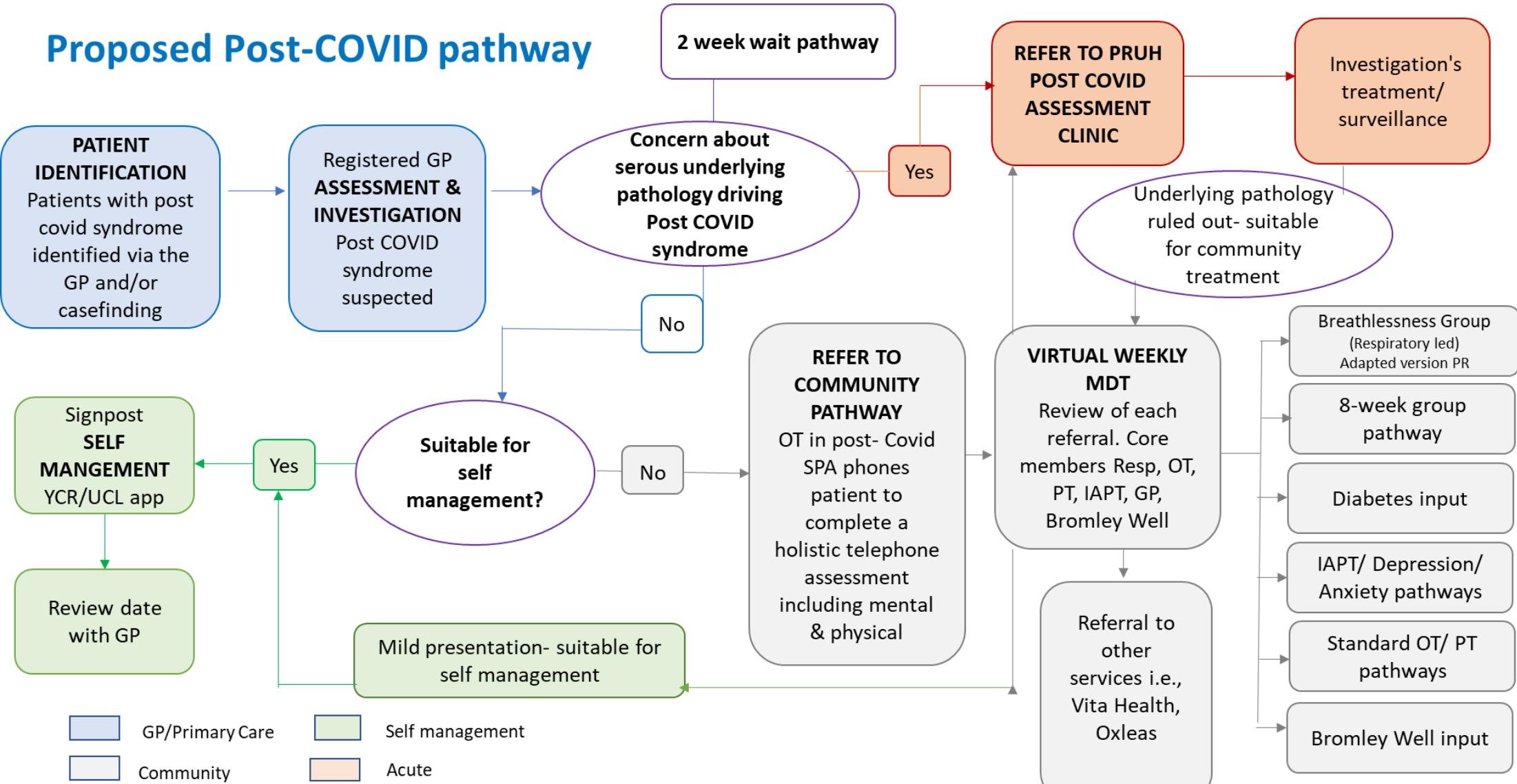
What are we doing?

- Your Covid Recovery on-line platform
- Post Covid Syndrome Assessment Clinic at the PRUH starting 28th April
- Development of a One Bromley Integrated Post Covid "Single Point of Access" and Multi-disciplinary Team
- Co-ordinating services across One Bromley Partners to respond to demand
- Dedicated training and support for GPs
- Research, data analysis and patient surveys on the impact on Bromley patients

Website Resources

<https://www.yourcovidrecovery.nhs.uk/>

Proposed Post-COVID pathway



Primary Care / GP support

- Resources and funding in place to support GPs to identify and assess patients
- Dedicated training and support for GPs
- Developed a single post covid syndrome assessment SEL referral form and protocols to ensure that necessary examination and investigations before a referral is made.
- Protocols will support GPs in deciding the most appropriate treatment for patients
- Work to improve coding of data to support learning and development

Specialist post-COVID syndrome assessment clinics

- A Specialist post-COVID syndrome assessment clinic has been established at the PRUH and running since April 2021.
- Clinic developed across South-East London as part of a national directive
- Undertakes a holistic assessment including respiratory or neurological symptoms to rule out serious underlying pathology.

Self Management

- Your COVID Recovery website launched nationally in Summer 2020
- Provides a personalised and tailored package of modules covering topics such as fatigue and breathlessness management and nutritional advice for use by patients following a clinical consultation, under the supervision of a clinician.
- Other platforms being considered across SEL
- Support from the Bromley Well services also available

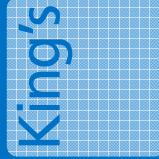
Community: Post COVID MDT aftercare

- Community based post-COVID service being developed in line with National and SEL models
- Services can be assessed via direct GP referrals and the acute specialist post-COVID clinic;
- The proposal includes the establishment of virtual weekly Multi-disciplinary team meetings, integrated with primary, secondary care and mental health services;
- The patient will receive a comprehensive holistic assessment and will determine whether the patient is suitable for self-management, offer further monitoring and support or direct face to face interventions including groups.

Health Overview and Scrutiny Committee

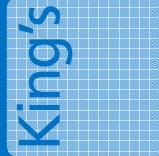
PRUH summary report
July 2021

The logo for King's College Hospital NHS Foundation Trust, featuring the word "King's" in white on a blue grid background.



Introduction

- Site Chief Executive update
- COVID-19 overview
- Patient experience
- Transformation
- Workforce
- Finance



COVID-19 overview

- **PRUH status**
 - ❖ Over the last 30 days: 13 COVID-19 positive admissions and 18 discharges. There have been zero deaths reported (as at 17.06.2021).
- **'Third wave' preparation**
- **Staff Vaccination**
 - ❖ Cross Trust 82% of staff fully vaccinated.
 - ❖ PRUH/SS 2,143 out of 2,646 staff are full vaccinated.
 - ❖ All staff are offered 1:1 conversations to allay concerns.
- **Bromley Vaccination Centre**



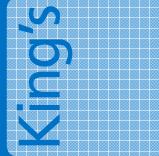
Patient experience

- **Friends and Family Test latest data, May 2021**
 - ❖ Response rate has doubled.
 - ❖ We achieved high scores for: professional and competent; emotional and psychological support; compassion; politeness.
 - ❖ Service specific results:
 - Inpatient: 97%
 - A&E: 77%
 - Maternity: 97%
 - Outpatients: 87%
- **Inpatient and outpatient feedback**
 - ❖ Accessibility group
- **Patient complaints review**
- **CQC visit, June 2021**

- **Ward refurbishment programme**
 - ❖ Dementia friendly for the first time for 8 medical wards.
 - ❖ M1 complete, M2 in progress.
- **Staff wellbeing hubs**
- **Endoscopy unit**
 - Investing £20m for 6 procedure rooms, 2 of which will be capable of general anaesthetics. All rooms will have medical gases.
 - Meet current and future demand.
 - Tender planned out in July.
- **Outpatient digitisation**
 - ❖ Text appointment reminders in place since April.
 - ❖ E-clinic (video) appointment roll-out.
 - ❖ Patient portal: ability to access health care letters, leaflets, public health information etc online.
 - ❖ Waiting list pilot.
 - ❖ InTouch check in.

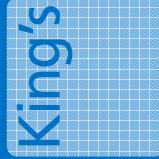
Transformation continued

- **Digital preoperative assessment**
 - ❖ From-home preoperative assessment online.
 - ❖ Improved patient experience.
 - ❖ Live for patients for main and day-surgery theatres.
- **Frailty care**
 - ❖ Developed integrated frailty model with One Bromley partners.
 - ❖ Hospital services include Older Person's Assessment Unit at PRUH (10 assessment and treatment spaces).
 - ❖ Hot clinics.
 - ❖ Refocussed short stay wards.
- **Modular theatre (Orpington)**
- **Car parking deck**
 - ❖ Third round of consultation completed and planning application made.
Decision expected October 2021.
 - ❖ Updated design to minimise disruption.



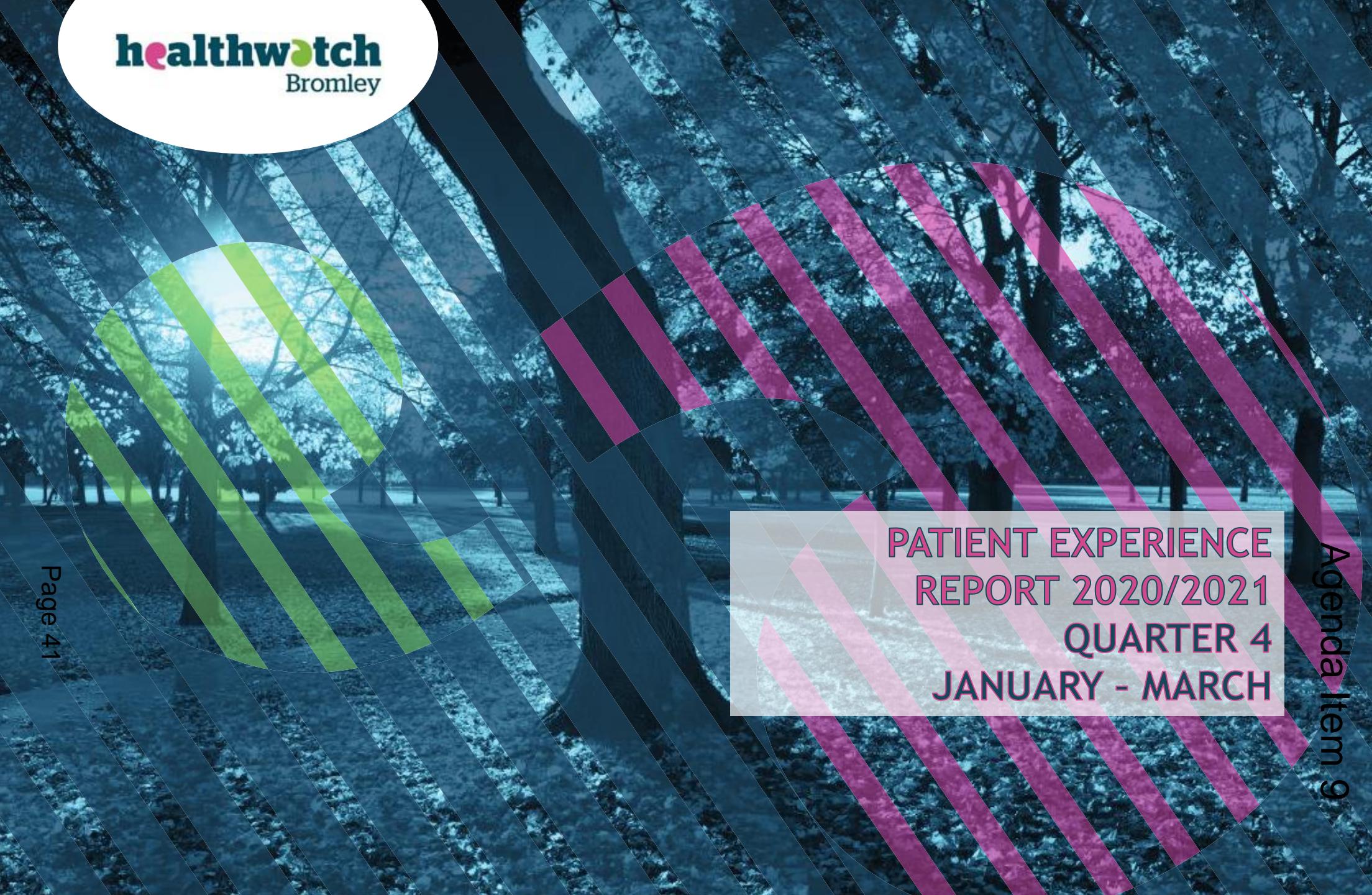
Workforce

- **Regional Senior Responsible Officer for South East London diagnostic programme**
- **New consultant appointments**
 - ❖ Three neurology consultants
 - ❖ One emergency consultant
 - ❖ One histopathologist
 - ❖ One dermatologist
- **Vacancy rates**



Finance

- **Financial position to date**
- **Contextual update**



**PATIENT EXPERIENCE
REPORT 2020/2021
QUARTER 4
JANUARY - MARCH**

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Introduction & Executive Summary

This is the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January 2021 to March 2021.

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, a comprehensive patient experience data collection programme is operated. Annually this yields approximately **2,400** patient experiences.

Normally, our Patient Experience Officer, supported by a team of volunteers, visits health and social care services daily to talk to and hear 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). The form asks patients for simple star ratings on their overall experience, likelihood to recommend a service, treatment, booking and a number of other areas. In addition, there is a free text box where patients are asked to leave a review or feed back comments. We approach every patient, capture their experience in their own words and seek consent for their feedback to be published on the Healthwatch Bromley website, through the Digital Feedback Centre. People can leave their name or comment anonymously. At the end of each service visit, the Patient Experience Officer will relay any urgent matters requiring attention to the service manager. However, this was not possible during this quarter due to COVID-19 and social distancing measures put in place by the UK government.

In adapting to these challenging new circumstances we developed and introduced a new model for our Patient Experience Programme, involving the collection of feedback through telephone calls to Bromley residents and collating existing online reviews from relevant platforms, such as NHS, Care Home, Google reviews and Care Opinion. This new approach has benefitted residents through additional provision of information and signposting. As our service becomes further embedded across the borough, we expect greater awareness of our service and subsequent increasing number of reviews.

Introduction & 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 people use different services at different stages in their lives. Some people, of course, do not use services at all. All those contacted are asked for monitoring information but some do not wish to provide this.

The outreach element of the Healthwatch Bromley Patient Experience Programme is, in normal circumstances, supplemented by community engagement work which cannot currently be undertaken. However, the Healthwatch website (www.healthwatchbromley.co.uk) continues to be available for the public to visit and independently provide service feedback and comments through our Digital Feedback Centre. Our questions are uniform across the Digital Feedback Centre and the physically collected forms.

This report covers the Quarter 4 period, January to March 2021. During this time, **600** reviews were collected. Of the total number of patient experiences received, based on the star rating provided by patients (see next page), **468** (78%) were positive, **17**(3%) were neutral and **115** (19%) 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.

Page
4

Healthwatch Bromley presents this information for consideration and anticipates that it will be used to highlight good practice and areas for improvement.

Our Data Explained

Healthwatch Bromley uses a Digital Feedback Centre (on our website) and Informatics system (software sitting behind the Digital Feedback Centre) to capture and analyse patient experience feedback. The Informatics system is currently used by approximately a third of the Healthwatch Network across England and captures feedback in a number of ways:

1. It asks for an overall star rating of the service (one to five)
2. It provides a free text box for comment
3. It asks for a star rating against specific domain areas, (one to five). Unfortunately, for this quarter as most of the reviews were collected online, this information is not available.

In terms of reporting, the above provides Healthwatch with several data sets.

Star ratings provide a simple snapshot average, both overall and against specific domain areas.

The free-text comment box is analysed in two different ways resulting in two different data sets:

The Informatics system looks at the patient experience comment in its totality, using a sophisticated algorithm to analyse words and phrases in order to apply a sentiment score to the overall comment. The sentiment score is translated into an overall positive, negative or neutral sentiment. This is an automatic process. Where overall sentiment is highlighted in the report, it relates to this aspect of the process.
Page 45

Overall Star Ratings

The table below shows a breakdown of the positive, negative and neutral patient reviews (see the appendices for examples of our physical and online questionnaires).

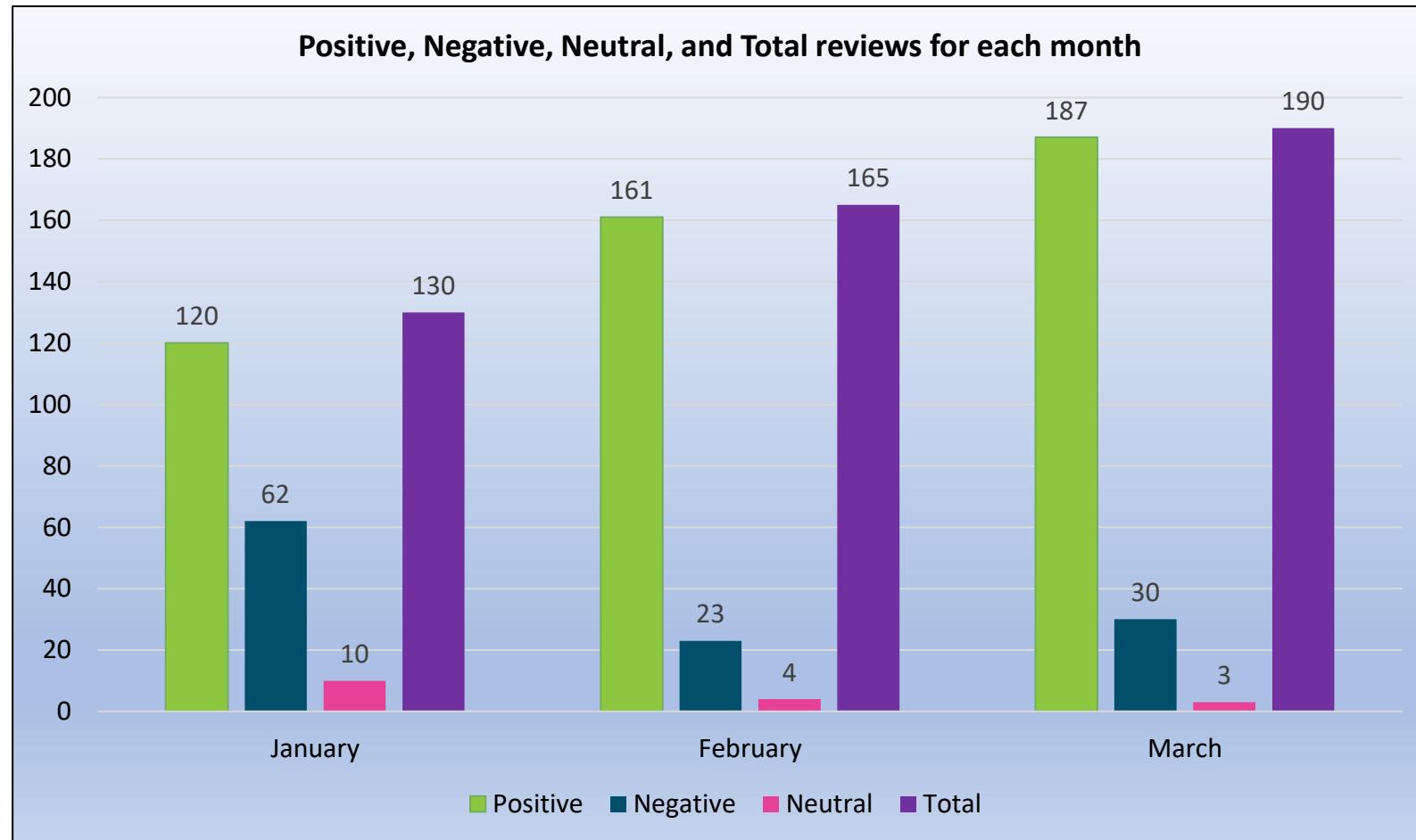
Each patient is asked to give an overall rating out of 5 stars for a service. Star ratings of 1 and 2 indicate a negative response, a star rating of 3 indicates a neutral response and star ratings of 4 and 5 indicate a positive response. It is important to note that our experience in other boroughs has shown that people are very reluctant to give a negative rating of their care provider. When the 3* 'neutral' ratings are analysed in more detail we have traditionally found these to outline negative feedback. Therefore, where a significant number of 3* ratings are found, our experience tells us these areas are worthy of further attention to help identify areas for improvement.

This quarter 468 positive responses, 115 negative responses and 17 neutral responses have been recorded.

Month	4-5 Star Reviews (Positive) ★ ★ ★ ★ ★	1-2 Star Reviews (Negative) ★ ★ ☆ ☆ ☆	3 Star Reviews (Neutral) ★ ★ ★ ☆ ☆
January	120	62	10
February	161	23	4
March	187	30	3
Total	468	115	17

Overall Star Ratings continued

This chart provides a breakdown of positive, negative, neutral and an overall total number of reviews for each month.

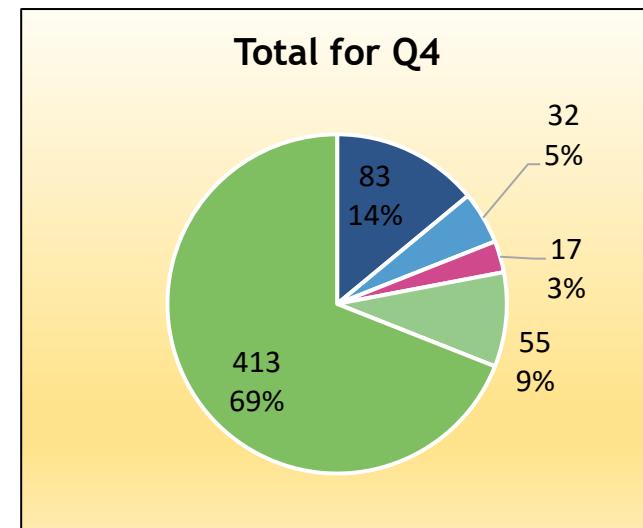
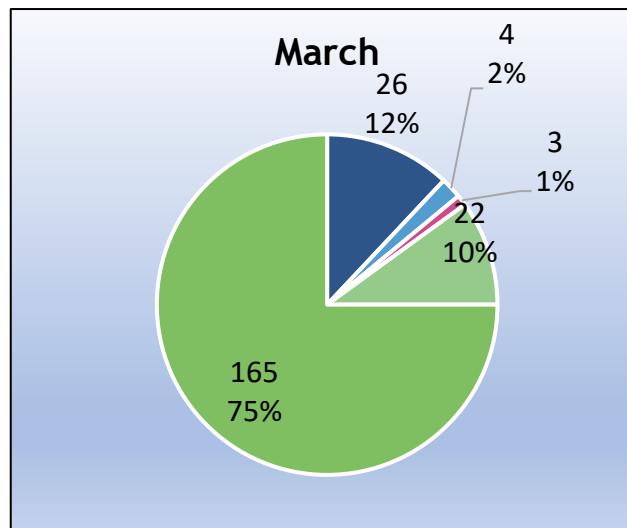
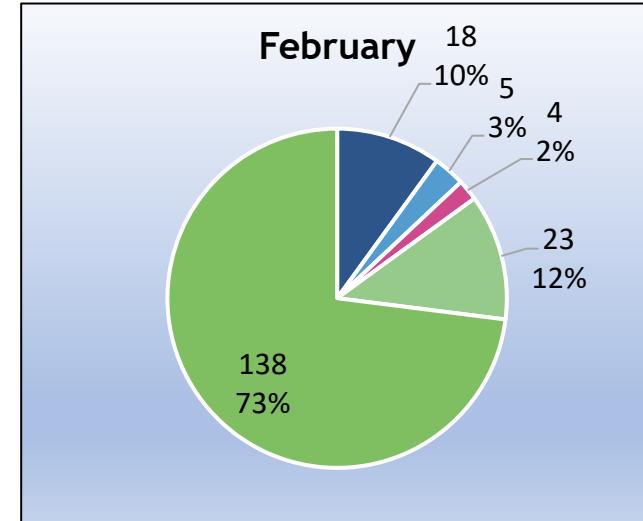
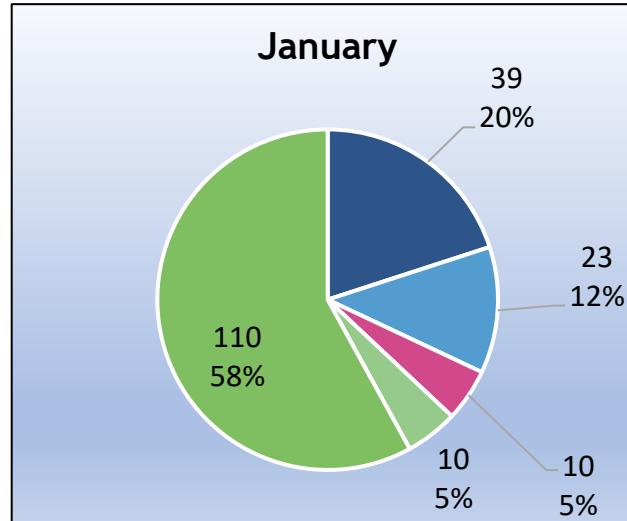


Overall Star Ratings continued

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, followed by the 1 star rating, apart from February which was followed by the 4 star rating.

The overall star ratings for services tell us that people are very satisfied with the quality of services across the borough.

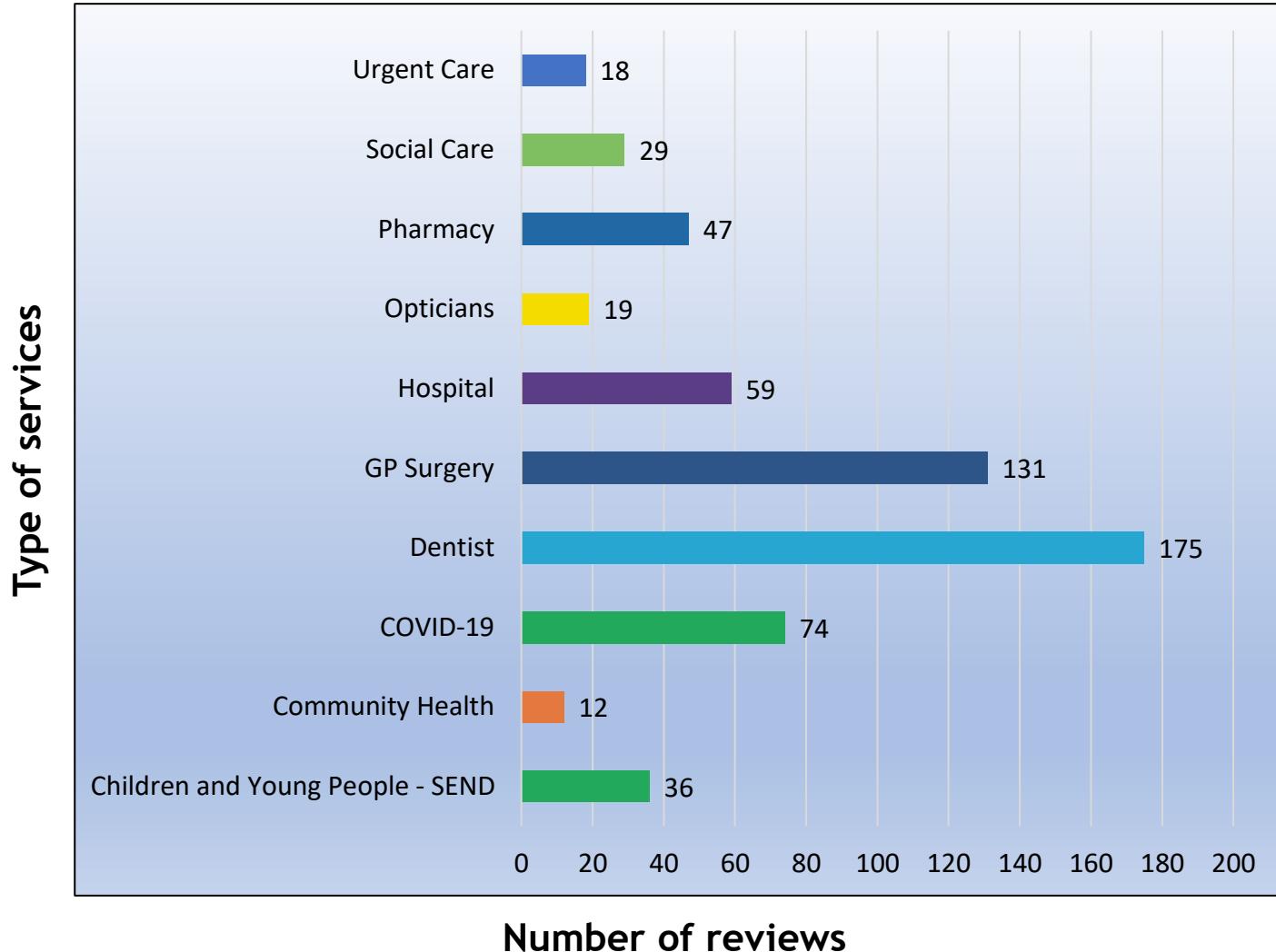


Total Reviews per Service Category

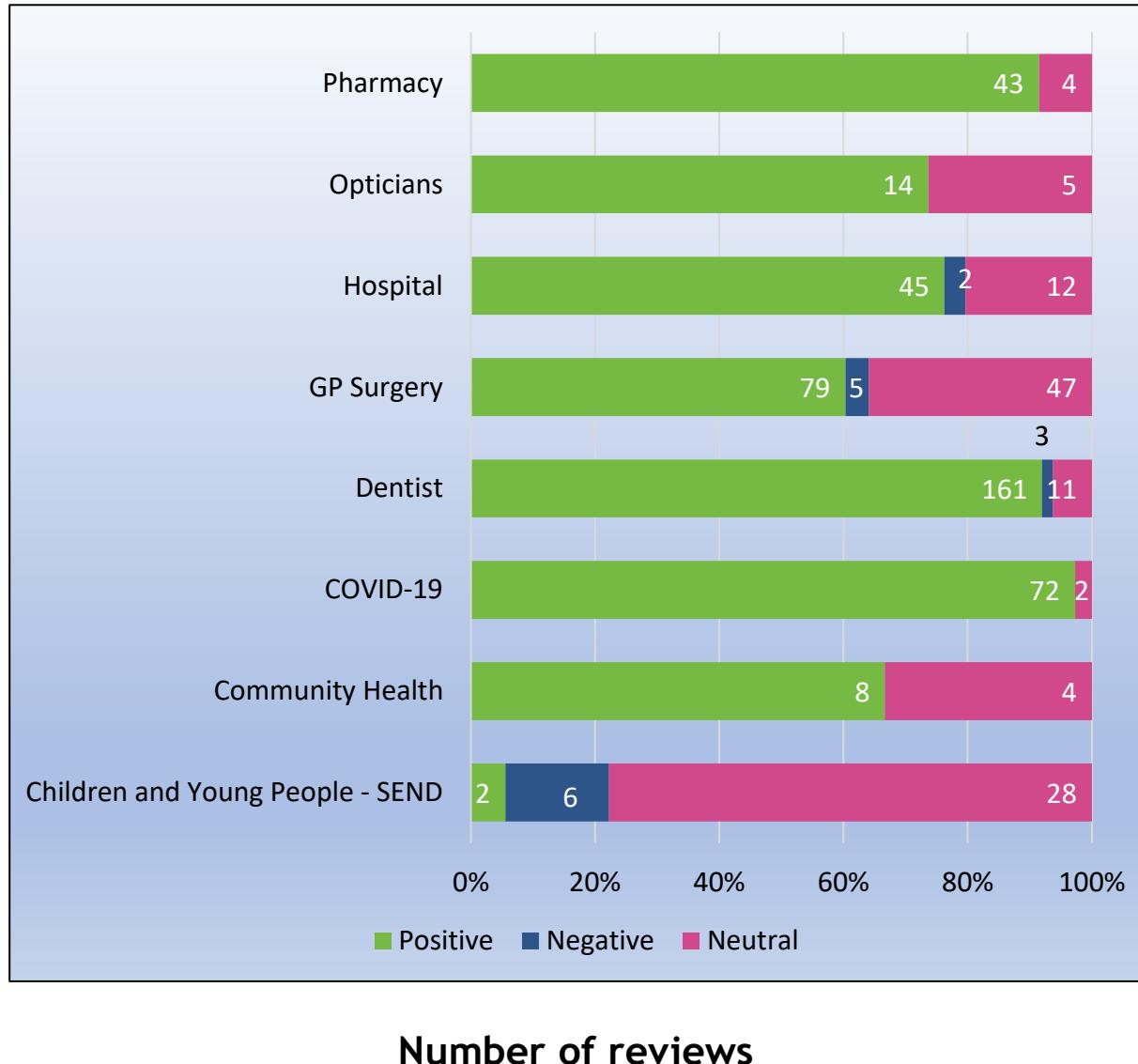
The patient reviews recorded for this quarter cover ten service categories, as seen in this chart.

The category with the highest number of reviews recorded is dentists (175), followed by GPs (131), then Covid-19 vaccination (74).

This quarter, we introduced a new, COVID-19 category to reflect the borough wide effort to carry out the COVID-19 vaccination programme. This will help us to understand people's experiences of the vaccination process.



Distribution of Positive, Negative & Neutral



This bar chart compares the number of positive, negative and neutral reviews for each category. This is based on the overall star rating.

- 29% of the reviews were about people's experiences of dentists
- 22% of the reviews were about people's experiences of GP surgeries
- 12% of the reviews were about people's experiences of Covid-19 vaccination
- 10% of the reviews were about people's experiences of hospitals
- 8% of the reviews were about people's experiences with pharmacies.

Other comments were about Community Health Services, Urgent Care, Opticians and Children and Young People - SEND.

Of these services: feedback relating to COVID-19 vaccination received the highest proportion of positive reviews at 97%, followed by urgent care with 94%, Social care with 93%, Pharmacies with 91% and Hospitals with 76%. The categories that received the lowest proportion of positive reviews are Children and Young People - SEND with only 5% positive reviews. GPs received 36% negative reviews, which suggests there are areas for improvement.

Themes and Sub-Themes

This section shows a breakdown of the main themes and sub-themes for service areas where we received a significant number of reviews. In Q4 these areas were: dentists, GPs, COVID-19 vaccination, hospitals and pharmacies. 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 of our physical and online questionnaires).

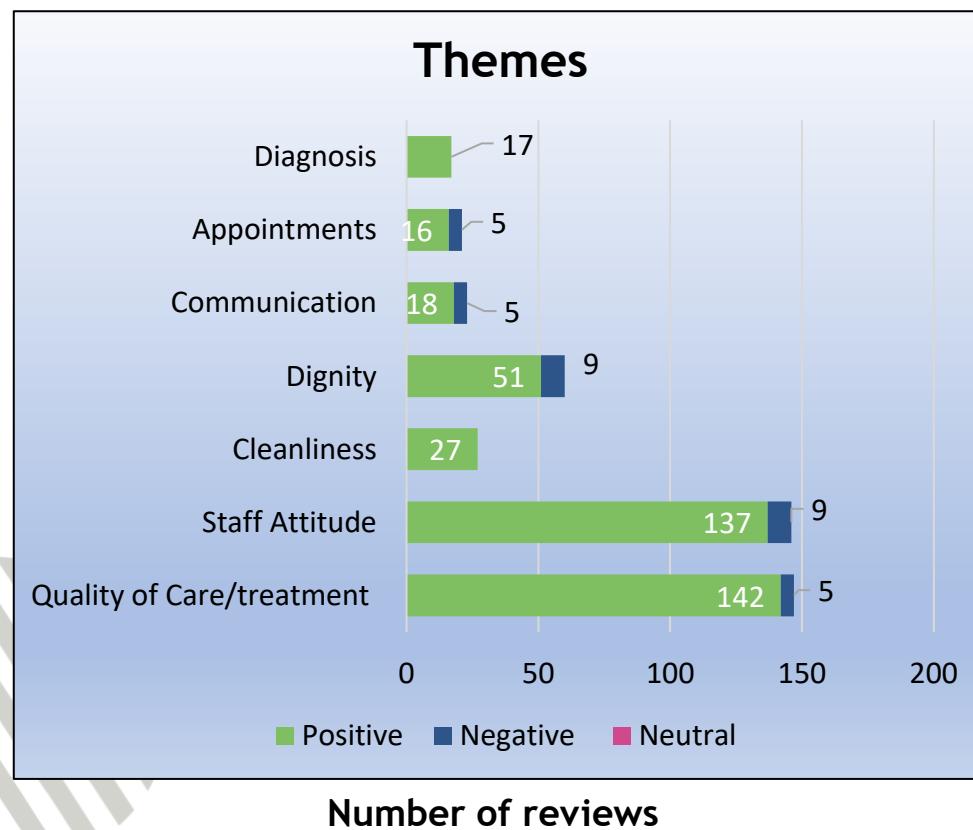
Each comment is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see appendix 3 p43-45 for a full list).

For this reason, the total number of theme counts will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, negative, or neutral 'sentiment' is allocated. The application of themes, sub-themes and sentiment is a manual process and differs from the star rating patients provide.

Themes/Trends for Dentists

Quality of care and treatment was the most applied theme this quarter for dental services with a total of 147 counts. 97% (142 counts) being positive and 3% (5 counts) negative. This level of positive reviews shows that patients were mainly satisfied with their treatment.

Another positive theme was **staff attitude**, with 94% (137 counts) reported positive reviews, and only 6% (9 counts) negative.



Positive reviews

“My appointment was arranged within 2 days. The dentist was very friendly and reassuring. A follow up appointment with a specialist was arranged again within a couple of days. Very professional but friendly.” *GP surgery*.

“Great and professional service by the staff. I was clearly explained the procedure that immediately put me at ease. Great job!” *Dentist*

Negative reviews

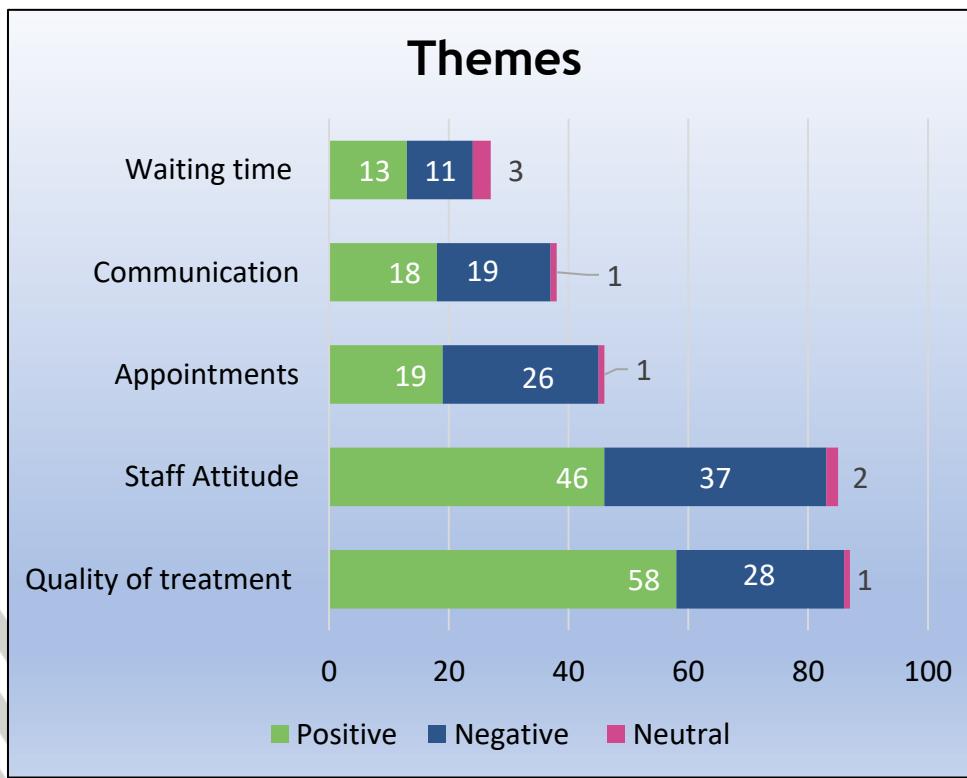
“Not happy with the treatment!” *Dentist*

“Unfortunately its all about money if your going private your good to go but for NHS patients there is no where to go with little information in where to go. I have already paid £280 before it a lot of money. I don't know the ins and outs but it not helping me or other people that need treatment and can't get it because NHS is not accepting.”

Dentist

Themes/Trends for GPs

Quality of treatment was the most applied theme this quarter for GPs with a total of 87 counts, 67% (58 counts) being positive and 32% (28 counts) negative. Though a majority of the aggregated theme reviews (61%) were positive, there is scope for improvement as 39% were negative/neutral. In addition to the Quality of treatment theme, many people (57%) reported difficulties in accessing appointments.



Positive reviews

“Great Drs and the receptionist are so very helpful.”
GP surgery

“Although Covid-19 is causing problems for everyone, the surgery and its staff have been very helpful sorting out consults and sick notes! Thank you.” *GP surgery*

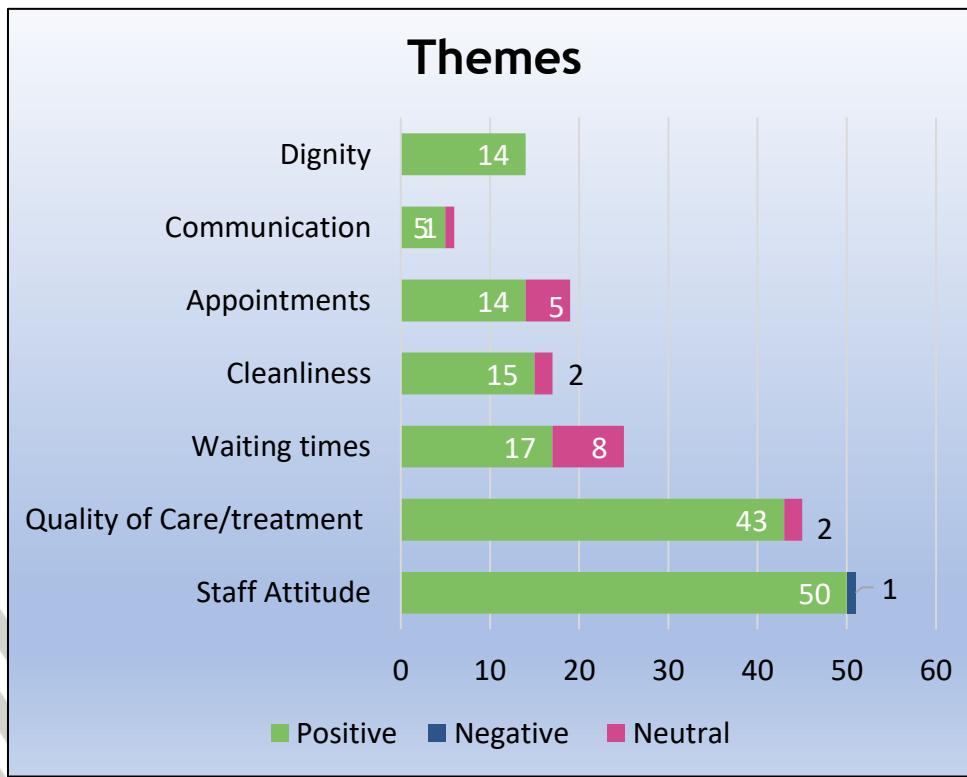
Negative reviews

“Doctors are good BUT it is near impossible to see one and has been this way for years. The sole role of the admin staff is to stop you seeing one.” *GP surgery*

“Receptionists are so rude and disrespectful. Half the doctors use google and don’t have a clue what they’re doing. Would not recommend.” *GP surgery*

Themes/Trends for COVID-19

COVID-19 vaccination is the new service category we have introduced this quarter. Due to the pandemic, many COVID-19 vaccination sites were set up across the borough. Most themes - access to appointments, quality of services, communications, cleanliness of the venue, treatment explanation, received 100% positive reviews from residents. This very positive overview of COVID-19 vaccination services shows that Bromley residents were extremely satisfied with local vaccination arrangements.



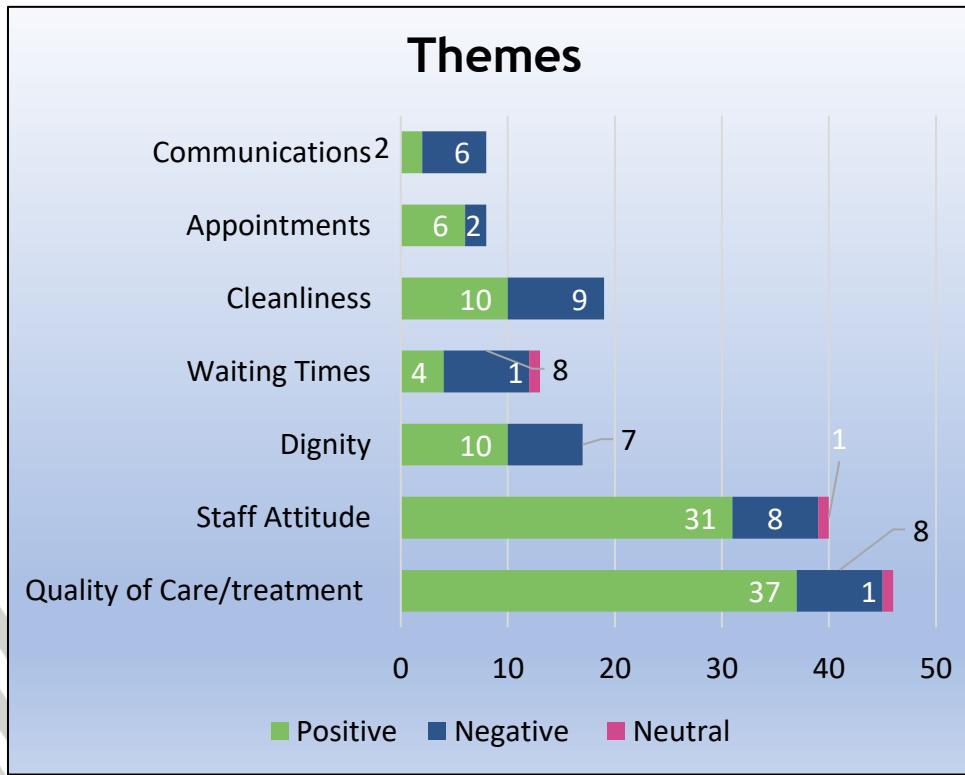
Positive reviews

“This was being used currently for the Covid-19 vaccinations. It was all very professional and efficient.” *Vaccination Centre*

“Everything was excellent and wonderful. Very good with Covid protocols. I got a call followed by letter for my Covid Jab appointment. There was no waiting and the whole thing was over very quickly.” *Vaccination Centre*

Themes/Trends for Hospitals

Quality of care/treatment was the most applied theme this quarter for hospitals with a total of 46 counts, 80% (37 counts) being positive and 17% (8 counts) negative. The mainly positive reviews showed that patients were generally satisfied with the quality of care/treatment received in the hospitals.



Positive reviews

“Treated nicely as an inpatient and an outpatient and thank you for your care.” *Hospital*

“My experience was very good. They were very helpful and professional. I felt I was listened to and helped to make positive changes. I found them easy to talk to and very trusting.” *Hospital*

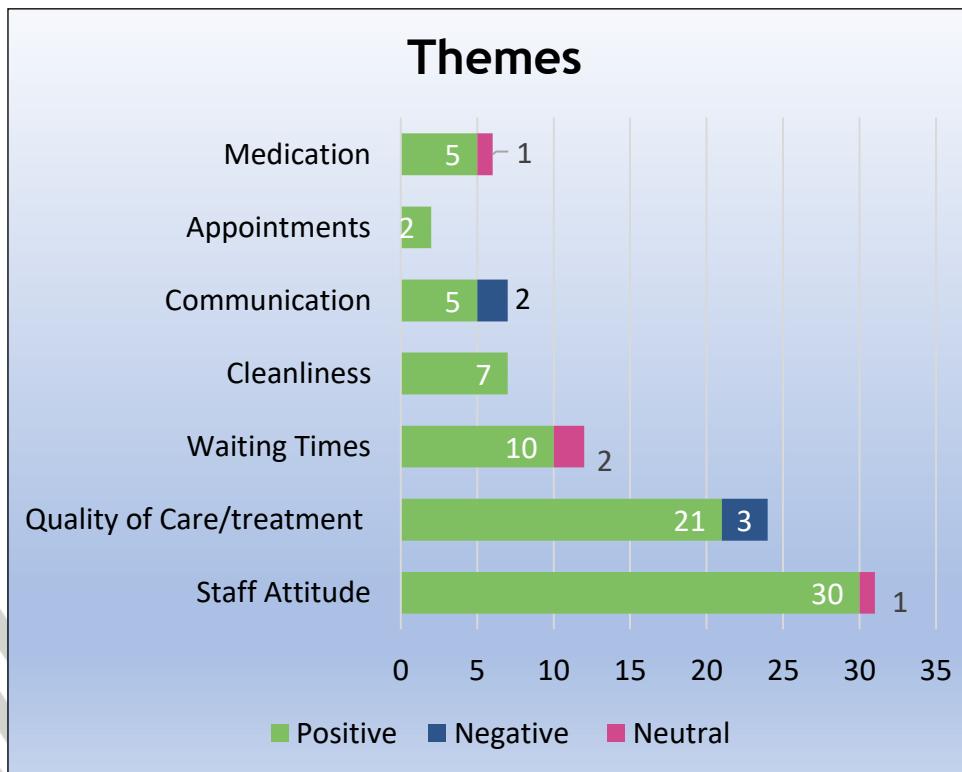
Negative reviews

“Appalling place. I went for a simple procedure which resulted in keyhole surgery.” *Hospital*

“I thought there was a lack of care, and lack of understanding about Co-morbid conditions, staff shortages, staff not given info on diet, medication. I generally just thought they had no care for patients, often not even basic needs (toileting, eating, bathing) are met.” *Hospital*

Themes/Trends for Pharmacies

Staff attitude was the most applied theme this quarter for pharmacies with a total of 31 counts. 97% (30 counts) being positive and 3% (1 count) neutral. The almost entirely positive reviews showed that patients were mainly satisfied with staff attitude and other aspects.



Positive reviews

“Very friendly staff and helpful to customers. Would recommend.” *Pharmacy*

“The pharmacist explains everything if you need to know. Excellent. Almost always have all the medicines ready.” *Pharmacy*

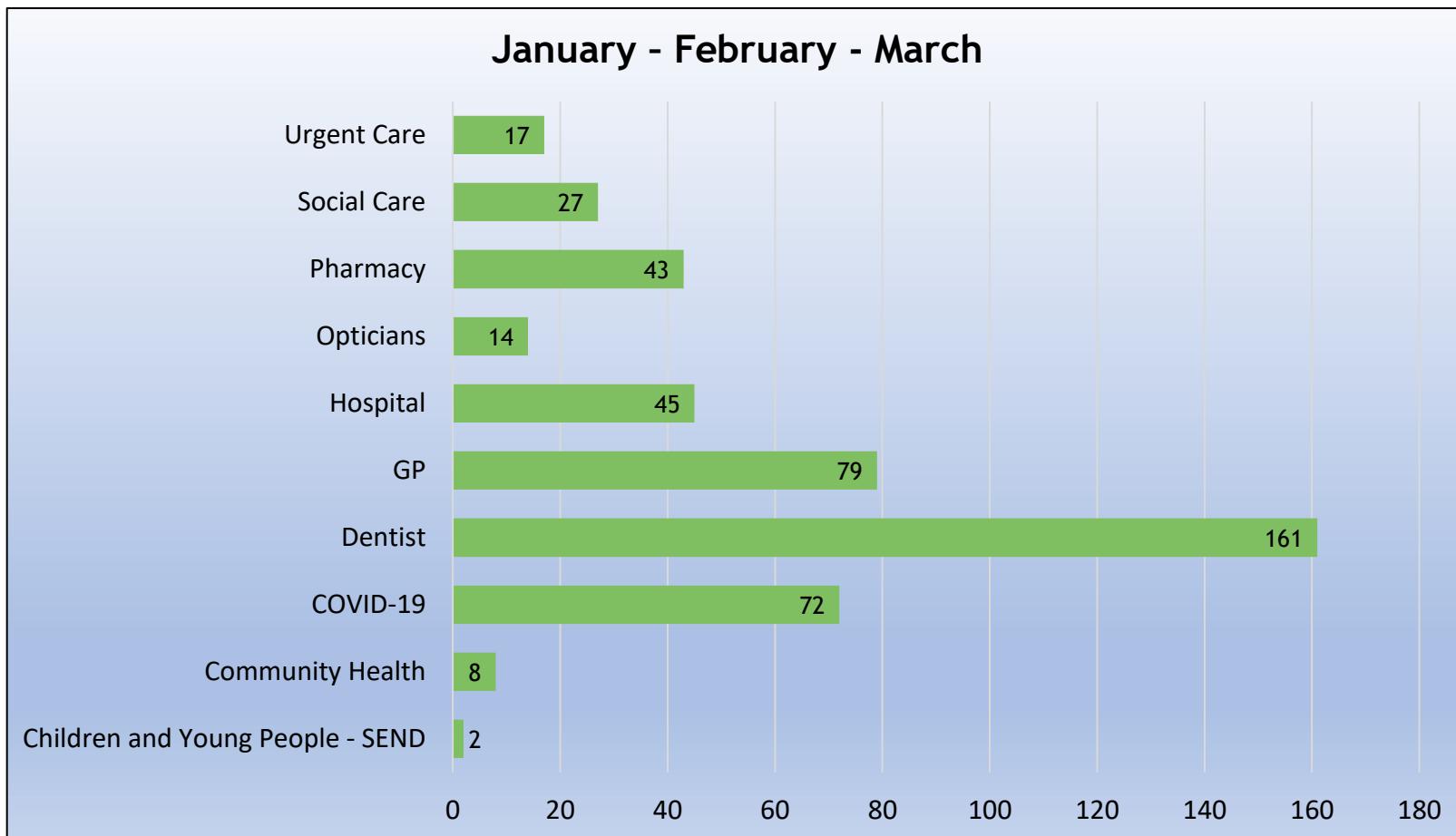
Negative reviews

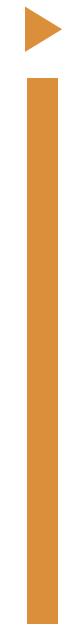
“No good did not receive Covid-19 test results avoid.” *Pharmacy*

“Very upset with the waiting time at the pharmacy. They never pick up their phone as well.” *Pharmacy*

Other Positive Reviews

Looking at the positive reviews we have received allow 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 goes on to give some examples of comments received. The data suggests that Bromley residents are very satisfied with most of the services in Bromley.





COVID-19

“I thought it was a very organised vaccine centre. I felt safe. A lot of care. Good access whilst it's acting as a vaccine centre.”

Vaccination Centre

“I had my 1st vaccine yesterday at the Orpington, Health & Wellbeing centre many thanks to all the staff and volunteers. A seamless operation vaccinating hundreds of people everyday.”

Vaccination Centre

“I went with my wife to get our first covid jab, it went excellently well. It was done professionally and the queue moved quite quickly. However, I received letters from four different hospitals offering me the vaccine which I felt was a waste of time and resources.”

Vaccination Centre



Urgent Care

“Has some Balance problems. Was referred by the GP surgery on the Balance Clinic list. Physiotherapist came fortnightly, gave exercises to do, after which I attended the physio clinic at Beckenham Beacon. And now has fortnightly telephonic consultation. Excellent and brilliant. Wonderful place.”

Urgent Care Centre



Social Care

“Pleasant staff doing a very good job in very difficult circumstances (Covid-19).”
Care Home

“The respect, care, support and encouragement were given to the residents and family members are second to none! The food is delicious (have sampled many of the homemade cakes, desserts, etc)! Thank you management and staff for all that you do. You are all amazing.”

Care Home

“I cannot speak highly enough of this home. Mum had a really bad time before going to Elmstead but she is so happy there. The staff are amazing nothing is too much trouble. Mum is like a new woman, she is so well cared for.”

Care Home



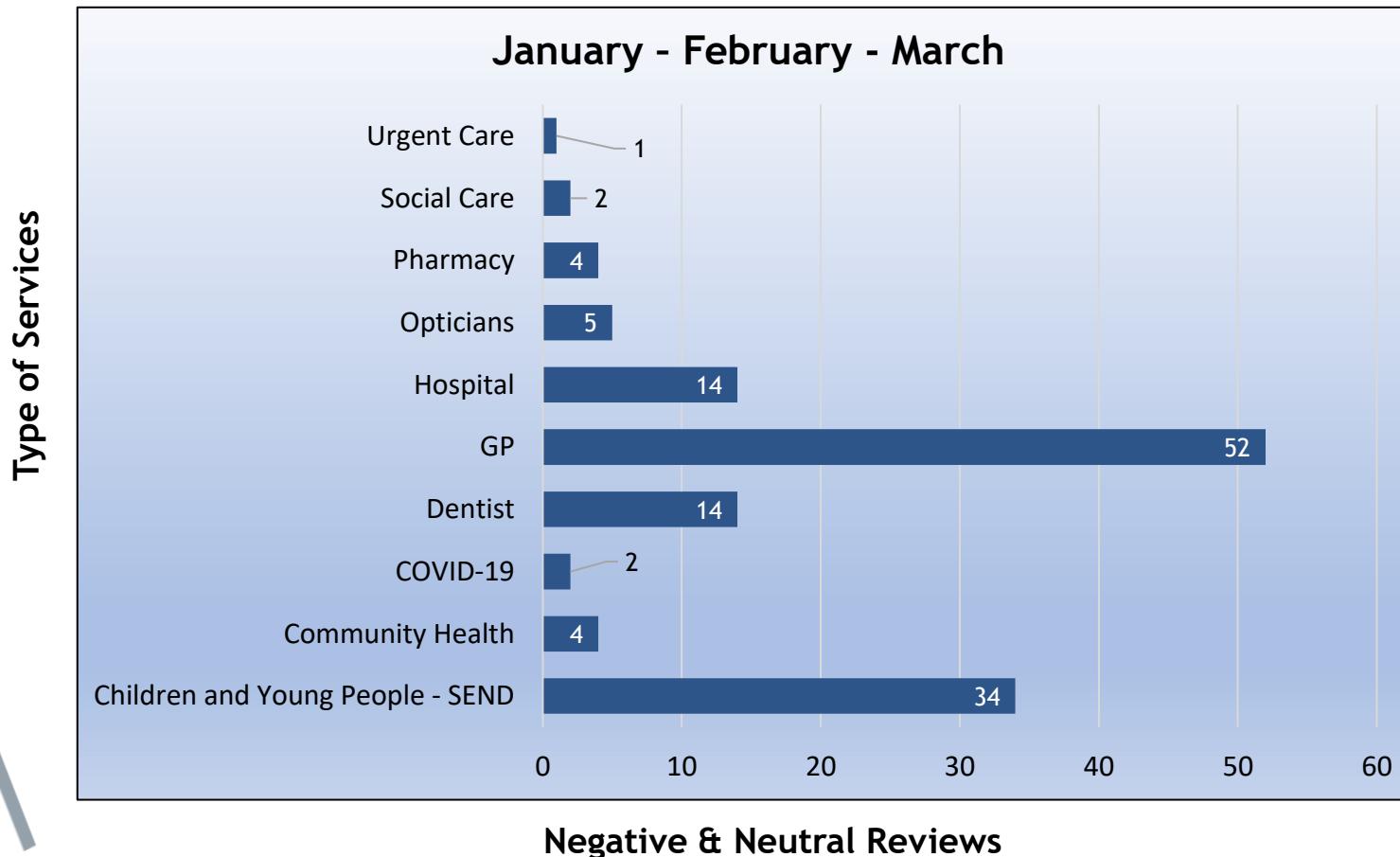
Pharmacy

“I call them up and they keep the medicines ready for repeat prescriptions. The staff at the pharmacy explains things very well and they have all the time. On several occasions spoken to pharmacy staff and asked for advice on creams and they give a good suggestion.”

Pharmacy

Other Negative & Neutral Reviews

By looking at the negative and neutral reviews we received from the patients/service users of Bromley each month, we can better understand where a service needs to improve to provide a positive experience. This section gives an overview of the number of negative and neutral reviews by service area and goes on to give some example of comments received. We include those reviews where we have classified the comment as being of "neutral" sentiment as experience tell us that these can often highlight where improvements could be made.





Children and Young People - SEND

“Signing - Common theme seems to be untrained Teaching assistants. TA's unable to recognise triggers. Need to be much more emphasis on SLT training TA's and Parents.”

SEND service

“Children being signed off to quickly. Child constantly gets words muddled up, even though he was signed off 12 months ago.”

SEND service



GP Surgery

“Horrible service. I been trying to see a doctor from my GP. They won't see me (COVID). Receptionist is useless and rude. That GP is closed for the public, online they don't call . Twice waiting for the doctor to call .he-she never did. Disgusting service.”

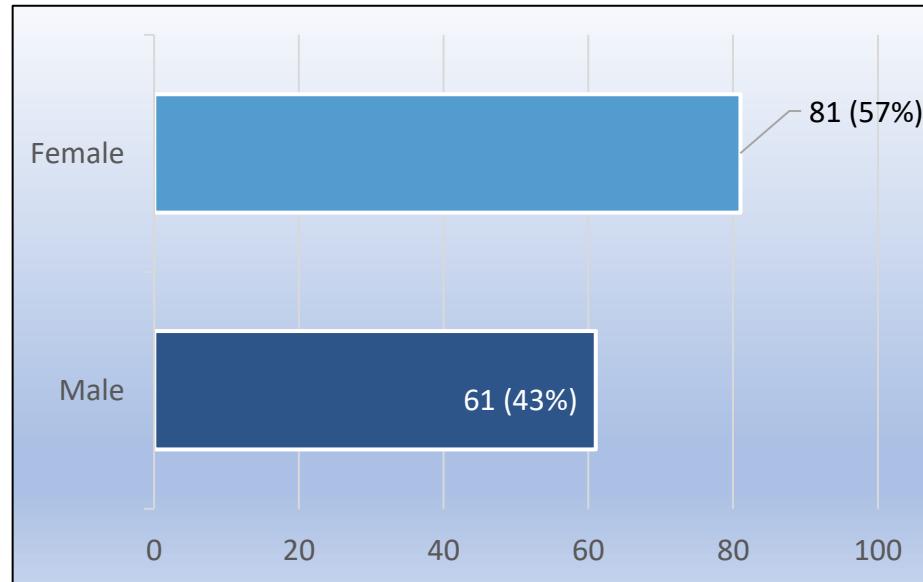
GP surgery

Mental health is not reviewed. I was forced to change to them as I'm disabled and I moved house. They did not care for mental health and the receptionist don't talk nicely to people on the phone. I am disabled and phone quite often as I have a lot of health issues and I am disrespected. Mainly my mental health is not seen as vital. Yes we or in a pandemic I understand that they are busy but even before the pandemic they were very nice and I don't have the best experience from Links.

GP surgery

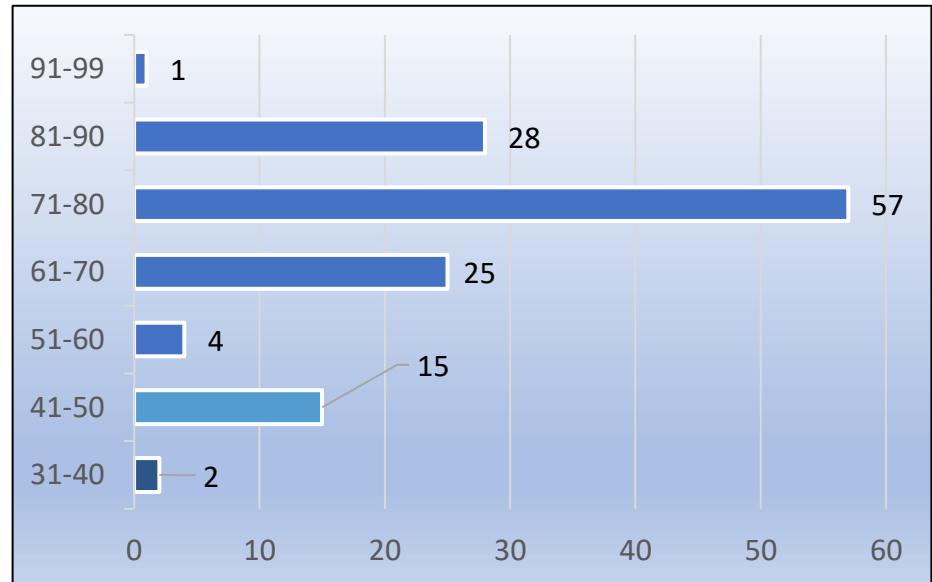
Demographic Information

The chart below shows the number of reviews received by gender from January to March 2021. 57% are from women, and 43% from men.



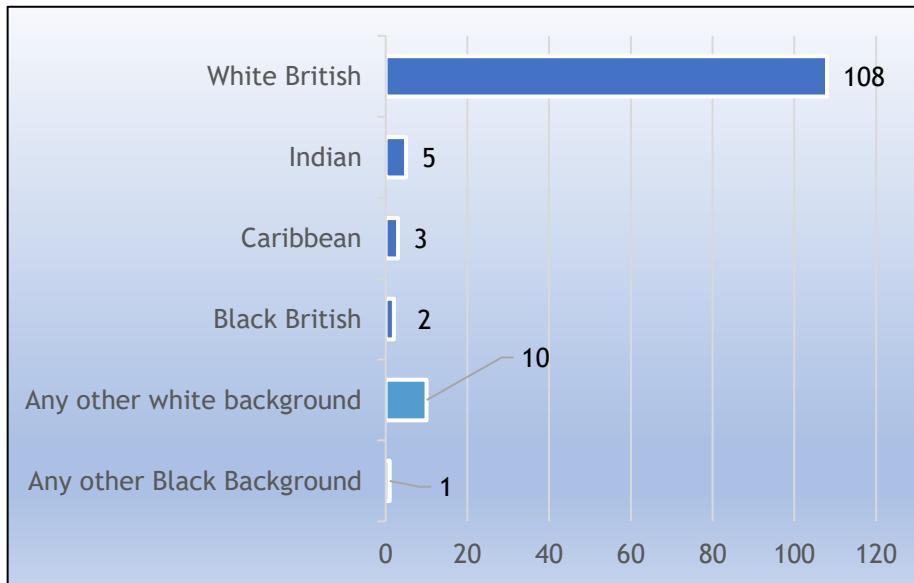
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The chart below shows the number of reviews received this quarter from different age groups. The largest age groups were 71-80 (43%) and 81-90 years with 21%.

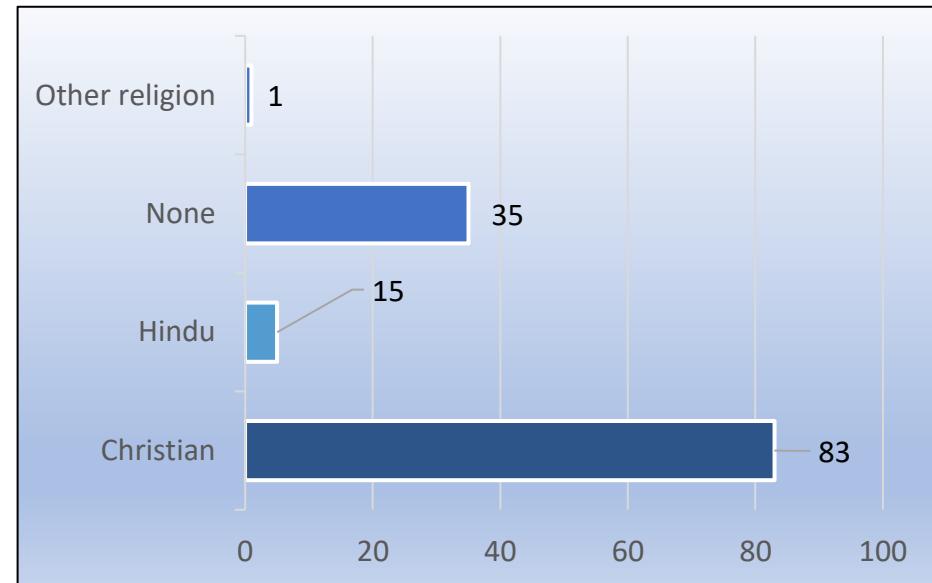


Demographic Information

The majority of feedback (84%) was from people who identified as White British, as shown in the chart below. We recognise that this does not reflect Bromley's demographics and shows a lack of feedback from diverse communities; we will work to improve this in future reports.



Religion - 67% of respondents stated their religion as Christian, while 28% had no religion.



Conclusion

Unfortunately, due to COVID-19, we have been unable to carry out our traditional face to face visits to engage with patients and collect patient experience information from across the borough. Our new model has produced 600 patient experience reviews and enabled us to articulate local patients' voices in response to services delivered in very challenging times.

Healthwatch Bromley places great importance on understanding the needs of Bromley communities and ensuring all groups are heard within our organisation. We recognise that we need to improve in this area and work towards capturing feedback from more diverse local communities.

Of the 600 reviews collected this quarter, 468 (78%) were positive with star rating 4-5, 17 (3%) neutral with star rating 3 and 115 (19%) negative with star rating 1-2. Overall for this quarter, positive patient experiences far outweigh negative patient ones. However, if we look beyond this overall picture at specific service areas, findings indicate the following:

Positive

- Excellent facilities at the COVID-19 vaccination sites, with helpful staff and efficiently handled, quick appointments
- Flexibility of accessing services from GPs
- Treatment well explained and very helpful staff at dental services
- Some positive feedback reported on accessing online appointment services

Negative

- Children and Young People - service users found SEND services not very friendly or effective
- Some patients were unsatisfied with the conduct of GP staff finding them to be "rude and unhelpful"
- Patients experienced long waiting times accessing GP services

Actions, impact and next steps

Healthwatch Bromley will share the findings contained within this report with various commissioner, provider and local authority led boards and committees. These include:

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

As well as these formal meetings, informal meetings take place with partners to discuss issues of concern and identify actions to address them. We use social media platforms such as Twitter, Next Door and Facebook to raise awareness of our service.

Next steps for Healthwatch Bromley Patient Experience programme - we will continue to engage service users in innovative ways within the COVID-19 social distancing measures, to obtain patient feedback and experience of health and social care services and collect reviews using different methods and actions such as:

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- Extracting them from external online review platforms e.g. NHS, Care Home, Care Opinion, Google reviews and others
- Promoting our service through health and social care service providers
- Seeking direct feedback from local patients and service users
- Working with key partners such as Bromley Council, SELCCG, voluntary and community organisations
- Distributing our patient experience form and leaflet to food banks and pharmacies
- Working with volunteers to support the programme, to achieve our quarterly targets
- Continuing to contact local residents by direct telephone calls

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?

Select one

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 >](#)

Share Your Experience with Us.

Healthwatch Bromley are an independent champion for local Bromley residents to give you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help inform the commissioners and service providers to improve services. The information you give today will be confidential and held in a secure database, and you can ask for it to be removed at any time. **You do not have to give your name or email.**

Name of Service:

1. How likely are you to recommend this to anyone who needs similar care or treatment?

- 5 = Extremely Likely
- 4 = Likely
- 3 = Neither likely nor unlikely
- 2 = Unlikely
- 1 = Extremely unlikely
- Don't know

2. How do you rate your overall experience?

- 5 = Excellent
- 4 = Good
- 3 = Okay
- 2 = Poor
- 1 = Terrible

3. Tell us more about your experience

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Healthwatch Bromley: Community House | South Street | London BR1 1RH

4. Your ratings (select and circle if applicable)

Ease of getting a appointment 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Convenience of appointment 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Cleanliness 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Staff Attitude 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Waiting Time 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Treatment explanation 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of care 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Quality of food 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

Generally, how easy is it to get through to someone on the phone?

5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

5. Are you a:

- Patient
- Carer
- Relative
- Carer and relative
- Service Provider
- Visitor
- Professional

6. Do you know the name of the ward / department? (if applicable)

About you

Name.....*

Email.....*

() Leave feedback anonymously

Monitoring Information

What gender do you identify yourself as:

- Female
- Male
- Other
- Prefer not to say

Which age group are you in?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 85+
- Prefer not to say

What is your ethnicity?

White

- English
- Welsh
- Scottish
- Northern Irish
- British
- Gypsy or the Irish Traveller
- Any other white background

Asian/ Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani

Black, African, Caribbean, Black British

- African
- Caribbean
- Any other Black, African, Caribbean background

Mixed, Multiple

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed/multiple background

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Other Ethnic Group

- Arab
- Any other ethnic group

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion
- Prefer not to say

Which area of the borough do you live in?

.....
Thank you for sharing your experience!

Please Return the survey to us by email to info@healthwatchbromley.co.uk

You can also send us your completed survey by post on FREEPOST YVHSC.

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Agenda Item 11

Report No.
CSD21084

London Borough of Bromley

PART ONE - PUBLIC

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

Date: **Tuesday 13th July 2021**

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

Title: **MATTERS OUTSTANDING AND WORK PROGRAMME 2021/22**

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

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 2021/22.

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: £ 366k
 5. Source of funding: 2021/22 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 The Health Scrutiny Sub-Committee's matters outstanding table is attached at Appendix 1.
- 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 2021/22 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 9th February 2021 are as follows:

4.00pm, Tuesday 13th July 2021
4.00pm, Thursday 7th October 2021
4.00pm, Thursday 13th January 2022
4.00pm, Wednesday 20th April 2022

- 3.4 The work programme is set out in Appendix 2 below.

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

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 43 23rd March 2021 Update from King's College Hospital NHS Foundation Trust	Clarity regarding all legal situations that could manifest at the Trust, as part of COVID-19, to be provided to Members. Timescales and plans in place to reinstate services across the Trust to be provided to Members.	Interim Director of Communications (King's College Hospital NHS Foundation Trust)	The scenario presented was whether a patient could have legal redress should they be infected with COVID-19 by a NHS employee who had declined to have a vaccination. This is a situation that would be impossible to prove and the NHS could not be held liable. Update on rest and recovery plans to be presented at the meeting.	Completed
Minute 44 23rd March 2021 Healthwatch Bromley - Q3 Patient Engagement Report	Response to the questions received on the Quarter 1 and 2 Patient Experience Reports to be circulated to Members.	The Director of Operations (Healthwatch and Engagement Services – Your Voice in Health and Social Care)	Document circulated to Members on 1 st April 2021.	Completed
Minute 45 23rd March 2021 Update from the CCG - Vaccination Programme	Figures regarding the number of people within the BAME community yet to be vaccinated be circulated to Members.	Consultant in Public Health (CCG)	Information circulated to Members on 1 st April 2021.	Completed

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

13th July 2021
Update from King's College Hospital NHS Foundation Trust (King's)
Presentation by the The Chartwell Cancer Trust
Update from the SEL CCG <ul style="list-style-type: none"> - GP Access - Long COVID - Vaccination Update
Update from Bromley Healthcare (including Bromley Healthcare Quality Account)
Update from Healthwatch Bromley
Joint Health Scrutiny Committee Verbal Update (Representatives)
7th October 2021
Update from King's College Hospital NHS Foundation Trust (King's)
Full Mental Health Update – Oxleas
Update from Healthwatch Bromley
Joint Health Scrutiny Committee Verbal Update (Representatives)
13th January 2022
Update from King's College Hospital NHS Foundation Trust (King's)
Update from Healthwatch Bromley
Joint Health Scrutiny Committee Verbal Update (Representatives)
20th April 2022
Update from King's College Hospital NHS Foundation Trust (King's)
Update from Healthwatch Bromley
Joint Health Scrutiny Committee Verbal Update (Representatives)

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