



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 29 September 2021

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 **THURSDAY 7 OCTOBER 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.

ADE ADETOSOYE OBE  
Chief Executive

***Copies of the documents referred to below can be obtained from***  
<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 Friday 1<sup>st</sup> October 2021.**

### 4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 23RD MARCH 2021 AND THE INFORMAL MEETING HELD ON 13TH JULY 2021 (FOR NOTING) (Pages 3 - 28)

### 5 PRESENTATION BY THE CHARTWELL CANCER TRUST

### 6 UPDATE FROM THE SEL CCG (Pages 29 - 46)

- Vaccinations
- GP Access
- Long COVID (verbal update)
- NHS patients referred to private health providers (verbal update)

### 7 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (Pages 47 - 54)

### 8 WINTER PLANNING (Pages 55 - 74)

### 9 UPDATE FROM HEALTHWATCH BROMLEY (Pages 75 - 110)

### 10 WORK PROGRAMME 2021/22 AND MATTERS OUTSTANDING (Pages 111 - 116)

### 11 ANY OTHER BUSINESS

### 12 FUTURE MEETING DATES

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 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 14<sup>th</sup> 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 1<sup>st</sup> 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 11<sup>th</sup> March 2021 and 8<sup>th</sup> 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=ul7Hqfid7bs>

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 1<sup>st</sup> and 30<sup>th</sup> 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 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

The Meeting ended at 5.06 pm

Chairman

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## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the informal meeting held at 4.00 pm on 13 July 2021

### **Present:**

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

Jaime Walsh, Francis Poltera and Vicki Pryde

### **Also Present:**

Councillor Mike Botting, Executive Assistant for Adult Care  
and Health and  
Councillor Diane Smith, Portfolio Holder for Adult Care and  
Health

## **1 APOLOGIES**

The Chairman welcomed Members to the informal meeting of the Health Scrutiny Sub-Committee, which was held virtually via Webex.

Apologies for absence were received from Councillor Aisha Cuthbert and Marzena Zoladz – Healthwatch Bromley, and Councillor Keith Onslow and Jaime Walsh – Healthwatch Bromley attended as their respective substitutes.

## **2 PRESENTATION BY THE CHARTWELL CANCER TRUST**

This item was deferred to a future meeting of the Health Scrutiny Sub-Committee.

## **3 UPDATE FROM THE SEL CCG**

Councillor David Jefferys declared an interest in item 3b due to his role as Chairman of the Association of British Pharmaceutical Industry's Multimorbidity Action Group, which was working on Long Covid with the National Institute for Health Research.

Dr Angela Bhan, Bromley Borough Director – South East London Clinical Commissioning Group (SEL CCG) ("Bromley Borough Director") informed Members that the presentations (on GP access, Long Covid and vaccinations) provided an overview of how the Bromley team, and wider SEL CCG, had worked to meet the needs that had arisen as a result of the pandemic. It was

noted that a large increase in the number of COVID-19 cases was being seen – the number of hospital admissions had also increased, with more than 20 beds currently being occupied by patients with COVID-19 infections, however none of these patients were in intensive care.

**a GP ACCESS**

Cheryl Rehal, Acting Head of Primary Care, Bromley – SEL CCG (“Acting Head of Primary Care”) provided an update on GP access in Bromley.

The Acting Head of Primary Care informed Members that there were 43 GP practices across Bromley (one virtual), which sat within one of the eight Primary Care Networks (PCNs). GP access prior to the pandemic had predominately been via face to face appointments (69%) due to other technology not necessarily being available. It was noted that other providers had come into the marketplace offering video consultations and promoting themselves as being highly convenient and accessible for working age adults. This had effectively “cherry picked” patients that were relatively healthy and left GP practices with the most complex and time-intensive patients, which was de-stabilising to General Practice. This had helped to drive change, and an aim of the NHS Long Term Plan was for every patient in England to have the option to access online and video consultations by 2021.

In spring 2020, GP practices had been required to rapidly switch to virtual consultations to protect both patients and staff due to the risks posed by the COVID-19 pandemic. Face to face appointments had been paused wherever possible and GP practices were instead required to operate ‘total triage’, assessing all patients remotely and restricting entry to surgeries for essential in-person care only. Moving through the pandemic, during summer and winter 2020, the focus had been on the restoration of services. Face to face care had been increased – patients were encouraged to seek help for ailments in a timely manner and contact their GP practice for overdue care and screening services. GPs had reported difficulties in reassuring anxious patients that it was safe to visit their surgery, with reluctance being particularly high amongst those who had been shielding and other more vulnerable patients. From spring 2021, General Practice had been “open for business”. The COVID-19 vaccination programme was the main drive and where most of the face to face care had been provided – as the majority of the adult population had now been vaccinated, there would be a multitude of delivery modes by which patients could access clinics. GP surgeries were now expected to permit visits to surgery receptions, and a lower threshold of in-person consultations, where safe to do so.

The Acting Head of Primary Care advised that the most recent data regarding GP access was currently on a South East London (SEL) level, however work was being undertaken to extract data directly from GP surgeries to view at a Bromley level. This included:

- The total appointments in General Practice had risen - across SEL nearly 750,000 appointments were offered in March 2021 compared with 664,000 in March 2020;

- Patients were 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;
- Face to face appointments had risen since the original lockdown - in March 2021, 42% of appointments were face to face, compared to just 32% during April-May 2020;
- Home visiting had returned to near pre-pandemic levels - home visits stood at around 3,000 per month across SEL; and
- Online consultations had quadrupled since pre-pandemic levels - around 15,000 e-consults were now submitted to Bromley GP practices every month.

The Acting Head of Primary Care noted that patients had been accessing general practice via total triage. This required every patient contacting the practice to firstly provide some information on the reasons for contact to a member of trained staff, and this was then triaged to decide on the most suitable mode of care delivery, by the appropriate healthcare professional, at the right level of urgency. It was highlighted that around one third of the requests received were admin related, such as details about prescriptions, blood tests or changes to personal circumstances, which did not need to be dealt with by a clinician. This process also allowed urgent items to be flagged for clinicians who could then give patients direct access to a consultation (face to face or virtual) or referral to a specialist, or community pharmacist. The aim of total triage was to ensure that patients received treatment or onward referral in a timely manner.

With regards to online consultations, Members were advised that the highest user groups were those that were employed full time and those that were fully retired. The highest use was by patients living in the areas of Bromley and Beckenham, whilst the lowest usage was in Penge. The most prolific users were the 25 to 64 year-old age cohort and e-consults were mainly submitted at the beginning of the week, with Monday's being the busiest. The Acting Head of Primary Care noted that although the number of online consultations were increasing, it was still unclear if this was reducing the demand on the healthcare system as a whole, as urgent and emergency care was still seeing a significant increase in demand.

In July 2020, a Bromley Patient Survey had been carried out in partnership with Healthwatch. Feedback had reflected that patients' physical and mental health had been affected by: lockdown; delays in seeking help; being unaware that services were open; reluctance to burden the NHS further; being unwilling to visit the surgery; and the preference to wait for face to face contact. As a result primary care was 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; and
- a backlog in routine check-ups, screening and immunisations.

The Acting Head of Primary Care highlighted that the pandemic had resulted in a decrease in people accessing NHS services for a range of conditions unrelated to COVID-19. Last summer, the NHS 'Open for Business' campaign sought to give people permission to access NHS services and reassure them that they would not be a burden on the NHS. The GP campaign had been accompanied by explanations about remote triage and consultations, and that face to face appointments were being offered alongside other ways of accessing GP services.

In addition to the feedback provided directly to practices from patients via Friends and Family Test, Patient Participation Groups and ad hoc contacts, there had been efforts locally and nationally to understand people's experiences of accessing General Practice. Whilst some patients wished to return to face to face consultations and felt frustrated that they did not get enough time with their GP's, others were pleased with the remote offer and preferred the new process, and therefore there was a need to provide a balance of both. There was a group of patients considered 'under-served' or otherwise less heard, as well as patients who experience 'digital poverty' or had difficulty conveying their requirements. These patients may not be accessing all the care they required and there needed to be a way to best identify and support digitally excluded patients effectively. Feedback had also been gathered from GP practices in Bromley and it was noted that:

- many GPs and their staff had adopted new ways of working very effectively;
- total triage had been beneficial as a way to keep patients and staff safe;
- most GPs still preferred in-person consultations as a safe, reliable way to provide care but were balancing this alongside rising rates of COVID-19 and potential risks of visitors infecting other vulnerable patients and staff; and
- practices were reporting an increase in the volume of contacts, and an increase in unhappiness amongst patients (who may be frustrated, worried, fatigued, etc.)

To help improve access in General Practice the SEL CCG had identified four areas of focus:

- technology and estates (including investment in digital technology, staff training and improvements to premises);
- workforce (including expanding and retaining the workforce, and proficient triage);
- patient needs (providing a range of appointment options and flexible access); and
- strategic planning (analysis of the demand in Bromley and effective communications).

A Member noted that she had been contacted by several constituents, and highlighted a number of issues that they had raised relating to the Orpington Health and Wellbeing Centre and online triage system. The Acting Head of Primary Care responded that they wanted to ensure that no one was excluded by virtual access. It was highlighted that residents could walk into their GP



surgery and speak with the receptionist – if the practice used the online triage system, the receptionist could assist and support the patient through the process, and this could also be done via the telephone. With regards to what elements may not be detected through the virtual triage system, the Acting Head of Primary Care advised that this was a concern for GP practices. The initial triage of contacts was undertaken by reception teams, and also wider groups such as healthcare assistants, and the general rule was that if they were in any way unsure, the request should be put through. Some practices were using a RAG rating to flag the contacts that they were most unsure about, and those that required urgent attention – the benefit of this was that it ensured they were dealt with in a timely manner. This was reflected in the data, which indicated that more ‘same day’, ‘next day’, and ‘within the next seven days’ appointments were being made available across SEL than there had been previously. It was noted that this was still a learning process for both clinicians and patients. The Acting Head of Primary Care said that around two thirds of the contacts were transferred through to General Practice to be signposted on, and further details could be provided to Members following the meeting.

In response to further questions, the Acting Head of Primary Care advised that telephone calls were the most popular and easiest option for appointments – video consultations were possible, but practices were not using these as frequently. It was noted that there was also the possibility of uploading photos for the clinician to view. The Acting Head of Primary Care advised that patients were entitled to request to be seen by a named doctor, as continuity of care was extremely important, however the wait for an appointment with them may be slightly longer. The Bromley Borough Director noted that people with long-term conditions and the elderly were supposed to have a named GP who had an oversight of their conditions, but this was not a requirement for every individual.

*(Post meeting note: Dr Bhan apologises for some inaccurate information given during the meeting, about named GPs, she was quoting from guidance that was not the latest. Current guidance states that all patients should be given a named GP within 20 days of registering with a practice, not just those with long term conditions. Patients should also be told who their named GP is.)*

A Member enquired if there was any evidence as to the number of patients directed to the Accident and Emergency department rather than their local practice. The Bromley Borough Director advised that they had some basic data regarding how many people in attendance at Emergency departments had tried to access their GP services first. Current indications were that patients were generally able to see their GP if they wished to do so, but if the appointments given were late on in the day, they were not always convenient for patients. Further work would be undertaken around how, and when, patients could see their GP and it was suggested that an update could be provided to Members at a future meeting of the Sub-Committee. The Bromley Borough Director advised that if a surgery was extremely busy, they could ask a patient to use the 111 system. This system was geared to increasing access

for patients, however when all parts of the system were pressurised with increased requests for consultations, there was difficulty in meeting the needs of everyone.

The Member further questioned if there were any financial sanctions for practices that were underperforming or not complying with instructions. The Acting Head of Primary Care confirmed that there was a contractual process which could be followed if any GP practices were not complying with the directions of their GP contracts. This would initially involve an informal conversation and visit to the surgery; issuing a remedial action notice; and finally they would move to formal contractual action if required.

In response to questions from a Co-opted Member, the Acting Head of Primary Care said that they wanted to educate patients to ensure they were aware of their access options. In SEL, part of this work would look at which patients were accessing primary care services, and how they were doing so – more information would be made available on the different routes, and the wider primary care specialists that patients may be signposted to. With regards to choice around virtual or face to face appointments, this was led by the clinician, but there was also input from the patient.

The Executive Assistant for Adult Care and Health noted that this appeared to be a good system going forward and enquired if this would be prescriptive on GP surgeries. The Acting Head of Primary Care said that they wanted to encourage patients to use online or telephone access routes, but they did not want to prevent them from coming into surgeries if they wished to do so. It was noted that there were 43 practices across Bromley, and some had premises that had been difficult to make COVID secure, but generally they wanted patients to be able to visit their GP reception. It was not prescriptive that surgeries must operate in a specific way, but it was highly recommended – the standard operating procedure for General Practice throughout the pandemic was that they were expected to comply with the guidance to maintain safe and secure operations.

In response to a question from the Chairman, the Acting Head of Primary Care said that if Members received complaints/feedback from constituents she was happy for them to be forwarded on to her confidentially.

## **b LONG COVID**

Mark Cheung, One Bromley Programme Director – SEL CCG (“One Bromley Programme Director”) provided an update on the development of Long Covid services in Bromley.

The One Bromley Programme Director advised that the recovery time for patients that suffered from Long Covid was extremely varied. Although most patients would make a recovery within 12 weeks, sometimes symptoms could last much longer. It was highlighted that the chance of having long-term symptoms was not related to how unwell a patient had been, and Long Covid could also affected those who had been asymptomatic. The National Institute

for Health and Care Excellence (NICE) guidelines defined Long Covid as “signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis”. It was noted that the CCG were also looking at how to support patients still suffering 4 weeks after the onset of symptoms.

The range of symptoms was extremely varied and included:

- 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; and
- rashes.

The One Bromley Programme Director informed Members that symptoms could be experienced individually or in clusters; could overlap; and could change over time to affect different parts and systems of the body. It was highlighted that learning was still being taken from this, but some studies estimated that around 10% of patients could suffer from Long Covid. As the illness was multifaceted, so were the treatments. This would involve a number of specialties including respiratory; cardiology; neurology services; and several therapies. The One Bromley Programme Director highlighted that one symptom of Long Covid was depression and anxiety which required support from colleagues in Mental Health services. It was essential to have an integrated approach to addressing the support provided to patients via the One Bromley partnership.

The One Bromley Programme Director advised that a post-COVID pathway was being developed in line with recent national guidance, and in conjunction with the other SEL boroughs to ensure there was a consistent offer. The pathway had four different elements, and patients could go back and forth to whichever was the most appropriate:

- GP / primary care (patient identification, assessment and investigation);
- self-management;
- community services; and
- acute services (specialist input, hospital services).

In GP support / primary care, resources and funding were already in place to support identification and assessment of patients, and a referral form and protocols had been developed. The One Bromley Programme Director noted that a condition stipulated was that face to face appointments were required in

order to make a comprehensive assessment. With regards to acute services, a specialist post-COVID syndrome assessment clinic had been established at the PRUH from April 2021 – holistic assessments were undertaken, including respiratory or neurological symptoms to rule out serious underlying conditions, and patients would then be referred on. It was anticipated that a community model would be developed in the coming months, which would receive referrals from GPs, the hospital and other partners. The proposal included the establishment of virtual weekly Multi-disciplinary team meetings, integrated with primary, secondary care and mental health services. Patients would receive a comprehensive holistic assessment which would determine whether they were suitable for self-management; the offer further monitoring and support; or direct face to face interventions. Patients that were suitable for self-management could access the Your COVID Recovery website, which had launched nationally last summer – other platforms were being considered across SEL, and support was also available from the Bromley Well services. The One Bromley Programme Director stressed the importance of continuing to monitor, adapt and record the outcomes of the data that supported this work, and the need to work with partners to share information which would inform how services were developed going forwards.

A Member congratulated the One Bromley Programme Director and his team for the work undertaken in relation to Long Covid services, which was well in advance of what was being seen across many other parts of the country. As highlighted, Long Covid was independent of the severity of infection and it was queried if this message would be used to reinforce the need for people to get their vaccinations. The Bromley Borough Director advised that this message was not being used as much as it could be – they did not want to be too alarmist, and it was noted that they were still trying to understand more about the syndrome. It was not a feature of national, London or SEL communications campaigns, however consideration could be given as to how this message was used. It was further noted that although children may not suffer an illness, they could be subject to Long Covid.

In response to a question, the One Bromley Programme Director said that capacity had been built into the pathway based on 10% of the number of COVID-19 patients, and further details could be provided to Members following the meeting. Data would continue to be monitored and used to scale services up or down as demand required.

A Member noted that the four pathways would put a differential amount of pressure on health services and asked if there was an assumption as to the proportion of patients that would go through each. The One Bromley Programme Director said that this was not currently known, however this was partly due to the way in which the services had been set up. The national priority was to establish the specialist units, whereas in Bromley the thought was to direct patients through the community pathway first, as it could escalate referrals up to acute services. It was noted the patients with Long Covid were being seen via these pathways, and pressures on therapy services were already being reported.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites informed Members that the number of NHS staff not functioning in their routine role due to Long Covid was now relatively small and an individual case management issue. With regards to the patient population, there were varying schemes, across both King's and Greater London, including Long Covid clinics and research. It was suggested that further information regarding referrals could be provided to Members following the meeting.

**c VACCINATION UPDATE (VERBAL UPDATE)**

Dr Angela Bhan, Bromley Borough Director – South East London Clinical Commissioning Group (SEL CCG) informed Members that Bromley, as a whole, was doing extremely well in terms of COVID-19 vaccination uptake. In the 80+ year old cohort uptake stood at over 95% and other age groups were at around 90%. Every care home had been offered vaccinations for residents and staff on several occasions and, following joint efforts, staff uptake had now increased to over 80%. The younger age cohorts (18+) were now being vaccinated – across SEL, 1.2m doses had been administered, 700,000 of which had been in Bromley.

The Bromley Borough Director advised that work was being undertaken to improve the difference in uptake between ethnic groups – the reduction in inequality was only between 2-3% but was heading in the right direction. There had also been door to door delivery of postcards with information on the COVID-19 vaccination programme; vaccination passes had been provided to the homeless and those in emergency accommodation; and information pods were located in The Glades Shopping Centre and Lidl – Burnt Ash Lane. In areas of low uptake, such as Mottingham, Penge, Crystal Palace and Plaistow, Local Authority colleagues had been knocking on doors, and this would now be extended to the Crays and Bromley Common. A satellite clinic was also held regularly at the Keston Mosque.

Work was now underway to look at the delivery of the booster vaccination, which would take place over a 15-week period, from 6<sup>th</sup> September 2021 to Christmas. A COVID-19 booster vaccination would be provided to the over 50's alongside the flu vaccination. The first stage of the programme would be for those aged over 70 years; those living in older people's care homes; those over 60 years who were immunosuppressed; and frontline health and social care workers. The second stage was for anyone aged over 50 years; those within the 'at risk' groups; and household contacts of those who were immunosuppressed. During this period they would also continue to offer first doses of the vaccine to all those that wanted it, and second doses for the younger cohorts.

The Bromley Borough Director said that there would be a range of options available for delivery of both the COVID-19 booster and flu vaccinations – through GP surgeries, pharmacies and Mass Vaccination Centres. In Bromley, GP's had been asked to deliver between 40-75% of the total vaccination activity, and it was highlighted that there would be a need to ensure that this did not impact on access to General Practice.

The Chairman thanked the Bromley Borough Director, Acting Head of Primary Care and One Bromley Programme Director for their presentations to the Sub-Committee.

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

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites (“Site Chief Executive”) provided an update on the King’s College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that as of that afternoon, there were 22 patients across the PRUH and South Sites with a confirmed inpatient diagnosis of COVID-19. It was highlighted that there had been a 70% growth in the number of inpatients in the last 30 days. In terms of the age range and ethnicity of patients, there did not appear to be any trends, and it was noted that from the following week far more intelligent COVID-19 data and statistics could be shared with health colleagues across the area.

With regards to staff vaccinations, these sat at between 80-83% and, as mentioned previously, healthcare workers would be included in the COVID-19 vaccination booster programme from 6th September 2021. In response to a question, the Site Chief Executive said that the vaccination data provided related to the global number – all staff across the Trust and any sub-contracted staff. When looking at individual professional groups the percentage of uptake was higher. The broad percentage was 80%, but some were as high as 90%, and a breakdown could be provided to Members following the meeting. It was noted that during the COVID-19 vaccination booster programme a further marketing campaign would be undertaken aimed at those staff that were still resistant to come forward.

The Site Chief Executive advised that in terms of the recovery of elective surgeries that had been delayed due to the pandemic, the Trust was currently performing over 96% of these as ‘business as usual’. As per national requirements, the Trust would receive funding for anything over 85% – for the first three months of the year the Trust had secured an additional income level of around £12m. Members were further advised that the Trust were hoping to submit a planning application to the Local Authority within the next 8 weeks for the new Endoscopy unit.

In response to questions from the Chairman, the Site Chief Executive said that some patients had been waiting a very long time for surgery and treatments – some over a year. However, it was highlighted that this cohort of patients had been clinically prioritised and those with the highest level of priority were receiving treatment in a timely manner. With regards to cancer treatment, the Site Chief Executive noted that the PRUH and South Sites were now performing to the national standard across the majority of cancer markers, including 14 days for referral and 62 days for treatment. The two areas of exception were related to specific drug referral and 28-day fast test. It

was agreed that statistics on waiting times and cancer treatment could be circulated to Members following the meeting.

On behalf of the Sub-Committee, the Chairman thanked the Site Chief Executive for attending the meeting and providing an update.

## **5 UPDATE FROM BROMLEY HEALTHCARE**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) provided an update on the work being undertaken by the organisation. A copy of the presentation is attached to the minutes at Appendix A.

Over the last year, Bromley Healthcare had carried out over 600,000 patient interventions, both virtual and face to face. During the first wave of the pandemic a number of services had been paused or changed, but during the second wave all services had continued. Over 500 laptops had been issued to staff to enable remote working and virtual consultations.

The Chief Executive Officer advised Members that COVID-19 related workforce absences had increased in line with local population increases. As at the 12<sup>th</sup> July 2021, there were 20 staff absences related to COVID-19: 10 staff were self-isolating; 4 staff had recorded a positive COVID-19 test; and 6 staff were suffering from the effects of Long Covid. There were also around 30 staff who had been risk assessed and were required to work from home. 90% of all staff had received at least one COVID-19 vaccination, however this was lower for BAME staff at 78% and they were continuing to work with the staff groups that had the lowest uptake.

The Bromley Community COVID Monitoring Service (BCMS) provided a 2-hour response to any patients that were COVID-19 positive. Over the last 7 days there had been 25 referrals into the service, which was an increase from 15 in the previous week. The current case load was 8 patients, which was significantly lower than at the peak of the pandemic when there were 200 patients at any one time.

The Chief Executive Officer advised that there were four key quality improvement objectives for 2021/22, as stated in the Bromley Health Care Quality Account:

- Objective 1: Reduction of avoidable acquired pressure ulcers – this was the highest level of reported incidents across the organisation, for which a working group had been established.
- Objective 2: Reduce the number of patients who fall whilst under our care and ensure the appropriate interventions have been completed – the majority of falls happened in people’s homes and were therefore unwitnessed and a working group had also been established.
- Objective 3: To Improve the standard of clinical record keeping – the organisation’s most recent record keeping audit had marked them in

the high 80% but they wanted to improve this further, and a standard had been introduced for all records to be updated within 48 hours.

- Objective 4: Reduce the number of Medicines incidents causing harm.

The Chief Executive Officer highlighted that quality underpinned everything that the organisation undertook and there were a number of areas in which it was monitored:

- Workforce development – a large proportion of the workforce was extremely tired, as they had been working throughout the duration of the pandemic, and Bromley Healthcare were providing them with support. There was also a focus on career pathways and progression, provision of leadership training and internal promotion.
- Datix IQ – this was a system for monitoring feedback across the organisation, which had recently been upgraded to help keep track of all complaints, incidents and positive feedback. The Chief Executive Officer advised that she received a daily email providing an overview of any incidents and a weekly review meeting took place to ensure any necessary action was taken.
- Business intelligence tools – dashboards were used to improve patient safety and patient outcomes, and a series of mock Care Quality Commission (CGC) inspections had been undertaken.

In terms of health and wellbeing, Bromley Healthcare had held a number of initiatives, including a 'Wellbeing Week' where staff took part in yoga, exercise sessions and the 'Big Walk Challenge'. Schwartz Rounds had also been introduced to support the emotional wellbeing of staff, and 16 Mental Health First Aiders had been trained. An Equality and Inclusion Network had also been established and was currently working on a number of different initiatives.

The Chief Executive Officer informed Members that the Bromley 0-19 Public Health Service had been implemented from 1st April and there was now a new website in place. Work was being undertaken to ensure that the KPIs' were at the correct level and a dashboard was being used to monitor this. In collaboration with the PRUH, Bromley Healthcare had also established a new Hospital@Home service for children, which had received very good feedback from both the hospital and the families, and data was provided regarding the potential number of bed days that had been saved.

It was noted that the first standards for Community Services had been introduced the previous year in relation to 2-hour and 2-day response. Bromley Healthcare was part of the SEL accelerator site and both of these targets were being achieved, and one of the key services within this was Bed Based Rehab. Benchmarking data highlighted that patients being admitted had acuity levels similar to patients in other areas, however the patients in Bromley were discharged with a greater level of improvement. There had also been an improvement in the length of stay (LOS) which had reduced by 20% over the previous three financial years.



The Chief Executive Officer advised Bromley Healthcare usually held a staff ball to recognise the work undertaken by colleagues. Due to the COVID-19 pandemic this had not been possible, however awards had been presented to staff at their places of work.

With regards to friends and family patient feedback, the Chief Executive Officer informed Members that the collection of this had been suspended until August 2020, but from September 2020 onwards Bromley Healthcare had stood at between 97-100% on a monthly basis. It was noted that there were challenges within some of the Bromley Healthcare services following the COVID-19 pandemic. The waiting times for some services were much improved as they had taken the opportunity to review how they were delivered, but others had longer waiting times, particularly the wheelchair service. Bromley Healthcare were in the process of recruiting another clinician into the wheelchair service; new premises had been identified; and the use of a local equipment supplier would be implemented. It was hoped that this service would be in a much stronger position in the new year.

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

## **6 UPDATE FROM HEALTHWATCH BROMLEY**

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 4 Patient Engagement Report.

The Director of Operations informed Members that over 600 reviews had been collated during the Quarter 4 period (January to March 2021). On each occasion, patients gave an overall star rating (1-star to 5-star) and provided free text comments. It was noted that due to the pandemic the feedback for this quarter had been collected through online review platforms, telephone engagement, and direct feedback could also be left via the Healthwatch Bromley website. It was highlighted that the majority of review were 4- or 5-star rated, with 78% of the feedback received being positive. There was a much lower number of negative reviews overall which was a theme that continued to be seen in Bromley, however there had been an increase in 1-star ratings. This was a trend seen since the introduction of online and virtual platforms during the pandemic and this would be monitored once they return to face to face engagement.

During Quarter 4, a number of comments had continued to be received relating to GP and dental services. With regards to the distribution of positive, negative and neutral feedback, GP surgery services had a larger ratio of negative feedback. This was also seen across other Healthwatch areas and was reflective of some of the challenges and issues discussed earlier in the meeting. The Director of Operations highlighted that Children and Young People – SEND services had received a large proportion of negative reviews.

Members noted that it was a concern to see that only 2 out of 36 reviews received for this service had been positive and suggested that this be referred to the Chairman of the Children, Education and Families Policy Development and Scrutiny Committee.

A Member enquired if anything could be done to encourage more younger people to provide feedback on services. The Director of Operations said that during Quarter 4 there had been gaps in the overall monitoring data as a percentage had been gathered from online review platforms and therefore they had not been able to collate all the demographic data. It was considered that this could be looked at over the whole year, and the analysis fed into plans for the current year.

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.

## **7 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE**

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting on 30<sup>th</sup> June 2021.

Members were advised that the Committee membership consisted of Councillors representatives from the London Boroughs of Bromley, Bexley, Lewisham, Lambeth, Southwark and the Royal Borough of Greenwich. Issues discussed at the meeting had included Integrated Care Services, vaccinations and the recovery of elective surgery across South East London.

With regards to Integrated Care Services, Members had been reassured that the opportunity to scrutinise services, both across London and within individual boroughs, would remain the same. It was noted that Guy's and St Thomas' NHS Foundation Trust were piloting hybrid care – this would provide the opportunity of choice for patients, but that care would be led by clinical necessity.

Discussions had taken place on the progress of the vaccination programmes and the work undertaken regarding pop-up clinics across South East London, as well as how negative reactions to the vaccine and Long Covid were being dealt with.

In relation to the recovery of elective surgeries, Members had been provided with information on the pathways and reallocation of beds following the pandemic. Across SEL, there were 138 patients that had been waiting over one year for operation. These patients were being clinically assessed and brought forward as quickly as possible, with the aim to revert back to an 18-week waiting time. It was highlighted that some of these patients had chosen not to have their operations during the pandemic.

The Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee said the meeting had provided the opportunity to look at Bromley in the light of other boroughs. Bromley was performing very well, and thanks were extended to the commissioners and leadership within the borough.

**RESOLVED that the update be noted.**

## **8 WORK PROGRAMME 2021/22 AND MATTERS OUTSTANDING**

The Chairman informed Members that a request had been received from the SEL CCG to provide an update on Winter Planning at the October 2021 meeting of the Sub-Committee.

The Chairman requested that verbal updates also be presented on GP access, Long Covid and vaccinations. It was considered that Members could provide greater value by feeding back the views they received from constituents, in a structured format which focussed on key themes, and developing further communications with the SEL CCG.

Members were asked to notify the Clerk if there were any further items that they would like added to the work programme.

## **9 FUTURE MEETING DATES**

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

The Meeting ended at 6.00 pm

Chairman

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# ONE BROMLEY

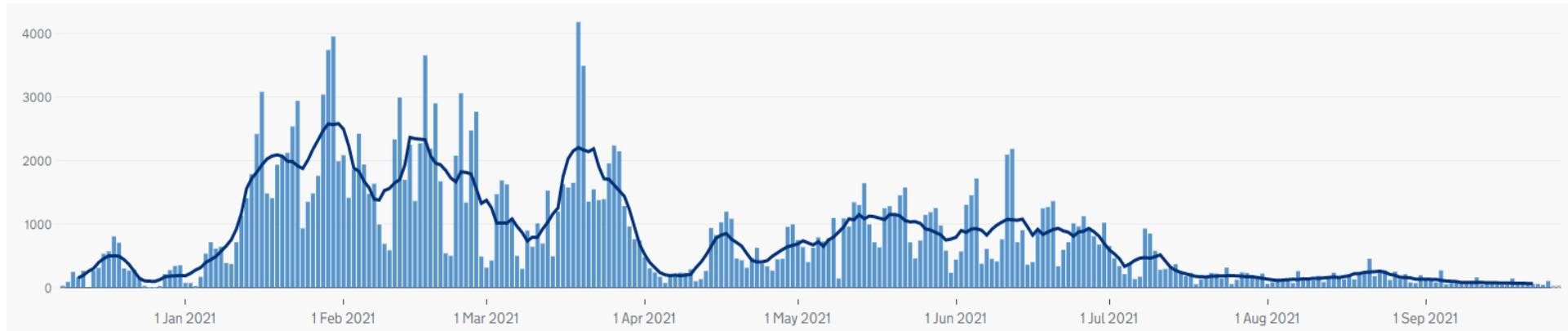
WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

## Vaccinations Update

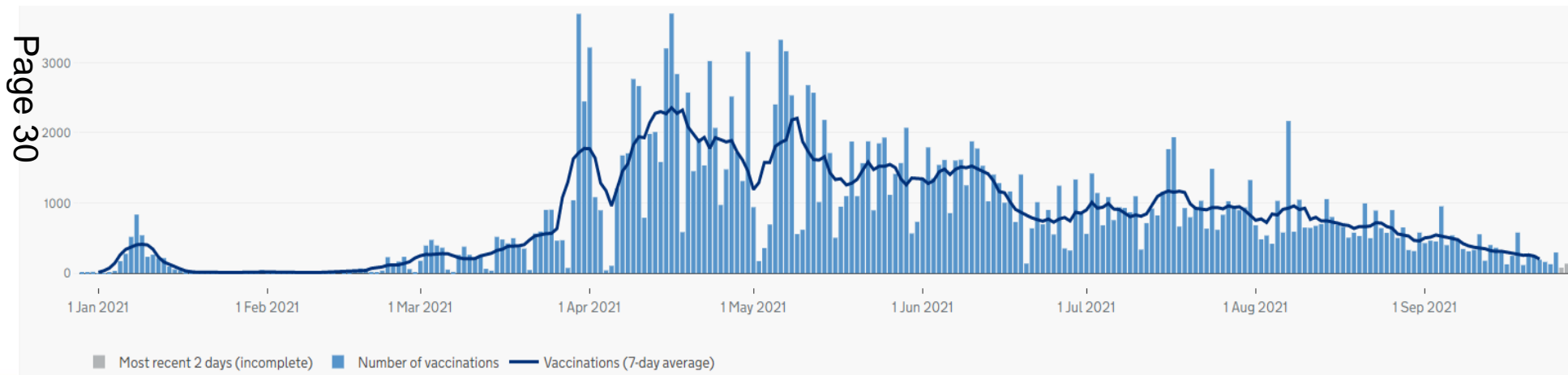
**Cheryl Rehal**  
**Acting Head of Primary Care, Bromley**  
**October 2021**

# Bromley vaccination uptake

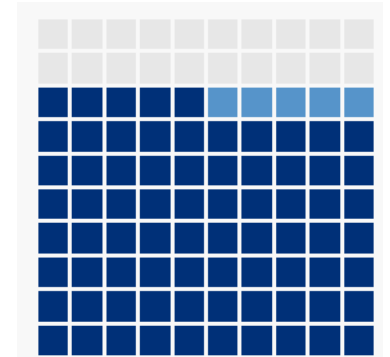
## First doses, daily uptake



## Second doses , daily uptake



## Total percentage uptake



Data reflects uptake amongst Bromley registered patients aged 16 and over

# Covid booster plans

- The coronavirus (COVID-19) booster dose helps improve the protection people have from their first two doses of the vaccine, giving longer term protection against getting seriously ill from COVID-19.
- People who are eligible for a booster dose will be offered this from six months after they had their second dose.
- People will be invited to book an appointment at a vaccination centre, pharmacy, or GP surgery.
- Frontline health and social care workers will be invited to book an appointment through their employer.
- Most people will be offered a booster dose of the Pfizer/BioNTech vaccine or Moderna vaccine. Some people may be offered a booster dose of the Oxford/AstraZeneca vaccine if they cannot have an mRNA vaccine.



# Seasonal flu campaign

- The circulation of flu was very limited in the 2020/21 season. As a result, a **lower level of population immunity against flu** is expected this winter
- This is expected to be the first winter when seasonal influenza virus (and other respiratory viruses) **will co-circulate alongside COVID-19**
- To mitigate the potential impact from flu, the NHS will vaccinate additional cohorts, and **aim for a high uptake of flu vaccine** to maximise protection
- Learnings from the past year will be incorporated into flu delivery plans alongside Covid boosters. These include:
  - Offering a diversity of delivery channels for vaccination services
  - A heightened focus on the effect of health and social inequalities on vaccination uptake, with a view to targeting promotion, recall and outreach
  - The importance of insights and effective communications to motivate and engage a variety of audiences to take up their vaccine offer
  - Collaboration across OneBromley



**NHS**

**Vaccines are our best protection this winter.**

It's easy for us to pass on COVID-19 or flu viruses without knowing. This winter there are two essential vaccines you'll need to protect yourself and your loved ones.

Find out if you're eligible now at [nhs.uk/wintervaccinations](https://nhs.uk/wintervaccinations)



# Covid & flu vaccines: eligible cohorts

Cohort	Covid Vaccine Doses	Availability
Care home residents and staff	TWO doses	Mandatory from 11 November; includes visiting professionals
All adults	TWO doses	Evergreen offer
16-17 year olds	ONE dose only	Walk-ins or invited by GP
12-15 year olds with underlying health conditions	TWO doses	Invite only; at GP-led or hospital vaccination services
Expanded cohort of 12-15 year olds with underlying health conditions	TWO doses	Commenced mid-September (incl identified by specialists)
Individuals who were severely immunosuppressed at time of vaccination	THIRD primary dose	As identified by consultant/specialist clinician
Universal offer to 12-15 year olds	ONE dose	Commenced 24 September
<b>Boosters</b> (no earlier than 6 months after 2 <sup>nd</sup> dose): Stage 1: over-70s, frontline staff and vulnerable Stage 2: over-50s and others at risk	ONE dose	Commenced 25 September

## Flu vaccine eligibility

The NHS will offer flu vaccines to an expanded cohort this year. This will include:

Over 65s

Under 65s with underlying health conditions or at risk

**50-64 year olds**

Pregnant women

Preschool: 2-3 years

Children: Reception – year 7 and **year 8 – year 11**

Health care workers

With a high degree of overlap of those eligible for flu and Covid boosters, the CCG is encouraging **co-promotion** to eligible individuals, and **co-administration** wherever possible.

# Autumn plans

The coinciding seasonal flu campaign and Covid booster programme bring additional workforce pressures.

- Preparing and administering the Covid booster vaccine is more time consuming than the flu vaccine.
- Co-administration brings numerous benefits, however requires careful segregation to administer both vaccines safely.
- The 15-minute post-vaccination observation period for Pfizer currently remains a requirement.
- A high volume of Bromley residents received second doses between January-March, and are therefore already eligible for Boosters. Booster demand can be expected to remain high throughout October-December.
- The volunteer workforce pool is affected as restrictions have eased.



# Care homes

- Mandatory vaccinations for care homes staff comes into force from 11<sup>th</sup> November
- All visiting professionals to care homes are also obliged to show their vaccination status
- There remains an evergreen offer for staff wishing to take up their primary dose of the Covid vaccine
- Booster and flu vaccinations are preparing to commence in Bromley care homes, for both residents and staff who consent to these vaccines.
- The CCG will monitor delivery and uptake of vaccines in the borough's care homes and work with OneBromley partners to promote and support uptake.

Page 35

All CQC-registered care homes	Residents				Staff			
	Population	Dose 1	Dose 2	Booster	Population	Dose 1	Dose 2	Booster
Bromley	1,255	97.5%	96.7%	0.0%	1,926	93.5%	86.6%	0.0%
<b>Total across SEL</b>	<b>5,278</b>	<b>95.1%</b>	<b>92.7%</b>	<b>0.0%</b>	<b>8,518</b>	<b>90.7%</b>	<b>81.9%</b>	<b>0.0%</b>

# Covid vaccination sites

## Local Vaccination Services (PCN Sites)

- A** Oaks Park
- B** London Lane
- C** Coldharbour Leisure Centre
- D** West Wickham & Shirley Baptist Church
- E** Orpington Health & Wellbeing Centre
  
- X** **Mass Vaccination Site**  
Bromley Civic Centre
  
- 1** **Hospital Hub (winter only)**  
PRUH
  
- Pharmacies**
- F** Cray Hill
- G** Eldred Drive
- ★** New pharmacies for Phase 3: Blackwells, Peters and Chislehurst





# ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

## GP Access Update

# National GP Patient Survey 2021

The survey measures views on patient access to:

- Local GP services
- Making an appointment
- Last appointment
- Overall experience
- When the GP practice is closed
- COVID-19



The survey was conducted by Ipsos MORI during Jan-March 2021.

Response rates in Bromley were 36%; the SEL average was 28%.

The survey does not include qualitative data, which limits interpretation and insight.

CCGName	Distributed	Received	Response Rate %
<input type="checkbox"/> Bromley	15,547	5,606	36%
<b>Total</b>	<b>15,547</b>	<b>5,606</b>	<b>36%</b>

All survey results are accessible at: <http://www.gp-patient.co.uk/>



# Overall results

## GP PATIENT SURVEY

Borough:

Bromley

PCN:

All

Practice:

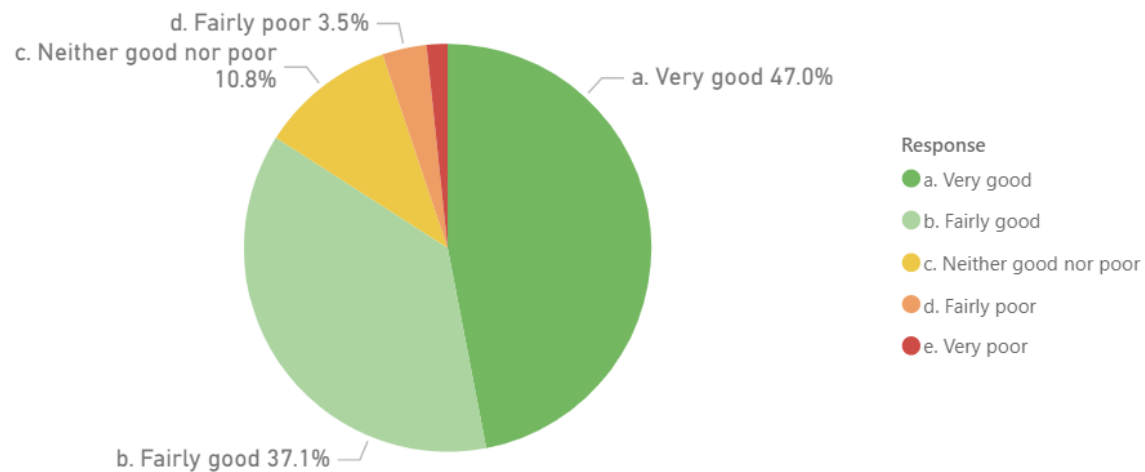
All



Question: Overall experience: 30) Overall, how would you describe your experience of your GP practice?

### Overall, how would you describe your experience of your GP practice?

Range across SEL: 78% – 84.5%. Bromley practices average is second highest at 84.1%.



# Areas of strength

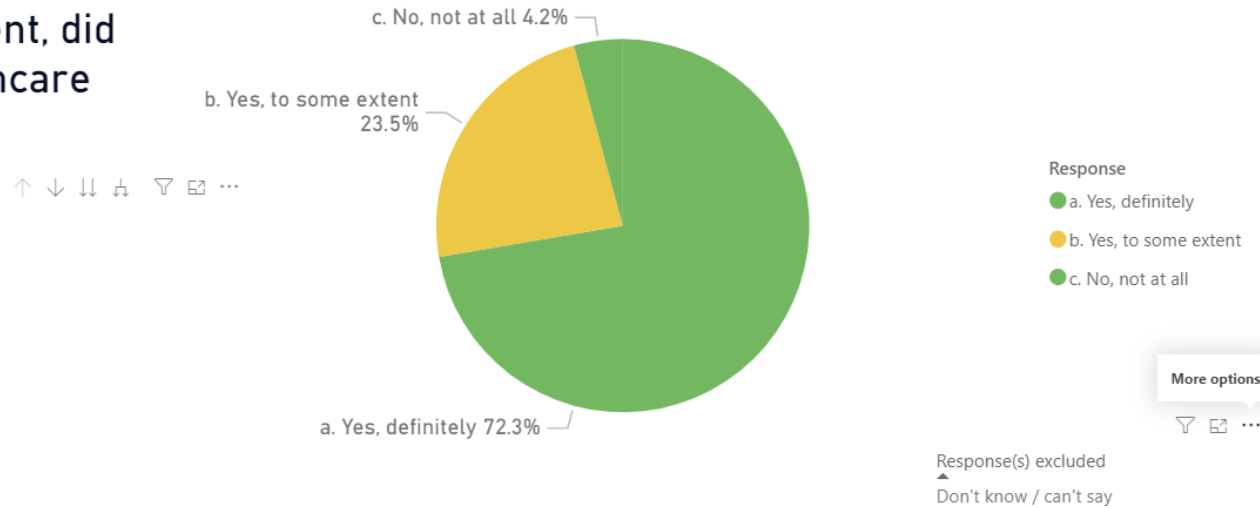
**GP PATIENT SURVEY** Borough:  PCN:  Practice:

**NHS**  
**South East London**  
Clinical Commissioning Group

Question:

During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

The range across SEL for 'No': 4.2% – 6.2%.  
Bromley practices were rated most highly.





# Areas for improvement

GP PATIENT SURVEY

Borough: Bromley

PCN: All

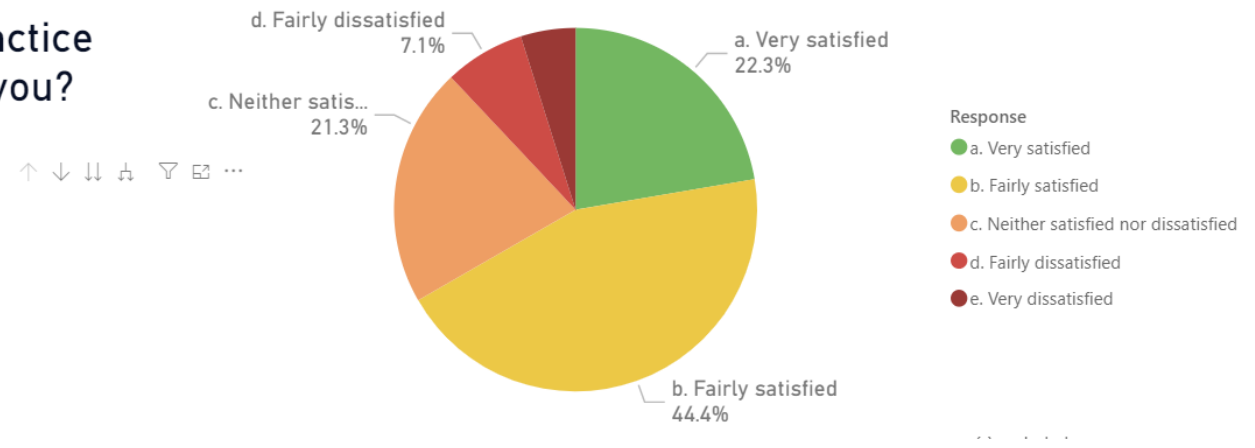
Practice: All



Question: Your local GP services: 6) How satisfied are you with the general practice appointment times that are available to you?

### How satisfied are you with the general practice appointment times that are available to you?

The SEL average is 14% for 'Very/Fairly dissatisfied'. Bromley responses are, on average, better, however there is some variation between practices to be addressed.



# Impact of pandemic

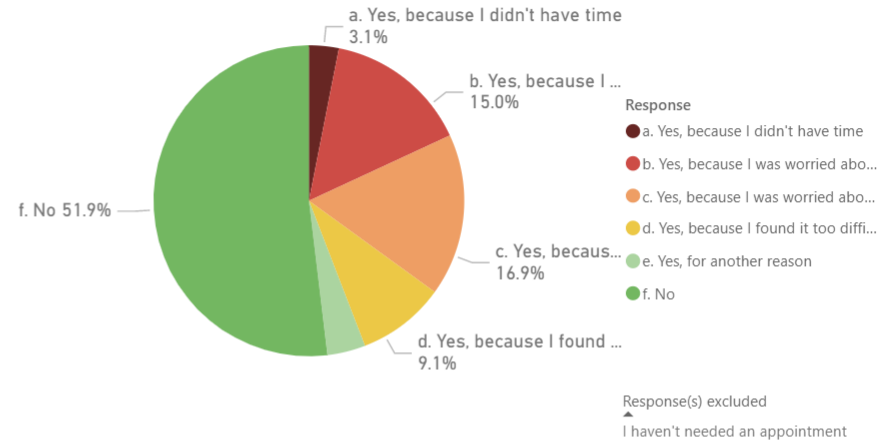
**GP PATIENT SURVEY** Borough:  PCN:  Practice:

Question:



Have you, at any time in the last 12 months, avoided making a general practice appointment for any reason?

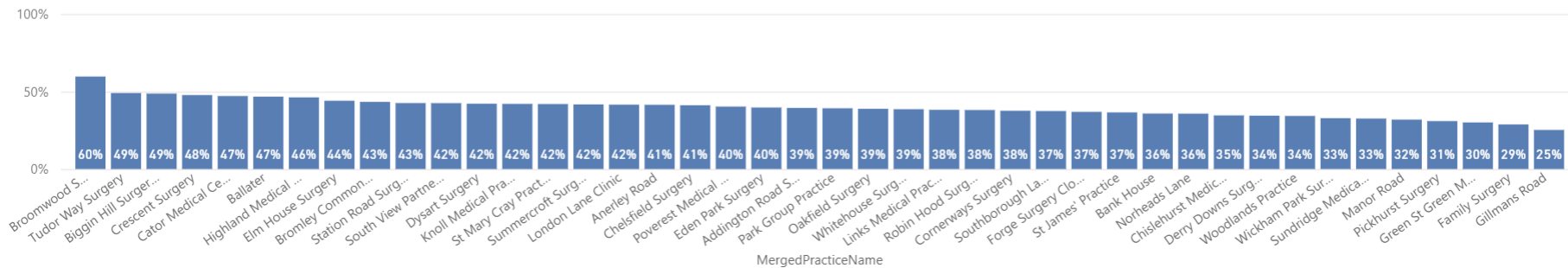
- a., Yes, because I didn't have time
- b., Yes, because I was worried about the risk of catching COVID-19
- c., Yes, because I was worried about the burden on the NHS
- d., Yes, because I found it too difficult
- e., Yes, for another reason
- f., No



Between 25%-60% of Bromley patients avoided making a GP appointment last year.

This may be contributing to the current high levels of demand for healthcare.

Avoided making a general practice appointment in last 12 months - % Summary result - Yes (Combined 'yes' variables - codes 1, 2, 3, 4 and 5 to be used with base excluding 'I haven't needed an appointment')



Page 42



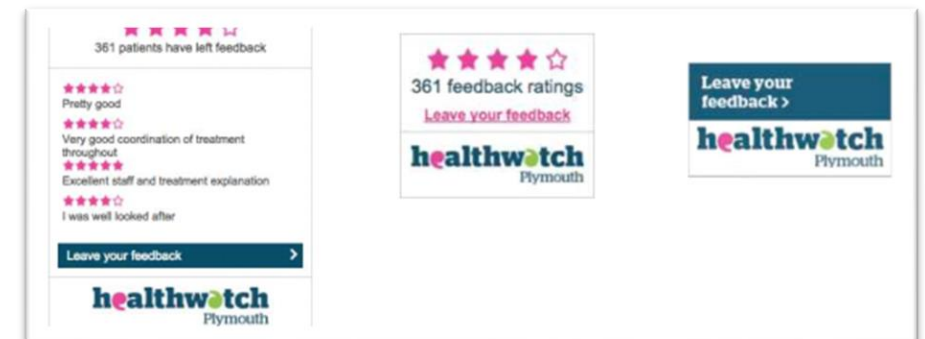
# Improving GP access

- Most people contact their GP by phone. We are supporting GP practices to:
  - Upgrade their telephone systems, to enable improved call waiting/queuing arrangements
  - Review voicemail messages, to keep these succinct and relevant to their patients
  - Train reception staff in customer service and customer management
- GP surgeries are open. We are supporting GP practices to:
  - Publicise to patients that their doors are open, whilst maintaining 'Covid-safe' measures
  - Encourage patients to attend face-to-face appointments where clinically necessary
  - Offer additional face-to-face appointments, including 'catch up' clinics, overflow hub appointments and, as part of winter plans, extra 'hot hub' clinics
- Demand for all parts of the health system remain very high. We are supporting GP practices to:
  - Hold appointment slots for 111 to directly book in patients to their practice GP
  - Directly refer self care/pharmacy appropriate queries to a local pharmacy of choice
  - Bolster workforce gaps with a Bromley Locum Bank of experienced, qualified clinicians



# Modernising primary care

- Remote monitoring technology is being expanded:
  - Oximetry@home, to monitor oxygen saturation levels in the blood and ensure a timely escalation of care if required
  - BP@home, to monitor blood pressure for patients with diagnosed hypertension to ensure controls are maintained
  - ‘Arc’ technology in care homes, improving rapid, reliable and regular clinical assessments for care home residents
- Increasingly, patients are using online services. We are supporting GP practices to:
  - Continue to upgrade and modernise their websites, reviewed by independent Healthwatch audits
  - Gather timely feedback from their patients through a Healthwatch ‘widget’ tool
  - Work with the Clinical System provider to improve patient experience of e-Consults, the online consultation system



# Next steps

- **Promote public messages** as part of a wider winter campaign: GP practices are open, but the pandemic is not over; highlight positive stories that recognise the contribution of general practice; explain the different ways to access general practice services
- **Improving through patient feedback:** targeting support to GP practices to use insights from national and local feedback to inform improvements, and maintain regular feedback mechanisms through ongoing engagement, including with those who may be digitally excluded
- **Reducing the gap:** determining current capacity (data analysis and audits), alongside demand within general practice, and where additional capacity can be further added into the local primary care system, processes streamlined or back office improvements made to increase efficiency



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# Health Overview and Scrutiny Committee

PRUH summary report  
September 2021

Page 47



Agenda Item 7

- **Site Chief Executive update**
- **COVID-19 and winter preparation**
- **Patient experience**
- **Transformation**
- **Good news**
- **Finance**



- **PRUH status**

- ❖ We are continuing to see COVID-19 positive patients across our Trust.
- ❖ Currently we have 18 patients with COVID-19 at PRUH/SS and 72 Trust-wide (as at 27.09.21)

- **'Third wave' and winter preparation**

- **COVID-19 vaccination**

- ❖ PRUH/SS staff primary vaccination rate:
- ❖ We're rolling out COVID-19 boosters for staff and the public. The booking system for staff launched on Wednesday 22 September.
- ❖ Surpassed 100,000<sup>th</sup> vaccinations milestone in September at the Bromley Civic Centre.

- **Elective recovery**

- ❖ King's has achieved the best elective recovery rates so far for any Shelford Group Trust.

- **Friends and Family Test latest data, August 2021**
  - ❖ We achieved high scores for the following areas of care: professional and competent; emotional and psychological support; compassion; and politeness.
  - ❖ Service specific FFT results:
    - Inpatient: 97%
    - A&E: 72%
    - Maternity: 79%
    - Outpatients: 89%
- **Inpatient and outpatient feedback**
  - ❖ Accessibility Patient Reference Group.
  - ❖ Targeted work around appointment letters and patient communication.

## **Patient complaints review**

### **CQC ED report following their visit in June 2021**

- **Ward refurbishment programme (PRUH)**
  - ❖ Dementia friendly for the first time for 8 medical wards.
  - ❖ Two wards now completed.
- **Diagnostics**
  - ❖ Community hubs
  - ❖ Rapid Diagnostic Centre
- **Endoscopy unit (PRUH)**
  - ❖ Investing £20m for 6 procedure rooms, 2 of which will be capable of general anaesthetics. All rooms will have medical gases.
  - ❖ Planning submission to be agreed.
  - ❖ Final concept and design soon to be confirmed.

- **Frailty care (PRUH)**

- ❖ 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)**

- ❖ Final design approved and planning application starting.
- ❖ Residents consultation underway.
- ❖ Thousands more surgeries per year to reduce waiting times.

- **Car parking deck (PRUH)**

- ❖ Awaiting the decision on planning permission - expected October 2021.
- ❖ Updated design to minimise disruption.

- **Staff wellbeing hubs**
- **One Bromley recognised for national Integrated Health and Care award**
  - ❖ Single point of contact after discharge.
- **Strong Roots, Global Reach strategy for King's 2021-2026**
  - ❖ Brilliant People
  - ❖ Outstanding Care
  - ❖ Leaders in Research, Innovation and Education
  - ❖ Diversity, Equality and Inclusion at the heart of everything we do.
  - ❖ Implementation plans to be agreed by the Board in January 2022.

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

# **ONE BROMLEY**

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

## Winter 2021/22

### Preparation and Planning

Page 55

Agenda Item 8

# Winter planning update

- Preparation for winter planning has focused on engagement with system partners in the review of Winter 20/21 with further consultation facilitated through One Bromley Executive, Bromley A&E Delivery Board, and other forums.
- The 2021/22 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the offer and respond to new emerging needs and system changes. The plan is being built on five pillars as follows:
  1. **Increasing system capacity**
  2. **Data Sharing and escalation**
  3. **Single Point of Access and Discharge Arrangements**
  4. **Admissions Avoidance**
  5. **Communication and Engagement**



# 1. Increasing System Capacity

Increasing system capacity through LBB and CCG investment is a central part of winter-planning which has been successful to date focusing on:

- **Additional Workforce** including Rapid Response Advance Nurse Practitioners (ANPs,) Rapid Access to Therapy therapists, adult social care - Care Managers, brokerage and Moving and Handling Risk Assessors
- **Additional Service Capacity** including primary care hub appointments and UTC Christmas and new year cover, short term enhanced domiciliary care at home offer, block funded domiciliary care through January and access to rapid assisted technology fitting.

In addition this year we will:

- Pilot increased access for children to primary care hub appointments including the Respiratory Hub
- Increasing nurse capacity in UTC
- Additional High Intensity User capacity
- Contingency for 7 day working and responding to activity surges

The current funding requests are more than the CCG and LA winter budget therefore requests will be prioritised through the consultation process



## 2. Data Sharing and escalation

- Currently, the SEL CCG Surge and System Resilience team host daily meetings with local UEC stakeholders to collate and disseminate data on ED (Type 1) and UTC (Type 3) performance including levels of attendances, admissions, discharges, and breaches.
- The national Operational Pressures Escalation Levels framework (OPEL) is used to guide system escalation and response.

In addition this year we will:

- Mobilise a data dashboard that will notify of system trends and pressures
- Mobilise the weekly Clinical and Professional Advisory Group - Clinical Monitoring Meeting to share the current clinical pressures and information that will help the system to respond initiating wider practice or capacity discussions where required including primary care, UTC, acute, community clinicians, 111 and LAS
- Respond to extreme pressures through a system escalation call
- Have a robust plan in place for the peak in winter for how capacity will be maximised to respond to urgent and unplanned care pressures

# 3. Single Point of Access and Discharge Arrangements

The following new services introduced in 2020 through winter and covid funding will continue to play a key role in responding to 21/22 winter pressure management:

- Bromley Single Point of Access (SPA) and Discharge Partnership
- Bromley Rapid Access to Therapies (RATT)
- Hospital @Home for children and young people
- Bromley Community Covid Management Service and long covid clinics

The Demand and Capacity Meeting, established during winter 21/22 will continue to maintain system oversight of pathways and capacity, ensuring sufficient access to resources throughout the period. This includes proactive management of the domiciliary and care home market.

In addition this year we will:

- Developing a community in-reach offer to pull patients from hospital to reduce inpatient length of stay
- Develop an Enhanced Community IV/AB short course offer to enable early supported discharge

## 4. Admissions Avoidance

- As with previous years, it is central to the winter plan to ensure that key services dedicated to urgent community response, Rapid Response (2 hr) and Rapid Access to Therapies (RATT), are resourced and resilient to peaks in demand.
- In addition, we will continue to maintain the successful integrated working of community and acute clinicians during the pandemic to enable care home residents to access specialist treatment in their place of residence when hospital admission is not in their best interest.

In addition this year's we will:

- Build upon the experience of the PRUH and community partners working together on the ONE Bromley respiratory pathway and Community Covid Management Service to create a Hospital @ Home offer - Urgent Respiratory Service and community IV/AB service for direct GP referrals
- Develop a front door admission avoidance model focusing on preventing social admissions.
- Mobilise the Clinical Professional Advisory Group (CPAG) to maintain oversight and react to the anticipated surge in viruses amongst adults and children, as predicted by Public Health

# 5. Communication and Engagement

Effective Communication and engagement every winter focuses on:

- Establishing an accessible **'Winter Services Directory'** for all system partners and professionals
- Localising national campaigns and public facing information and advice on what services to use when
- Continuing advice to care homes and care settings to care for their clients/residents throughout the winter period (predominantly through the fortnightly news letter and engagement forums).

In addition this year we will

- Expand the successful flu campaign to also promote Covid19 Boosters (in line with anticipated guidance)
- Seek to embed a routine method of communicating system wider UEC pressures, trends and emerging themes as well as information on additional winter capacity or resource



# Winter Plan 21/22 timeline

26 <sup>th</sup> July	Integrated Commissioning Board Review of 21/22 CCG and LBB investment
26 <sup>th</sup> July	LBB Adult Services Leadership Team review of adult social care management of winter and impact of LBB investment
2 <sup>nd</sup> August	Special ONE Bromley and A&E Delivery Board Winter planning Workshop
17 <sup>th</sup> August	LBB Adult Services Leadership Team development of LBB winter funding proposals for 21/22
24 <sup>th</sup> August	CCG Clinical and Professional Advisory Group (CPAG) consideration for clinical trends and areas of consideration for CCG investment
2 <sup>nd</sup> September	Borough Based Board (BBB) review of overarching 2021/22 Winter Plan against the 5 pillars
W/E 3 <sup>rd</sup> September	1 <sup>st</sup> Draft of winter plan for consultation
9 <sup>th</sup> September	Draft Winter Plan to PDS
16 <sup>th</sup> September	Draft for comment and sign-off at One Bromley Executive
7 <sup>th</sup> October	Final draft of Winter Plan (inc. SPA review) to Health Sub Committee
25 <sup>th</sup> November	Health and Wellbeing Board for information



# Bromley UEC System Winter Preparation

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# King's Winter Preparation

## System development

- Formalise ED – UTC mutual aid approach to meeting demand
- Review Acute medical model and Medical Ambulatory pathways
- Decompressing ED
  - Opening of frailty assessment unit
  - Opening of MH Assessment unit
- Repurposing a surgical ward to a medical ward
- Opening Québec on the Orpington Hospital site, for orthopaedic rehabilitation
- Developing SOP with LAS to improve ambulance handover times

## Areas of investment

- Senior nursing support to ED sub-acute area
- Appointment of Head of Site to support discharge and flow
- Review of twilight medical cover to further augment



# Oxleas' Winter Preparation

## Organisational approach

- Develop MH services with planned investment aimed at sustainable long term plan of improved integration across Primary Care and Third Sector Partners
- The Trust is establishing new posts and ensuring robustness of existing services
- Business continuity plan in place to manage any service disruption that arises
  - Staffing resources
  - Environmental / estates challenges
  - Escalation and organisational system response procedures in place
- Covid 19 Vaccine / Flu vaccine drives being promoted among workforce
- Trust Bed Management Meetings three times a day throughout the winter period
- Crisis House / Hospital to Home service

## Key Risks

- Staffing absence from sickness or self isolation
- Bed Capacity at risk of fluctuating demand

## Key message for communications / Winter Services Directory

- The Mental Health Crisis Line is available 24/7 for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED



# LBB's Winter Preparation

## System development

- Demand and capacity meeting being re-established in October 2021
- Winter preparedness workshop established
- Comms and engagement on winter activity being shared across social care workforce
- Extra Care Housing winter workshop set up to ensure system is prepared
- Caring for your resident details being sent to all social care providers with communication on which services to access being shared with providers
- Winter performance information being monitored by Adult Services Leadership Team (ASLT)

# Greenbrook's (UTC) Winter Preparation

## Organisational approach

- To ensure that our staffing levels are in line with anticipated demand to provide best possible service
- Actively promoting clinically appropriate redirection to primary care services
- Clear escalation plans and risk mitigation procedures in place

## Key risks

- Staffing absence: sickness, self-isolation, competition in recruitment.
- Increased attendances

## Risks that remain post mitigation

- Erratic activity, sometimes no rationale for peaks of demand

## Key message for communications / Winter Services Directory

- Alternatives to UTC/ED referral promoted, GP Hubs, Pharmacy, Urgent Community Response services

# BHC's Winter Preparation

## Organisational Approach

- Recruitment strategy to drive down vacancy rates across services
- Deploying a flexible approach between services enabling therapists and nurses to prioritise patients in most need.
- Maintain Urgent Community Response capacity throughout winter to support admission avoidance work, enhance primary care, and provide assurance over festive period.

## Key Risks

- Securing adequate staffing resource – a longer term view supporting substantive posts would be preferable.
- Ongoing pandemic and potential variants present unknown risk – but BHC maintained core services during height of pandemic.

## Remaining risks post planned mitigation

- Low discharge rates from Saturday to Monday: requires a system wide approach to seven day working to increase rates of discharge.
- Short term funding increases risk of staff recruitment challenges.



# BGPA's Winter Preparation

## Organisational Approach

- All services will continue to run, digital where possible and for the majority of services face to face as deemed clinically necessary.
- BGPA has a robust and stable workforce with clinicians on bank and committed volunteers supporting services. Sufficient cover for Christmas and new year has been organised.
- BGPA will encourage staff to have flu and Covid booster jab (as directed by national guidance).
- BGPA is looking to extend lease at Beckenham Clinic which would facilitate extra hub appointments and reinstate the respiratory clinic.
- Extensive communications around publicising BGPA services and vaccination planned

## Key Risks

- Bromleag Care Practice is the more vulnerable service to run with a smaller workforce and absences of leave more difficult to manage.
- Ensuring sufficient supplies of consumables and PPE
- Disruption of services run from GP practices if site closes (in the event of further lockdown)



# St Christopher's Winter Preparation

## Organisational Approach

- Ensuring maximum covid 19 uptake amongst staff and assessing new staff compliance on recruitment ;
- Ensuring high uptake of influenza vaccine by using OH to administer onsite flu vaccinations when possible ;
- Increased IPC compliance around cleaning and screening

## Key Risks

- Changes in IPC guidance around new COVID variances

## What guidance about your services would you want to promote as part of a Winter Services Directory

- Early referral when a person is recognised as being end of life;
- use of ceilings of treatment;
- ACP and DNA CPR decisions

Page 70



# 2021/21 Winter Preperation

## NHS South East London (Bromley) Winter Schemes

### Budget

No.	Title	Scheme Description	CCG Winter	Strategic Priorities	KPI	Notes
1	BHC: Bromley Discharge Partnership	Reallocating funding to mainstream the SPA and Discharge Partnership arrangements	TBC	3	Number of DTOCs 80% patients discharged on the day they are	Core offer under negotiation with provider
2	BHC: Urgent Community Response - RATT	Ensuring sufficient capacity in Rapid Access to Therapy Team during winter is a key service to achieve admissions avoidance, early supported discharge and preventing readmissions	£171,000	1, 3, 4	2 hour response rate	Final costs being provided by provider
3	Early Supported Discharge and in-reach	a) Daily review onsite to divert attendances and non-elective inpatient admissions to appropriate community services	£15,000	3, 4		Backfill for BHC Urgent Community Response lead.
		b) Community services input as part of community inreach model to pull patients that could be supported in community health services - as part of Stranded review as well as dedicated capacity into ED				Proactive community support to acute services - providing assurance and improving hospital confidence in community services and reducing admissions and length of stay
4		c) Primary Care input as part of community inreach model to pull patients that could be supported in primary care - as part of Stranded review as well as dedicated capacity into ED				£37,440
Page 71		High intensity user service: second case handler	£20,000	4		Organised via ToCB. HIUS has evidenced a track record of reducing attendances and social admissions and additional worker supports the current case load to improve discharge from service and extend case load to divert more people away from ED / LAS

6	Admission Avoidance	<b>BHC: Urgent Community Response - Rapid Response</b> GP Cover in Rapid Response. Extra GP input across four days per week to speed up and improve quality of triage into Rapid Response as well as increased clinical oversight of activity and caseload and provide clinical capacity for OPAT element of the service This would bolster Urgent Community Response - increasing resilience of service and improving performance of 2-hour response.	£17,598	1, 3, 4	2 hour response rate	<i>Current GP provision amounts to one day of input across the week. Funded by provider.</i>
7		<b>BHC: ANP in Rapid Response</b> Sustain current level of Advance Nurse Practitioners (ANP) in service with a focus on supporting and preventing acute pressure.	£38,000	1, 3, 4	2 hour response rate	<i>Current funding ends November</i>  <i>Query: what is winter funding period if thinking about recruitment (up to March?)?</i>
8	Primary Care Resilience	<b>Greenbrooks UTC: Increased capacity in nursing and primary care support</b>  a) incentive packages too secure nursing cover December 21 to January 22 (£25,000)  b) additional Patient champion / Floor co-ordinator for PRUH UTC, 0900-1900, October 21 - February 22 (28,528)	£53,528	1	% increase in primary care access hubs  % increase in the number of patients redirected to primary care	<i>a) small pool of nursing staff and competition in the region mean enhanced rates are proposed to secure nursing cover that has fallen short in recent winters</i>  <i>b) current provision is 8-4 which often misses evening surges, the proposal seeks evening cover 4-7 daily</i>
9		<b>BGPA: Additional Primary Care Access Hubs</b>  a) restart community respiratory hubs b) introduce dedicated paediatric hub appointments (Beckenham Clinic) c) additional hub appointments to provide an overflow for practices with aim of completing episode of care and avoiding onward referral to UTC and ED	£222,703	1, 3, 4	98% utilisation	<i>a) £102,684 (To reinstate the winter respiratory hub at Beckenham Clinic running Mon to Fri (16:00-20:00hrs). This will offer a combination of virtual and f2f appointments)</i>  <i>b) £120,019 (To trial a paediatric hub at Beckenham Clinic running 12:00-16:00 hrs 7 days per week.)</i>
		BGPA additional hub appointments	£50,063			<i>Provides four extra sessions per week, Dec to March 22</i>  <i>Call off</i>
11		<b>GPOOH over Christmas and New Year GPOOH resilience</b> Additional capacity for GPOOH over Christmas and New Year period where previous years' there had been an surge in demand.	£25,000	1	98% shifts covered over festive period	<i>Call off</i>



12	BGPA / Oxleas: Bromley Homeless Project	During winter homeless services become building based and provide opportunity for health input: GP registration; health checks; MH checks; medication review; re-engaging with people known to services	£8,000			BGPA will lead and make proposal, but need to check their proposal takes account Oxleas requirements (Oxleas staff volunteered their time and back fill not covered - used other pot)
13	CPAG	Clinical input, comms and engagement, training and guidance on presenting needs during winter. Consultant input.	£10,000	2, 4, 5		
14	Support to Care Homes	Additional St Christopher's capacity to support care home residents and provide additional treatment into care homes during the winter for residents where hospital conveyance is not in their best interest	£71,800			
<b>Total Spend</b>			<b>£740,132</b>			

<b>Winter Budget allocation Total</b>	<b>£</b>	<b>669,000</b>
<b>Allocated Spend</b>	<b>£</b>	<b>740,132</b>
<b>Difference</b>	<b>-£</b>	<b>71,132</b>

**London Borough of Bromley 2020/21 Winter/Phase 2 Covid-19 plan**

**Committed spend**

No	Title	Description	Committed spend	Strategic Priorities	Impact Tracking KPI	Target	Comment
1	Staffing	13.5 additional S/CM/A across the system	£626,520	1,3,4	% of winter funded posts recruited to	100%	Annual commitment
2	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit strategy	£182,000	3	less than 10% voids throughout the period % of clients moved on within 6 weeks	100% (8)	Annual commitment
<b>Sub-total</b>			<b>£808,520</b>				

**Proposed additional Schemes 2020/21**

No	Title	Description	Budget	Strategic Priorities	Impact Tracking KPI	Target	Comment
7	MHRA	Additional MHRA capacity to support hospital discharge clients and build resilience in the system	£30,000	1,3	% of double handed clients reviewed at home within 10 days of hospital discharge	100%	
8	Project Manager	6 months project and policy costs to manage all schemes and provide capacity to support commissioning activity emerging from the Demand and capacity Meeting as well as ensuring ongoing flow through all pathways preventing additional pressures on ASC services and budgets.	£50,000	1,2,3,4,5	% of winter funded posts recruited to	100%	
9	Brokerage Capacity	2 x Placement officers and 1 additional dom care broker to support increase in demand	£35,000	1,3,4	% of winter funded posts recruited to	100%	
10	Front Door admission avoidance - social care element	Dedicated care management to be part of a dedicated hospital front door team providing an additional 1 FTE on top of the existing 1FTE CMA	£30,000	1,4	Posts recruited to 0 social admissions throughout the period	0	
11	Admin	0.5 top up for SPA admin	£18,060	3	% of winter funded posts recruited to	100%	
12	Post discharge care and support	Contingency funding for cases that have gone over NHS funded D2A, or in the case of legislation change to pre-covid, funding for Intensive Personal Care Offer - Night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks available for the full year.	£75,000	3	% of assessments completed within the 4 weeks	100%	
13	Contingency	Flexibility to meet unpredicted demand or one off costs related to hospital discharge e.g deep clean, handy man not covered in commissioned services	£ 10,000	12345			
14	7 day working	overtime or surge requests	£ 10,000	1, 3, 4			

**Sub-total** £258,060

**Winter Budget** £1,064,000

**Unallocated spend** -£2,580

**PATIENT EXPERIENCE  
REPORT 2021/2022  
QUARTER 1  
APRIL - JUNE**

# Contents

Introduction & Executive Summary	2
Our Data Explained	4
Overall Star Rating	5
Total Reviews per Service Category	8
Distribution of Positive, Neutral & Negative	9
Themes:GP,Dentist,Children & Young People - SEND,Hospital	10
Other Positive Reviews	20
Other Negative Reviews	23
Demographic Information	25
Conclusion	27
Actions, Impact & Next Steps	29
Appendix	30

# Introduction & Executive Summary

This is the Quarter 1 Patient Experience Report for Healthwatch Bromley, covering the period from April - June 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 appendix II p32-34). 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 feedback 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 using our 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. We hope to return to this form of direct engagement for the Q2 Patient Experience Report.

Page 77  
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 benefited residents through additional provision of information and signposting. As our service becomes further embedded across the borough, we expect greater awareness of our organisation 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 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 1 period, April to June 2021. During this time, **632** reviews were collected. Of the total number of patient experiences received, based on the star rating provided by patients (see next page), **411 (65%)** were positive, **44 (7%)** were neutral and **177 (28%)** were negative. The information presented within this report reflects the individual patient experience of health and social care services. Healthwatch Bromley presents this information for consideration and anticipates that it will be used to highlight good practice and areas for improvement. Some key parts of the report includes various reviews of GP Services which highlight patients' high levels of satisfaction with the attitude of staff, the quality of care and treatment but concerns with the need to improve external and internal communication.

In addition, Dental Services' patients showed high satisfaction in all areas including quality of treatment, communication and cleanliness, with 95% of all reviews being positive. Compliments were given to their ability to keep infection risks low in a service that requires the patient to not wear a mask.

# Our Data Explained

Healthwatch Bromley use 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 1/3 of the Healthwatch Network across England and it captures feedback in a number of ways:

1. It asks for an overall star rating of the service, (between 1-5)
2. It provides a free text box for comment
3. Its asks for a star rating against specific domain areas, (between 1-5)

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.

When it comes to the free text comment box, this is analysed in two different ways resulting in two different data sets:

▫ In the first instance, 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.

▫ In the second instance, free text comments are broken down and analysed for themes and sub themes. Where relevant, up to 5 themes and sub themes can be applied to any one patient experience comment. Upon each application of a theme or sub theme, a positive, negative or neutral sentiment is also applied. This is a manual process undertaken by trained staff and specially trained volunteers. The process is overseen by the Patient Experience Officer and regularly audited in order to ensure consistency. Where themes and related sentiment are discussed in the report, it relates to this aspect of the process.

Each of the areas described above provides an independent set of results which can be viewed separately or in conjunction with one another in order to gain an insight into a service or service area. It is important to note that correlation between different data sets may not be apparent, for example, a service may have an overall star rating of 4/5 but much lower ratings against individual domain areas.

# Overall Star Ratings

The number of patient reviews received for this quarter was 632. The table below shows the distribution of the negative, neutral and positive patient reviews by each month and for the quarter as a whole. Please see the appendices for examples of both our physical and online questionnaires.

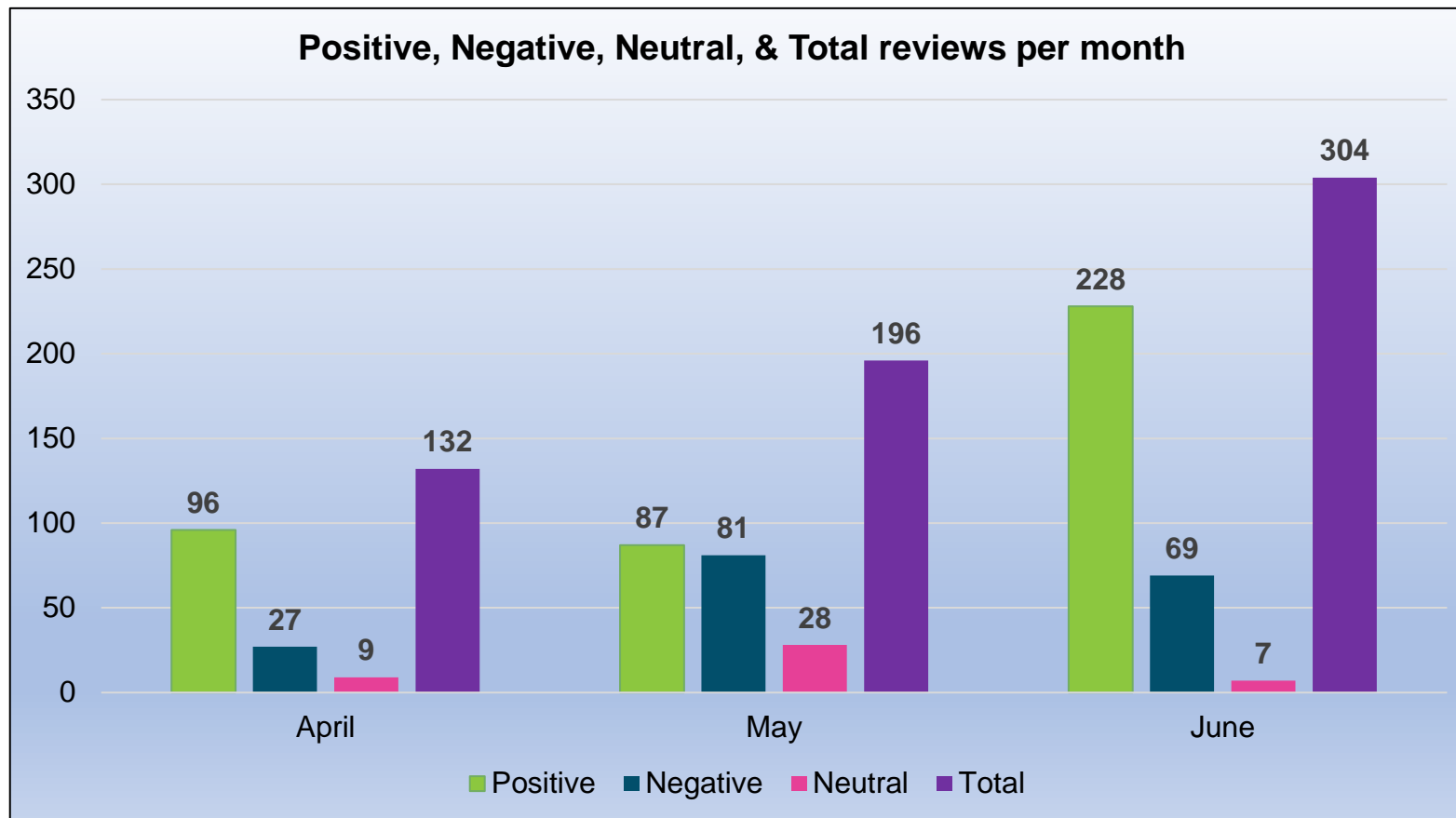
Each patient was asked to give an overall rating out of 5 stars for the service(s) they attended. Star ratings of 1 and 2 indicate a negative response, a star rating of 3 indicates a neutral response and star ratings of 4 and 5 indicate a positive response. It is important to note that our experience 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.

Month	4-5 Star Reviews (Positive) ★ ★ ★ ★ ★	1-2 Star Reviews (Negative) ★ ★ ☆ ☆ ☆	3 Star Reviews (Neutral) ★ ★ ★ ☆ ☆
April	96	27	9
May	87	81	28
June	228	69	7
Total	411	177	44



# Overall Star Ratings continued

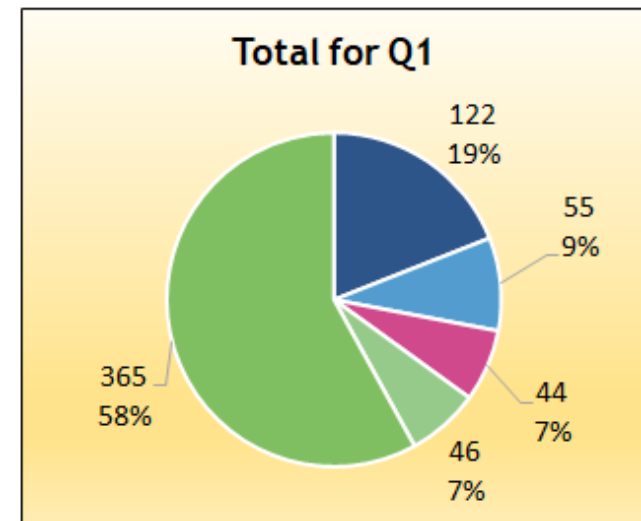
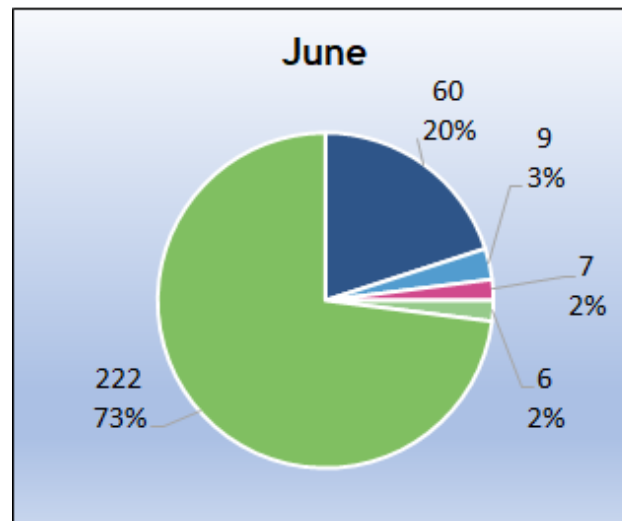
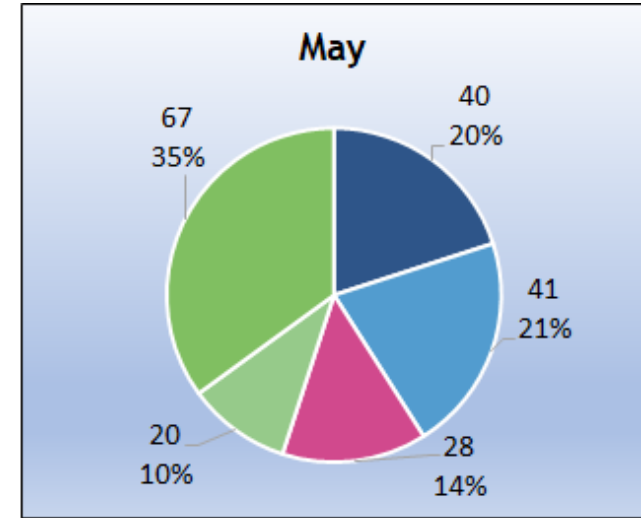
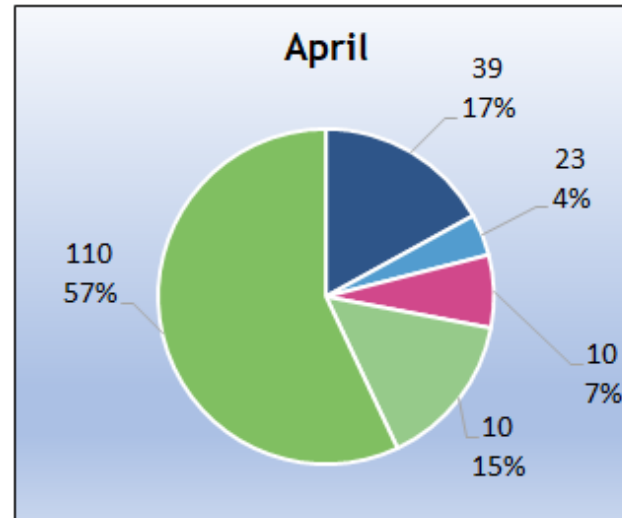
This chart provides a further breakdown of positive, negative, neutral and an overall total number of reviews for each month. We are very pleased we reached our target number of 600 reviews. However, we recognise that in April and May we collected less reviews in comparison to June. This was due to a combination of volunteer capacity and staff changes during this quarter.



# Overall Star Ratings continued

The pie charts show the breakdown of star ratings for each month and for the whole quarter.

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



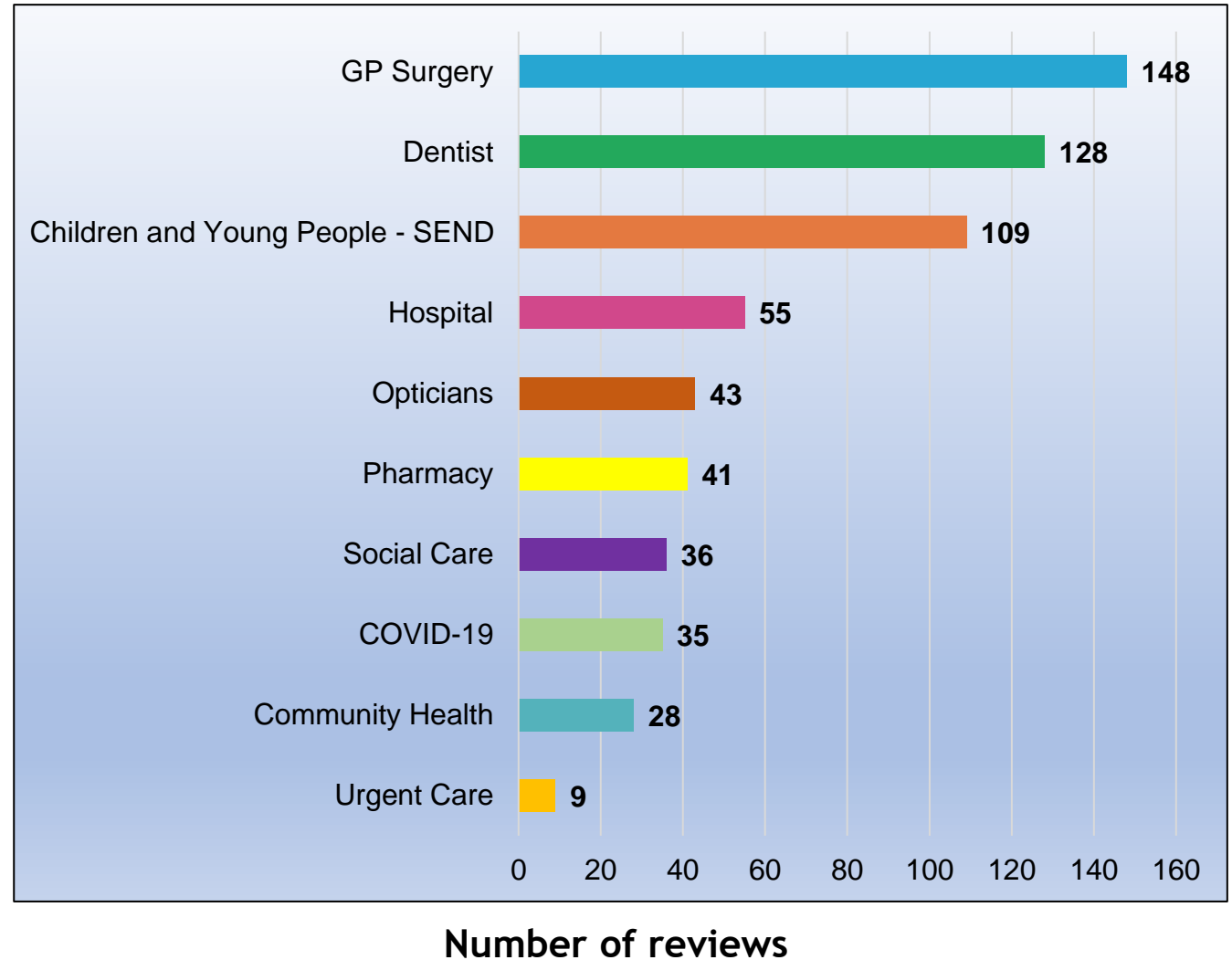
# Total Reviews per Service Category

The patient reviews recorded for this quarter cover 10 service categories, as seen in this chart.

The category with the highest number of reviews recorded is GP surgery (148), followed by Dentist (128), Children & Young People - SEND (109) and Hospital (55).

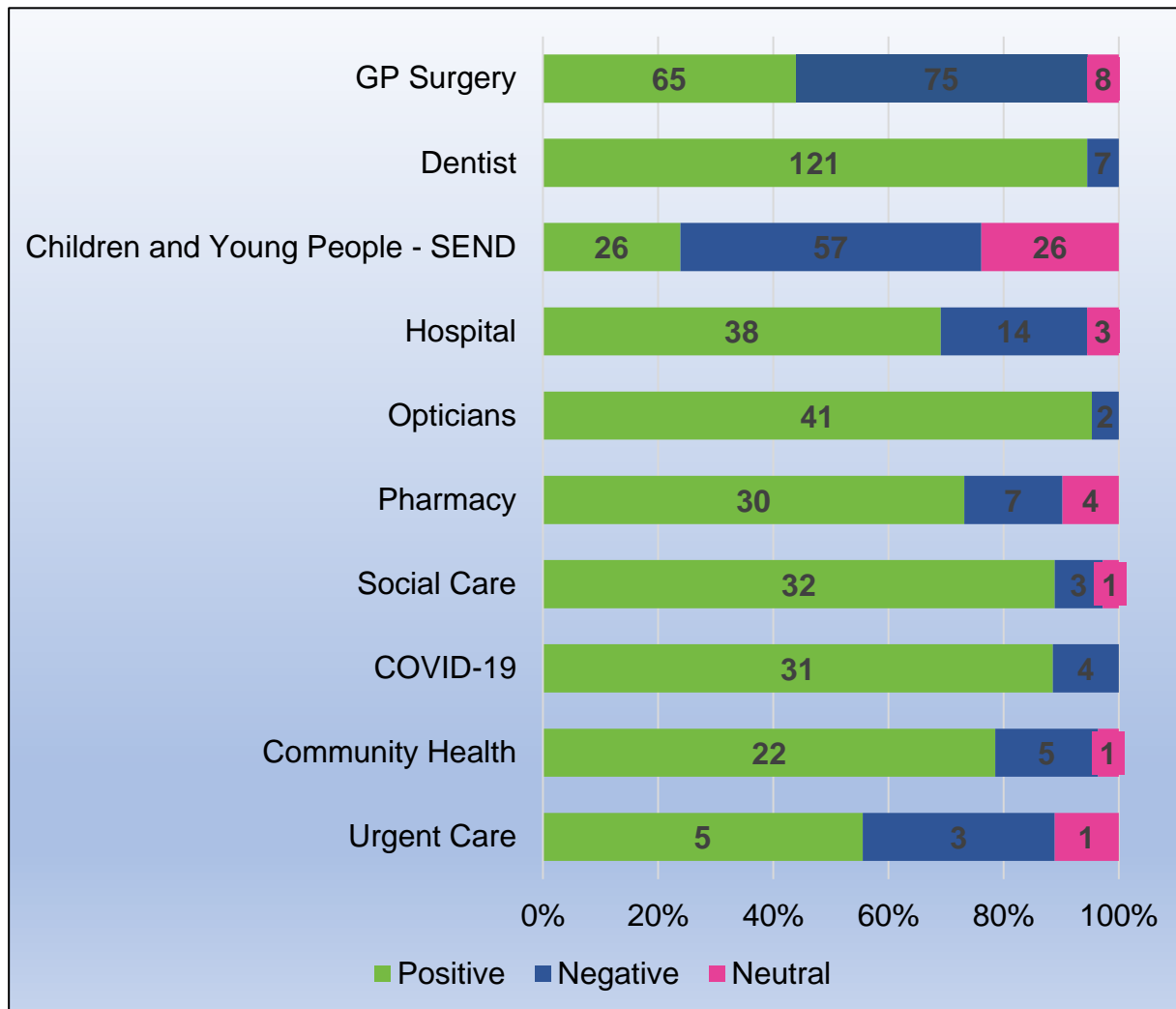
The service-type with the lowest number of reviews recorded is Urgent Care (9).

Type of services



# Distribution of Positive, Negative & Neutral

Type of services Page 84



This chart illustrates the proportion of negative, neutral, and positive reviews within each of the ten service-type categories previously discussed. Reviews are categorised according to their star ratings.

GP services received the most reviews this quarter (148). Of these, 51% (75) were negative, 5% (8) were neutral, and 44% (65) were positive.

Dentist services received the second highest number of reviews this quarter (128). Of these 5% (7) were negative, and 95% (121) were positive.

Children and Young People - SEND received the third highest number of reviews this quarter (109). Of these 52% (57) were negative, 24% (26) were neutral, and 24% (26) were positive.

Hospital received the fourth highest number of reviews this quarter (55). Of these 26% (14) were negative, 5% (3) were neutral and 69% (38) were positive.

Number of reviews

# Themes and Sub-Themes

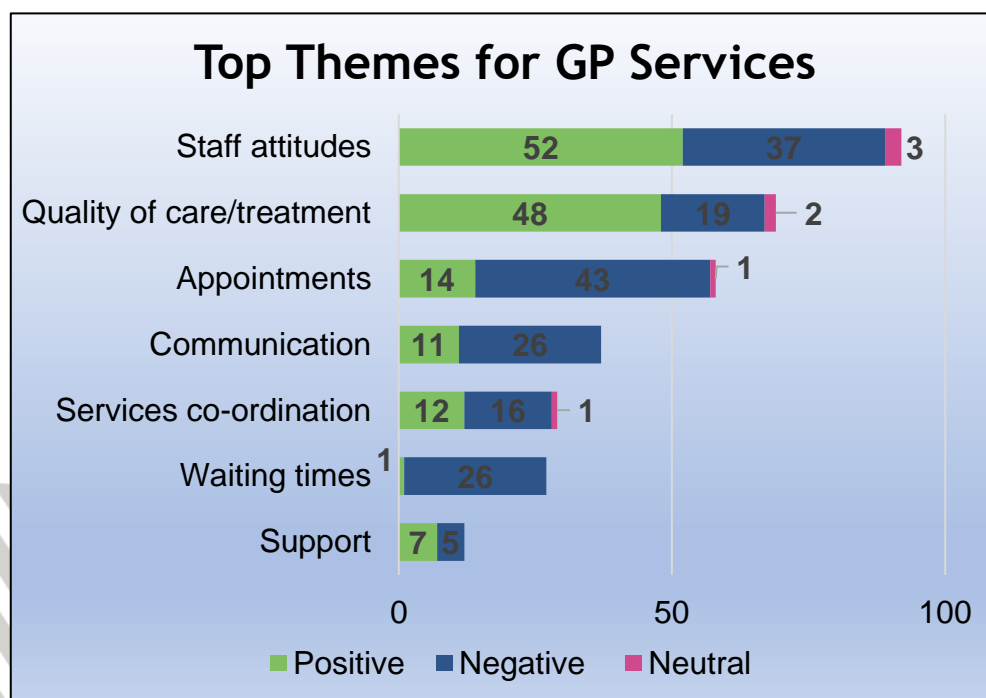
This section shows a breakdown of the main themes and sub-themes for service areas where we received a significant number of reviews. In Q1 these areas were: GP, Dentist, Children & Young People - SEND and Hospital. After asking patients for an overall star rating of the service we ask them to "tell us more about your experience".

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 I p30-31 ).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.

# GP Themes and Sub-Themes

GP services were the most reviewed category for this quarter, with a total of 148 reviews. **Staff attitudes** was the most applied theme for GP services with a total of 92 counts, 57% (52 counts) being positive and 40% (37 counts) negative. Generally, staff attitudes were experienced positively by patients, with the sentiment that staff were helpful and responded quickly.

Another positive theme was **Quality of care/treatment** with 70% (48 counts) reported positive reviews, and 28% (19 counts) negative. This represents a patient satisfaction with the care and treatment they are receiving at their GP.



Number of reviews

## Positive reviews

“The staff responded very quickly, and both receptionist and doctor were very helpful. All the service was very quick, so I didn't have to wait to be attended.”

## GP surgery

“The surgery is beautifully run and the service and colleagues is outstanding.”

## GP surgery

## Negative reviews

“Never can get an appointment.”

## GP Surgery

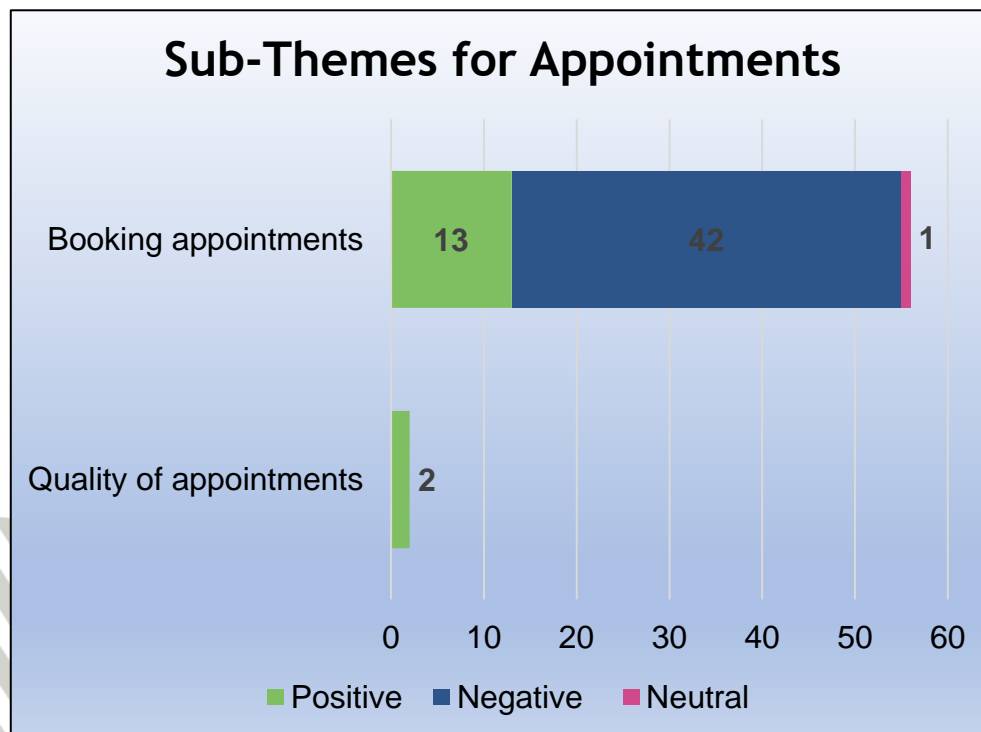
“Poor customer service.”

## GP Surgery

# GP Themes and Sub-Themes

**Appointments** was the third most applied theme for the GP category with a total of 58 counts, 24% (14 counts) being positive and 74% (43 counts) negative.

**Booking appointments** is the sub-theme that received the most counts in this category with a total of 56, 23% (13 counts) being positive and 75% (42 counts) negative. This majority negative reviews represents a difficulty in booking appointments with ease within GP services.



Number of reviews

## Positive reviews

“The people at this surgery are outstanding, always helpful and knowledgeable.”

*GP surgery.*

“I have been with the surgery for about 3 years now and haven't had any problems, even during Covid-19.”

*GP Surgery*

## Negative reviews

“On the [phone] for over 40min this morning no one picked up the phone..”

*GP Surgery*

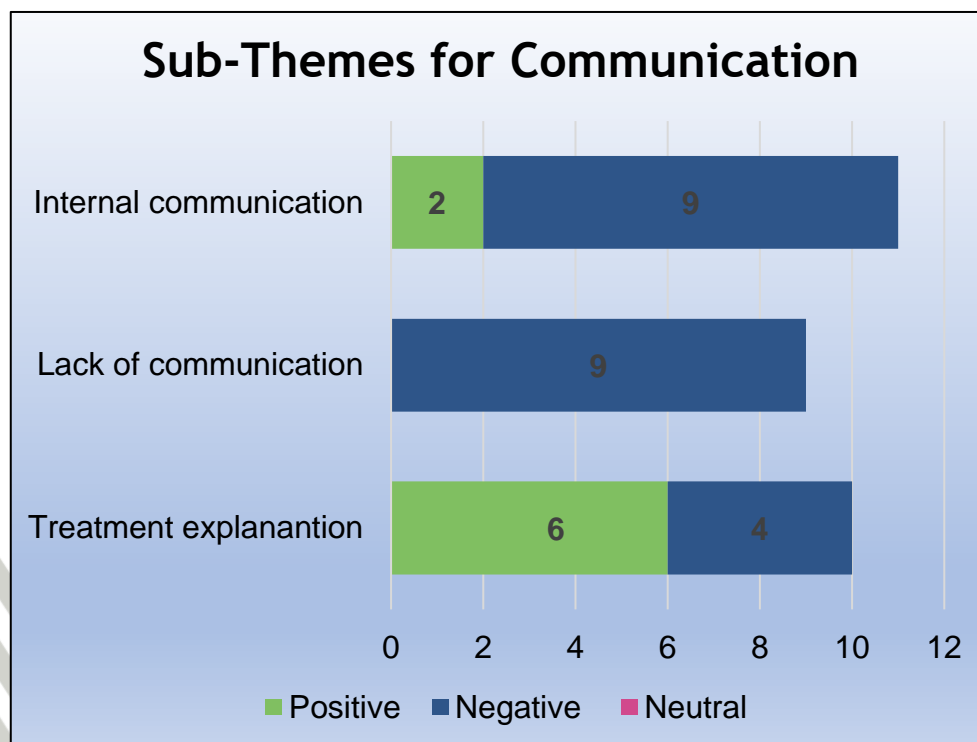
“Almost never there is a doctor except for late afternoon.”

*GP Surgery*

# GP Themes and Sub-Themes

Another notable theme was **Communication** with a total of 37 counts, 30% (11 counts) being positive and 70% (26 counts) negative.

**Communication** is broken down further into three sub-themes: **internal communication**, **lack of communication** and **treatment explanation**. Whilst the chart shows that service users received satisfactory explanations of their treatment, they also expressed a lack of internal communication within GP services.



## Positive reviews

“The GP surgery, in general, is really good, the doctor is really attentive and communicates in a way that is easy to understand.”

*GP surgery.*

“The GP doctors are very responsive and they all know my mother because she is a chronic patient. The doctors are really efficient and send straight away her prescribed medications.”

*GP Surgery*

## Negative reviews

“Calls sit unanswered for half an hour at a time.”

*GP Surgery*

“Rarely is your prescription issued correctly & usually involves lots of chase-ups to get all the items you need.”

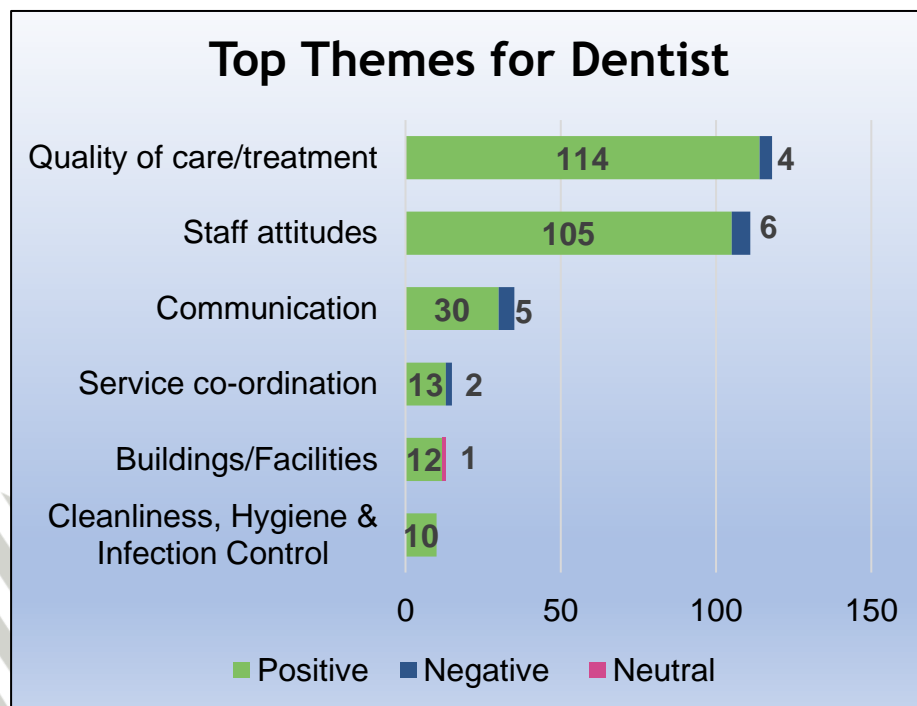
*GP Surgery*



# Dentist Themes and Sub-Themes

Dental services were the second most reviewed category for this quarter, with a total of 128 reviews. **Quality of care/treatment** was the most applied theme within this service with a total of 118 counts, 97% (114 counts) being positive and only 3% (4 counts) negative. The significant amount of positive reviews in this theme represents excellent treatment and a high quality of care from dentists.

This was closely followed by **Staff attitudes**, with a total of 111 counts, 95% (105 counts) being positive and 5% (6 counts) negative. The positivity reflected in these figures shows that staff are providing a friendly and efficient service to their patients.



## Positive reviews

“The surgery itself is beautiful, clean, staff are friendly, and the equipment is very high tech.”

*Dentist*

“Great, friendly staff. Fully explained everything.”

*Dentist*

## Negative reviews

“On a routine check-up, the dentist seriously lacks communication skill. They did not answer any of my questions when asked.”

*Dentist*

“They were very rude and hurt my mouth during preparation for the x-ray.”

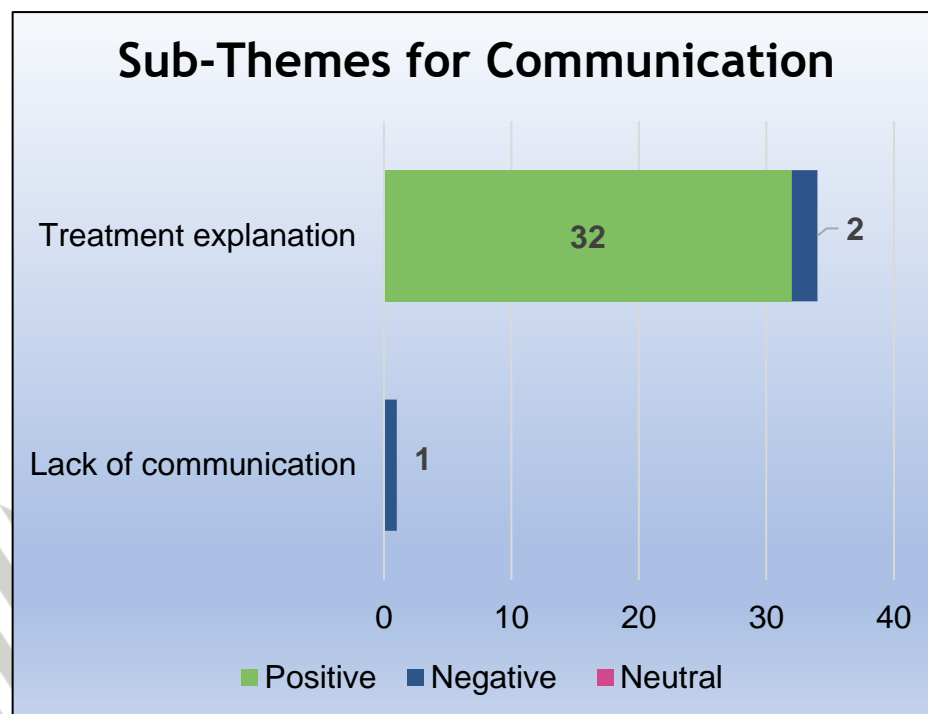
*Dentist*

Number of reviews

# Dentist Themes and Sub-Themes

**Communication** was the third most applied theme for Dental services with a total of 35 counts, (30 counts) being positive and (5 counts) negative. **Treatment explanation** is the sub-theme that received the most counts in this category with a total of 34; 94% (32 counts) being positive and only 6% (2 counts) negative.

These figures, revealing a significantly higher amount of positive feedback, indicate adequate treatment explanation throughout dental services. As a result, patients felt safe, comfortable and at ease.



Number of reviews

## Positive reviews

“Every visit is a pleasure. Reception are helpful and friendly and the dental teams are fantastic.”

*Dentist*

“First visit to the dentist in a long while .... as a new patient was made to feel totally safe and very comfortable by all the lovely staff.”

*Dentist*

## Negative reviews

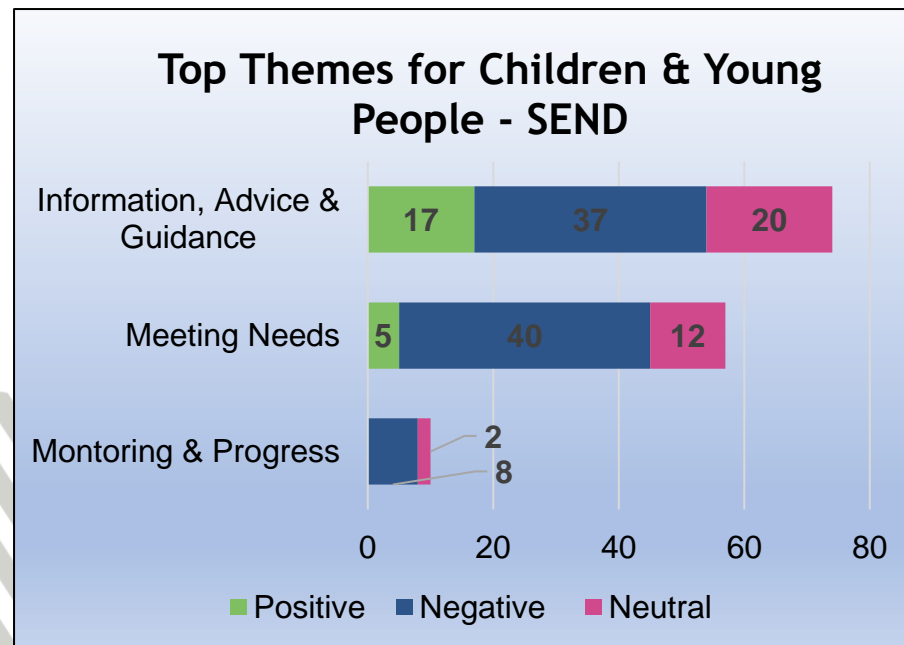
“Had to wait over half an hour for my appointment, and was then charged £75 despite being eligible for free dental care.”

*Dentist*

# Children & Young People - SEND Themes and Sub - Themes

Children & Young People - SEND provides a wide range of feedback and for this quarter we received a large amount of reviews (109). Whilst some of these reviews are not health and social care related, we felt it was important to include this information in our report. Our aim for the next Quarter is to develop this service category and ensure it is more focused on specific themes that correlate with the other service providers we collect feedback on.

**Information, Advice & Guidance** was the most applied theme for 'Children & Young People - SEND' with a total of 74 counts; 23% (17 counts) being positive and 50% (37 counts) negative. **Meeting Needs** was the second most applied theme for this category with a total of 57 counts; 9% (5 counts) being positive and 70% (40 counts) negative. The negative reviews within this theme were significantly higher than the positive, raising the concern that Health and Wellbeing needs are not being met.



Number of reviews

## Positive reviews

“...very good at communication...”

*Children & Young People SEND*

“...my daughter feels confident to get the help she needs.”

*Children & Young People SEND*

## Negative reviews

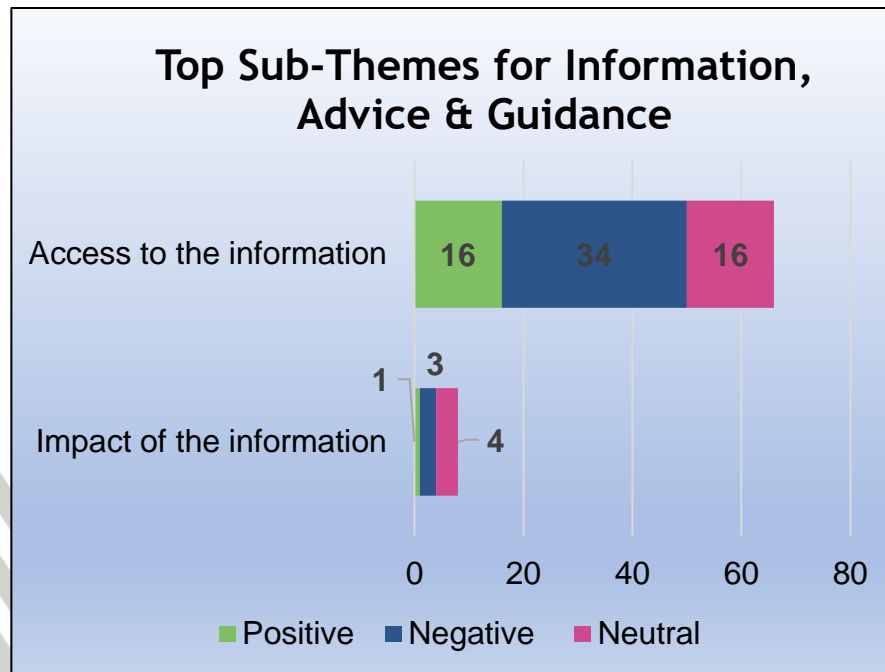
“Need more communication on things that are going on regarding the child whether it is positive or negative issues.”

*Children & Young People SEND*

# Children & Young People - SEND Themes and Sub - Themes

The chart below shows the top 2 sub-themes for the **Information, Advice & Guidance** theme for Children & Young People services for this quarter.

**Access to the information** is the sub-theme that received the most counts in this category with a total of 66; 24% (16 counts) were positive and 52% (34 counts) were negative. This represents a difficulty in service users accessing information within these services.



## Positive reviews

“...always helpful if there is a problem.”

*Children & Young People SEND*

“Thank you BPESS for the presentation - helpful and interesting.”

*Children & Young People SEND*

## Negative reviews

“Confusing and conflicting messages being received.”

*Children & Young People SEND*

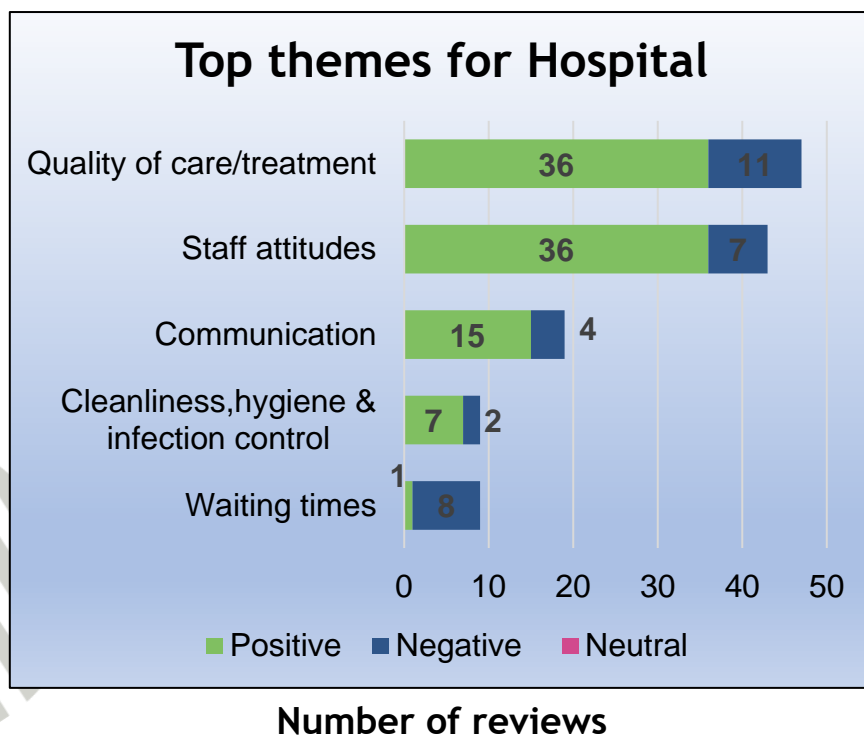
“There have been concerns over how long people should wait for their 2nd COVID Vaccine.”

*Children & Young People SEND*

# Hospital Themes and Sub - Themes

Hospitals were the fourth most reviewed category for this quarter, with a total of 55 reviews. **Quality of care/treatment** was the most applied theme with a total of 47 counts, 77% (36 counts) being positive and 23% (11 counts) negative. Generally, the quality of care and treatment received by patients was experienced positively, indicating that hospitals are successfully meeting the needs of service users in this area.

This was closely followed by **Staff attitudes**, which was the second most applied theme for this category, with a total of 43 counts, 84% (36 counts) being positive and 16% (7 counts) negative. The feedback in this area reflects positive attitudes from staff in hospitals, with the sentiment that staff are caring and patient.



## Positive reviews

“He [physio] is an absolute credit to this department and hospital and deserves recognition.”

*Hospital*

“Lovely hospital, staff are so caring and make you very comfortable.”

*Hospital*

## Negative reviews

“During my stay, there was not any staff member to drop by to check if I was ok.”

*Hospital*

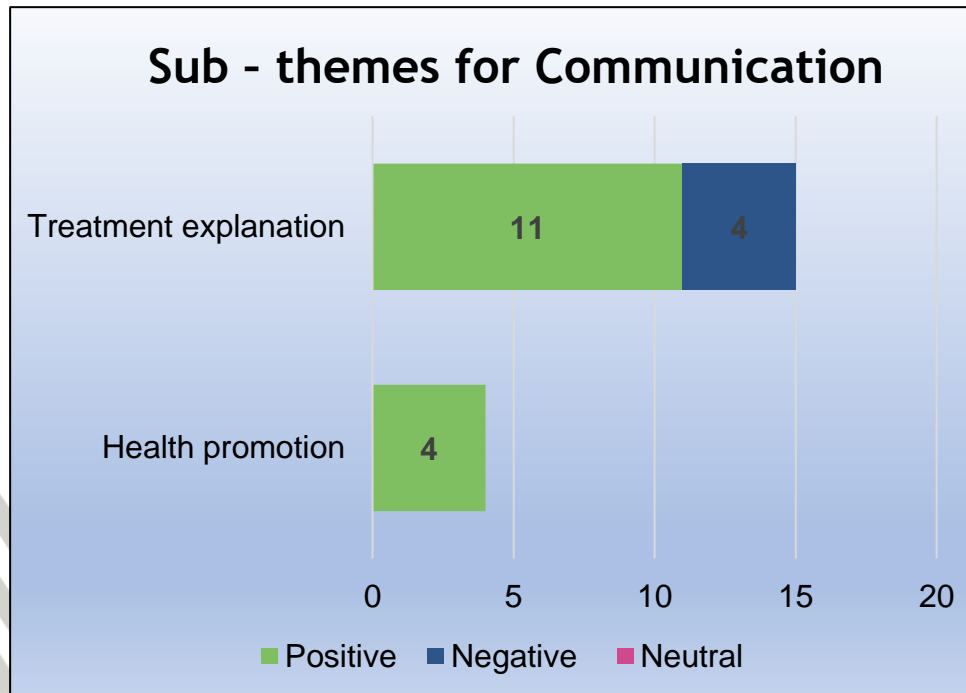
“I was sitting waiting over an hour and a half.”

*Hospital*

# Hospital Themes and Sub - Themes

Communication was the third most applied theme for Hospitals with a total of 19 counts. The chart below shows the top 2 sub-themes for **Communication** in Hospitals for this quarter.

**Treatment explanation** is the sub-theme that received the most counts in this category with a total of 15, 73% (11 counts) being positive and 27% (4 counts) negative. These figures, revealing a higher amount of positive feedback, show that service users are satisfied with the explanations they are receiving about their treatment.



## Positive reviews

“X has a massive knowledge and understanding of which exercises have to be completed to benefit different muscle groups.”

*Hospital*

## Negative reviews

“Arrived early for my 9am appointment and the surgeon is running 30 mins late. One person says he hasn't arrived and another says he's doing his rounds.”

*Hospital*

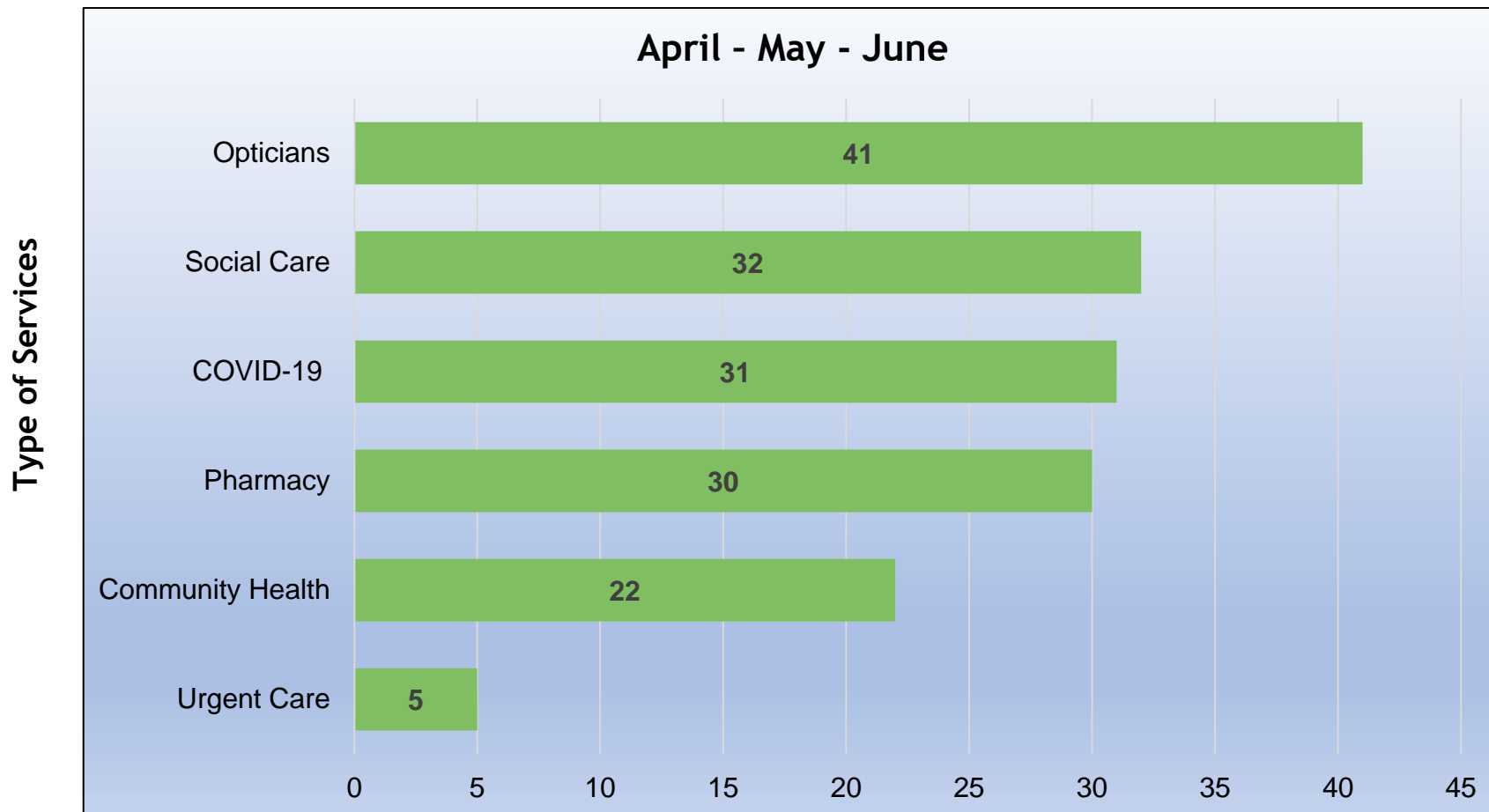
“I found the service is average and not perfect”

*Hospital*

Number of reviews

# Other Positive Reviews

This section provides an overview of the number of positive reviews by service area and goes on to give some examples of comments received. Looking at the positive reviews we have received allow us to highlight areas where a service is doing well and deserving of praise. The data suggests that Bromley residents are very satisfied with most of the services in Bromley.





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**Opticians**

“Helpful and patient staff.”

*Opticians*

“X helped me choose new frames and ensured the fit was comfortable when I picked them up.”

*Opticians*

“5 star service here.”

*Opticians*

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**Pharmacy**

“The pharmacist is very good, helpful, very good at giving advice and very informative.”

*Pharmacy*

“Happy and satisfied with their services..”

*Pharmacy*

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## Social Care

“The staff have been overwhelmingly supportive.”

*Care Home*

“Resident always kept clean, tidy, happy.”

*Care Home*

“Lovely friendly staff.”

*Care Home*

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## COVID - 19

“This was managed excellently...the appointment was easy to book online.”

*COVID - 19*

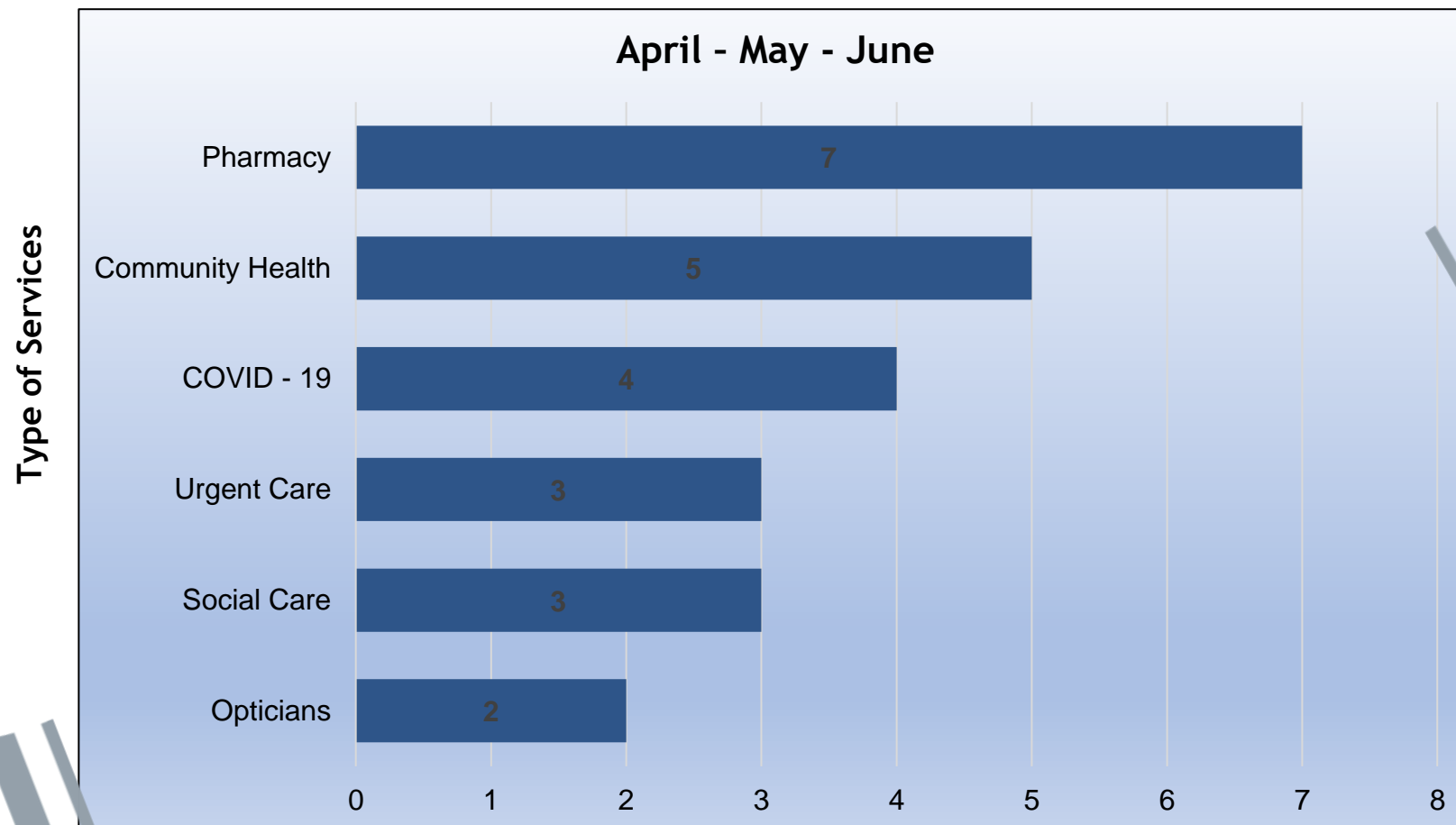
“The staff were very friendly and helpful. Social distancing was well maintained.”

*COVID - 19*

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# Other Negative Reviews

This section provides an overview of the number of negative reviews by service area and goes on to give some example of comments received. By looking at the negative and neutral reviews received from local residents of Bromley, we can better understand where a service needs to improve in order to provide a better experience. We include reviews where we have classified the comment as being of "neutral" sentiment. These experiences generally highlight where improvement can be made.





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## COVID-19

“I had my first vaccine on 8 January and was one of 200 elderly people queuing outside in the cold for two hours. It was terrible.”

*COVID - 19*

“Suitable venue but parking was limited.”

*COVID - 19*

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## Pharmacy

“Surgery not so great, don't have continuity of care, don't get face to face appointments anymore.”

*Pharmacy*

“Amazing staff but opening hours have been severely cut rendering the service useless.”

*Pharmacy*

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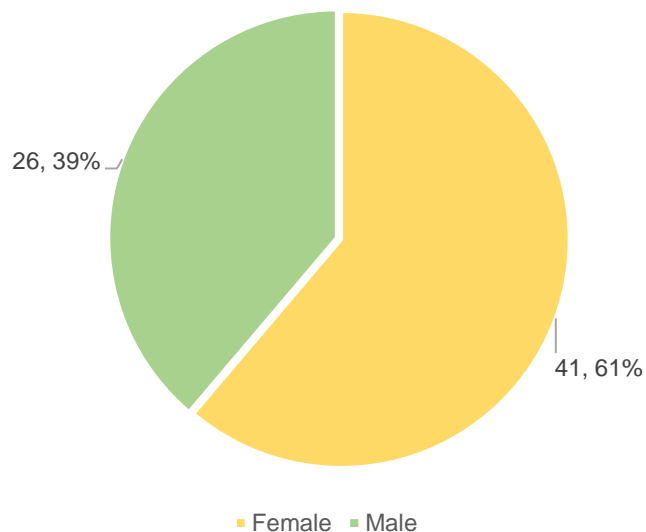
# Demographic Information

This section takes a look at demographic information. Due to the COVID-19 pandemic, Healthwatch Bromley was unable to collect a large number of demographic information. Our patient experience methodology changed in March 2020 as we couldn't conduct face to face engagement with service users. We will seek to improve the completion of monitoring data going forward for the Q2 Report. Further guidance is being provided to volunteers to support this.

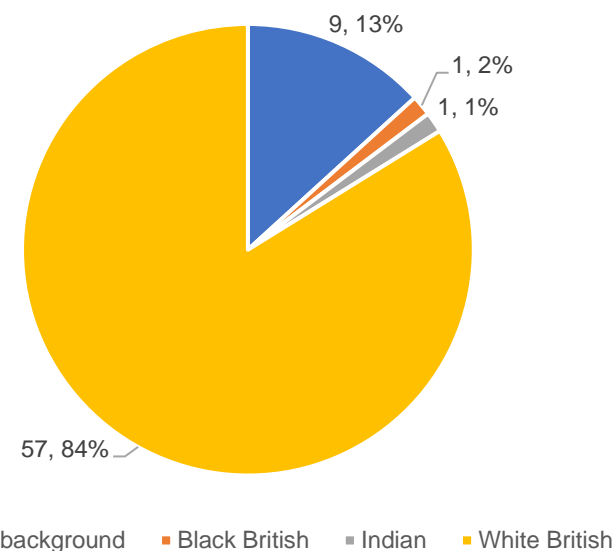
The pie chart below shows the number of reviews received this quarter from gender groups. Excluding the 565 that are left blank, the majority of the reviews received this quarter are from females, with 41 (61%), followed by male with 26 (39%). During our Direct Telephone Engagement work we have noticed that women are more willing to share their experiences.

The pie chart below shows the number of reviews received this quarter from different ethnicity groups. In terms of ethnicity, excluding the 564 who did not complete this section, the largest proportion of feedback received this quarter was from people who identified as 'White British' with 57 (84%).

Gender



Ethnicity

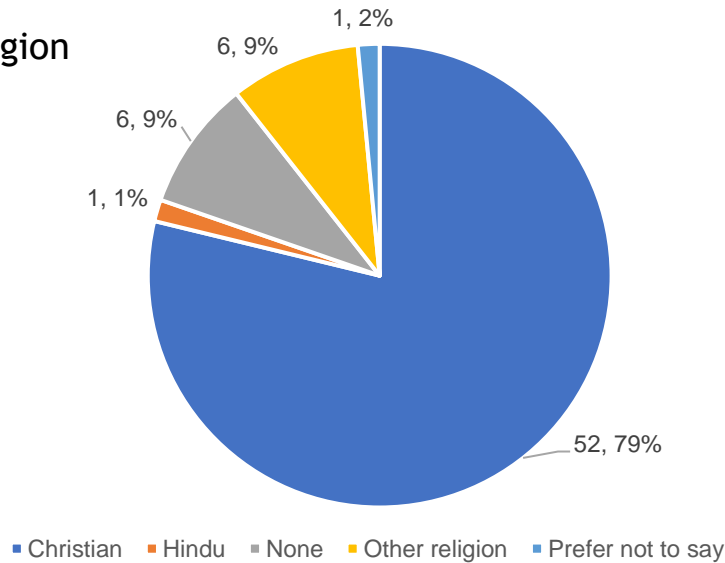


# Demographic Information

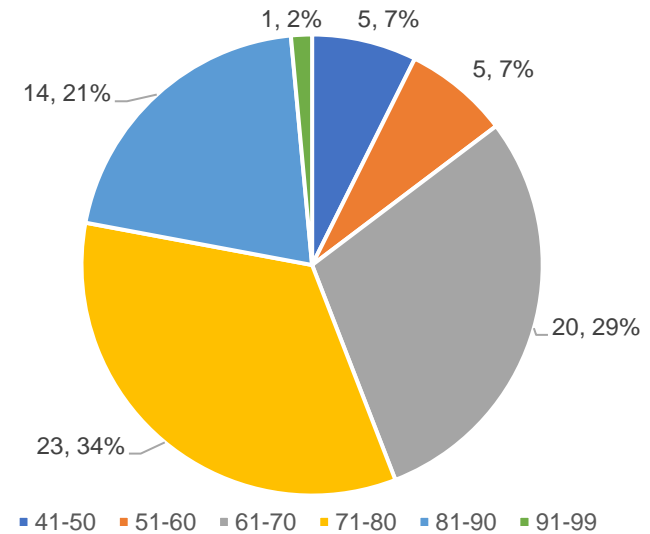
The pie chart below shows the number of reviews received this quarter from different religious groups. For the direct engagement reviews, where people were happy to give monitoring information, 52 (79%) identified as being Christian, 6 (9%) as None, 6 (9%) as Other Religion, and 1 (2%) as Hindu and Prefer Not to say.

The pie chart below shows the number of reviews received this quarter from different age groups. For those that did provide this information, most of the feedback received was from 71-80 age group with 23 (34%), followed by 61-70 with 20 (29%). Although there is representation in the lower age groups, given the boroughs profile, further work will be done to increase feedback from these groups in future quarterly reports.

Religion



Age



# Conclusion

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 632 patient experience reviews and enabled us to articulate local patients' voices in response to services delivered in very challenging times.

Of the 632 reviews collected this quarter, 411 (65%) were positive with star rating 4-5, 44 (7%) neutral with star rating 3 and 177 (28%) negative with star rating 1-2. Overall for this quarter, positive patient experiences outweigh negative patient ones. However, if we look beyond this overall picture at specific service areas, findings indicate the following:

## GP Services

- In this quarter, there is an increase in negative reviews for GP services. One of the reasons this could be is that we made improvements to our feedback centre to make data analysis more accurate. This could also reflect the challenges the COVID-19 pandemic has had on primary care. We will monitor the distribution of sentiment in the following quarter.
- Based on the collected reviews this quarter for GP services, patients expressed a satisfaction with the attitude of staff. 57% of the comments made relating to staff attitude were positive and revealed that staff were often helpful and respond to queries quickly.
- Feedback concerning the quality of care and treatment within the GP category indicates an excellent service, with 70% of the reviews being positive.
- Communication is a particular area of concern within GPs, revealing a need to improve their communication with patients, both internally and externally.

## Dental Services

- Overall, patients found dental services to be excellent. Feedback revealed a high satisfaction in all areas including quality of treatment, communication and cleanliness, with 95% of all reviews being positive
- 10 positive reviews were directly related to Cleanliness, Hygiene and Infection Control within Dental Practices. The pandemic has increased the need for Infection Prevention measures in the general population. Dental services are unique in this context as certain areas, such as oral activity, cannot be changed and still pose a potential infection risk. Despite this, it is promising to see that Bromley Dentists have prioritised patient safety by implementing high levels of infection prevention measures, which is reflected in the positive feedback.
- The collation of negative feedback relating to dental services was low. This indicates a general success in meeting the needs of their service users with a small scope for improvement in staff friendliness and communication.

# Conclusion

## Hospital Services

- Service users found hospitals in Bromley to be excellent overall. 69% of collated feedback was positive and revealed a high satisfaction in many areas including quality of care, staff attitudes, communication and cleanliness. More specifically, patients praised hospitals for their caring staff and provision of adequate treatment explanations.
- There are some concerns regarding long waiting times within hospitals so there is a scope for improvement within this area to reduce these times by ensuring appointments are running on schedule.

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.

# 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
- One Bromley Communication & Engagement Sub-Group
- 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:

- 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
- Working with volunteers to support the programme, to achieve our quarterly targets
- Continuing to contact local residents by direct telephone calls
- Working with volunteers to visit health and social care services weekly to talk to and hear from patients, service users, carers & relatives about their experiences of local services.



# Appendix I: Themes & Sub-Themes

Theme	Sub-themes	Theme	Sub-themes
Access to Services	Access for People with a Physical Disability	Choice	
Access to Services	Access for People with a Sensory Disability	Communication	Health Promotion
Access to Services	Access to Dentistry	Communication	Internal Communication
Access to Services	Access to GPs	Communication	Lack of Communication
Access to Services	Access to Hospitals	Communication	Treatment Explanation
Access to Services	Access to Optician	Confidentiality	
Access to Services	Access to Pharmacy	Consent to Care and Treatment	
Access to Services	Access to Social Care Services	Consultation	
Access to Services	Access for those with Learning Disabilities	Cost of Services	
Access to Services	Access for those with Mental Health Problems	Decor	
Access to Services	Access to Community Health Services	Diagnosis	
Access to Services	Access to Mental Health Services	Dignity	
Administration		Discharge	
Admission		Equality	Stigma
Appointments	Booking appointments	Engagement	Parent/Guardian Listened to
Appointments	Cancellation	Engagement	Child/Young Person Listened to
Appointments	Length of Appointments	Engagement	Child/Young Person Supported
Building/Facilities		Food/Nutrition	
Car Parking	Car Parking Access	Health and Safety	
Car Parking	Car Parking Changes		

# Appendix I: Themes & Sub-Themes (Cont.)

Theme	Sub-themes	Theme	Sub-themes
Identification of Needs	Needs were Identified	Prevention	
Identification of Needs	Timeliness	Procurement/Commission	
Info, Advice, and Guidance	Access to Information	Quality of Care/Treatment	
Info, Advice, and Guidance	Impact of the Information	Referrals	
Interpreters	Access to Interpreters	Staff Attitudes	
Interpreters	Quality of Interpreters	Safeguarding	
Medication	Prescriptions	Service Closure	
Meeting Needs	Special Education	Service Co-ordination	
Meeting Needs	Health and Wellbeing	Service Monitoring	
Monitoring and Accountability	Satisfaction	Staff Training	
Monitoring and Progress	Support	Transitions	
Monitoring and Progress		Waiting Times	Waiting Times for Treatment
Opening Hours		Waiting Times	Waiting Times to be seen at an Appointment
Other		Wider Outcomes	Independence Development
Patient Choice	Prescription	Wider Outcomes	Ability to Enjoy Social Activities
Patient Records			
Patient Transport			
Prevention			

Page 109

# Appendix II: Online 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

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

If applicable, describe your overall experience of making an appointment

Have you shared your experience with any of the following?

- Informally with the Service Provider (those who run the service)
- Formally with the Service Provider (via an official complaint)
- Patient Liason and Advice Service (PALS)
- Ealing Clinical Commissioning Group
- Ealing Council Social Services (including safeguarding)
- Care Quality Commission (CQC)
- Other

If other, please specify

Where did you hear about us?

Select one

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

- No
- Yes

Would you like to speak to Healthwatch directly?\*

- No
- Yes

## About you

Name

Leave feedback anonymously?

Email\* [So you can be notified of provider responses and we can prevent spam, an email is required. Your email will be kept private and you will not be sent any marketing material. If you do not wish to add your email, please use info@healthwatchhealing.org.uk]

I accept the [Terms and conditions](#)

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.

# Appendix II: Paper Feedback Form



**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

.....

.....

.....

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

# Appendix II: Paper Feedback Form



## 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

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](mailto:info@healthwatchbromley.co.uk)

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

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Report No.  
CSD21110

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Thursday 7<sup>th</sup> October 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

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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 2021/22.

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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: £ 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 9<sup>th</sup> February 2021 are as follows:
- 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
- 3.4 The work programme is set out in [Appendix 2](#) 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

## HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
<b>Minute 3a</b> <b>13<sup>th</sup> July 2021</b>  <b>Update from the SEL CCG – GP Access</b>	<p>Further details of the number of contacts transferred through total triage to be provided to Members.</p> <p>Further information regarding how, and when, patients could see their GP to be provided to Members at a future meeting of the Sub-Committee.</p>	<p>Acting Head of Primary Care (CCG)</p> <p>Bromley Borough Director (CCG)</p>		
<b>Minute 3b</b> <b>13<sup>th</sup> July 2021</b>  <b>Update from the SEL CCG – Long Covid</b>	<p>Further details on the capacity of the Long Covid pathway to be provided to Members.</p> <p>Information regarding Long Covid referrals to be provided to Members.</p>	<p>One Bromley Programme Director</p> <p>Site Chief Executive – PRUH and South Sites</p>	<p>.</p> <p>Information circulated to Sub-Committee Members - September 2021.</p>	<b>Completed</b>
<b>Minute 4</b> <b>13<sup>th</sup> July 2021</b>  <b>Update from King's College Hospital NHS Foundation Trust</b>	<p>Staff COVID-19 vaccination statistics to be provided to Members.</p> <p>Statistics on waiting times and cancer treatment to be circulated to Members.</p>	<p>Site Chief Executive – PRUH and South Sites</p>	<p>All information circulated to Sub-Committee Members - July 2021.</p>	<p><b>Completed</b></p> <p><b>Completed</b></p>
<b>Minute 6</b> <b>13<sup>th</sup> July 2021</b>  <b>Update from Healthwatch Bromley</b>	<p>The reviews of the Children and Young People – SEND services to be referred to the Chairman of the Children, Education and Families Policy Development and Scrutiny Committee.</p>	<p>Clerk</p>	<p>A copy of the document sent to the Chairman of the Children, Education and Families Policy Development and Scrutiny Committee.</p>	<b>Completed</b>

## HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

<b>7<sup>th</sup> October 2021</b>
Update from King's College Hospital NHS Foundation Trust (King's)
Presentation by The Chartwell Cancer Trust
Update from the SEL CCG <ul style="list-style-type: none"> <li>- GP Access</li> <li>- Long COVID</li> <li>- Vaccination Update</li> <li>- NHS patients referred to private healthcare providers</li> </ul>
Winter Planning – CCG
Update from Healthwatch Bromley
<b>13<sup>th</sup> January 2022</b>
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)
<b>20<sup>th</sup> April 2022</b>
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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