



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 27 June 2022

HEALTH SCRUTINY SUB-COMMITTEE INFORMAL MEETING

Membership*

Councillor Mark Brock (Chairman)
Councillor Dr Sunil Gupta FRCP FRCPATH (Vice-Chairman)
Councillors Will Connolly, Robert Evans, Simon Jeal, David Jefferys,
Tony McPartlan, Alison Stammers and Thomas Turrell

Non-Voting Co-opted Members

Charlotte Bradford, Healthwatch Bromley
Roger Chant, Bromley Carer
Vicki Pryde, Bromley Mental Health Forum
Rona Topaz, Bromley Experts by Experience

An informal meeting of the Health Scrutiny Sub-Committee will be held on **TUESDAY**
5 JULY 2022 AT 5.00 PM

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

[Council meetings - live – London Borough of Bromley](#)

Live streaming will commence shortly before the meeting starts

TASNIM SHAWKAT
Director of Corporate Services & Governance

**Subject to formal appointment at the Adult Care and Health PDS meeting on 28th June 2022*

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 Wednesday 29th June 2022.**

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 7TH OCTOBER 2021 (Pages 3 - 16)

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (Pages 17 - 22)

6 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

To follow

7 REVIEW OF WINTER 2021-22 AND PLANS FOR NEXT WINTER 2022-23 - SEL CCG (Pages 24 - 34)

8 SEL ICS/ICB UPDATE

To follow

9 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT (Pages 35 - 66)

10 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING (Pages 67 - 70)

11 ANY OTHER BUSINESS

12 FUTURE MEETING DATES

4.00pm, Tuesday 11th October 2022
4.00pm, Tuesday 17th January 2023
4.00pm, Thursday 20th April 2023

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 7 October 2021

Present:

Councillor Mary Cooke (Chairman)
Councillor Gareth Allatt (Vice-Chairman)
Councillors Kim Botting FRSA, Aisha Cuthbert,
Robert Evans, David Jefferys and Angela Wilkins

Roger Chant, Vicki Pryde and Marzena Zoladz

Also Present:

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

10 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Ian Dunn and Councillor Angela Wilkins attended as substitute.

Apologies for absence were also received from Councillor Judi Ellis and Francis Poltera.

11 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

13 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)

RESOLVED that:

i) the minutes of the meeting held on 23rd March 2021 be agreed; and

ii) the minutes of the informal meeting held on 13th July 2021 be noted.

14 PRESENTATION BY THE CHARTWELL CANCER TRUST

The Chairman welcomed Michael Douglas, Founder and Hon Trustee of the Chartwell Cancer Trust to the meeting to provide an update on the work of the charity.

Mr Douglas informed Members that he had been diagnosed with leukaemia in 2003 and had received treatment in the Chartwell Unit at the Princess Royal University Hospital (PRUH). During this time he had been struck by how understaffed the Unit was, particularly the shortage of Health Care Assistants (HCA). In 2005 he had established the Chartwell Cancer Trust and the first fundraising was for the cost of funding an extra HCA in the treatment suite. Ever since, the Chartwell Cancer Trust had funded additional medical staff specifically for the unit, including junior doctors and haematologists; specialist haematology and breast screening clinics; and transportation for those patients that required it. The money received by the Chartwell Cancer Trust had also been used to fund the refurbishment of the treatment suite within the Chartwell Unit to improve the layout to make it more accessible, moving the reception to the front and installing air conditioning and a coffee machine for the nurses.

Since then, the Chartwell Cancer Trust had grown and provided support to other out of borough hospitals – Queen Elizabeth Hospital – Woolwich (QEH), Croydon University Hospital, King’s College Hospital, Guy’s Hospital and St Thomas’ Hospital. Through fundraising, the Chartwell Children’s Cancer Trust also provided support to the Tiger Ward – QEH and Frog Ward – Croydon University Hospital. The nurses on the Tiger Ward had created a “wish list”, and over time they had installed a kitchen, new flooring and beds. Fundraising towards the target required to develop a new playroom on the Frog Ward was nearly complete. Money raised was also used to run four oncology groups, purchase tickets for the children to attend the Christmas pantomime, and fund a holiday home on the Isle of Wight that the children could visit. The funding of local Childhood Cancer Support Groups for children undergoing treatment for cancer or leukaemia provided monthly meetups. These events provided families with the opportunity to make special memories together and allowed them to have some “normal” time with other families in similar situations. It also provided parents with the opportunity to “swap news”. One parent had suggested the development of an app, which could be used following a diagnosis, that showed a film of each stage the child would go through on their treatment journey ahead.

Mr Douglas highlighted that courses of treatment for childhood cancer were much longer than those for adult cancers, which often left the children missing out on time at school. To help combat this, the AV1 ‘No Isolation’ Robot had been created. The robot could sit on the child’s desk at school, and acted as their eyes, ears and voice in the classroom, allowing them to feel as if they were in the room. It could be accessed from wherever the child was, be it in

hospital or at home, and allowed them to stay connected with their classmates, peers and teachers and continue with their education when they were too ill to physically attend school.

Other fundraising projects for King's included support for Professor John Strouboulis's cultured cell and gene editing research project; a specific brain cancer research project; and a "Virtual Conferencing" facility for a cancer Multi-Disciplinary Meeting Room to host meetings. Discussions were also taking place regarding the possibility of redeveloping the education centre. Further updates from the Chartwell Cancer Trust were available via the following social media platforms:

Facebook - @ChartwellCancerTrust
Twitter - @ChartwellCancer
Instagram - @chartwellcancertrust

The Chairman thanked Mr Douglas for his presentation to the Health Scrutiny Sub-Committee.

RESOLVED that the presentation be noted.

15 UPDATE FROM THE SEL CCG

Vaccinations

Cheryl Rehal, Acting Head of Primary Care, Bromley – SEL CCG ("Acting Head of Primary Care") provided an update on vaccination uptake in Bromley. The Acting Head of Primary Care informed Members that the uptake of the COVID-19 vaccination (first dose) had commenced in December 2020 – uptake in Bromley had peaked in spring 2021, and the second doses had been delivered during a busy period in summer 2021. The uptake in the borough was high – the total percentage uptake for the first dose of the vaccine was over 80%, and just under 80% for the second dose. The vaccination of 12–15-year-olds had now commenced, and it was anticipated that vaccinations would have been provided to this cohort at all schools in the borough by the end of November 2021.

In relation to the COVID-19 booster programme, it was noted that this would help to improve the protection that people had from their first two doses of the vaccine, giving longer term protection against getting seriously ill from COVID-19. Those that were eligible would be offered a booster dose from six months after they had received their second dose. The booster dose offered to most people would be the Pfizer/BioNTech vaccine or Moderna vaccine. In response to a question from a Co-opted Member, the Acting Head of Primary Care said that the advice issued by the Joint Committee on Vaccination and Immunisation (JCVI) was for the Pfizer/BioNTech vaccine or Moderna vaccine to be given regardless of the vaccine used for a patients' first or second doses. Dr Angela Bhan, Borough Based Director – SEL CCG ("Borough Based Director") highlighted that this was general advice as the use of

different vaccines showed a strong protective response. However it was recommended that anyone with a complicated medical history speak with their GP as some people may instead be offered a booster dose of the Oxford/AstraZeneca vaccine.

The Acting Head of Primary Care highlighted that the circulation of flu had been very limited in the 2020/21 season and as a result, a lower level of population immunity against flu was expected this winter. This was also expected to be the first winter when seasonal influenza virus (and other respiratory viruses) would cocirculate alongside COVID-19. To help mitigate the potential impact from flu, the NHS would vaccinate additional cohorts, and aim for a high uptake of the flu vaccine to maximise protection. As there was a high degree of overlap of those eligible for flu and COVID-19 boosters, the CCG was encouraging co-promotion to eligible individuals, and co-administration wherever possible. With regards to plans for the autumn, it was noted that the coinciding seasonal flu campaign and COVID-19 booster programme would bring additional workforce pressures – the preparation and administration of the COVID-19 booster vaccine was more time consuming than the flu vaccine, and the 15-minute post vaccination observation period for Pfizer currently remained a requirement. The volunteer workforce had been an essential part of the success of the vaccination programme, however since the easing of restrictions, and people returning to work and daily routines, the pool of volunteers had been affected.

In response to questions, the Acting Head of Primary Care said they were aware of some issues with the supply of the flu vaccination in early September, with a number of GP practices having their scheduled deliveries cancelled. This had now been resolved, and flu clinics were now well underway – it was noted that pharmacies were also administering the flu vaccination. Supply of the flu vaccination would continue to be monitored, and it was hoped that there would be no further impact on the campaign. With regards to co-administration of the vaccines, it was highlighted that the logistics were challenging as the Pfizer vaccine needed to be diluted and used within six hours. Some GP practices would send patients to get their flu vaccine following their COVID-19 jab – however some did not have the space or staff to deliver both at the same time, and uptake of the flu vaccination would therefore be promoted to these patients.

The Chairman considered that some GP surgeries were being more proactive than others at setting up flu vaccination clinics and asked if this was being monitored. The Acting Head of Primary Care confirmed that uptake in practices was monitored and highlighted that a core element of work for GP practices was to deliver the flu vaccination to their patients. In response to a further question from the Chairman, the Borough Based Director advised that it was difficult to measure the uptake of the flu vaccination by pharmacy as this information was sent to the patients GP practice.

The Chairman raised concerns that patients were experiencing issues with the availability of flu clinic appointments. If only one clinic was arranged, patients were being asked to ring back at a later date – this was not good

customer service, especially when the aim was to encourage uptake. The Borough Based Director acknowledged that there had been some issues in relation to GP practices managing the flow of the flu vaccinations, which had partly been due to the initial messages on co-administration being unclear. In previous years, Bromley had been the most successful borough for vaccinating the over 65's cohort which would not have been possible without the regular support and overview of the Acting Head of Primary Care and her team.

A Member enquired if walk-in flu clinics would be held in the borough. The Acting Head of Primary Care advised that these were not available in GP practices. It may be possible for pharmacies to provide a walk-in offer, however this would have initially been affected by the limited supplies received and lots of locations wanted appointments booked to help manage the flow of patients. There was currently a limited offer, but walk-in clinics had not been completely disregarded. The Co-opted Member representing Healthwatch Bromley advised that they would be happy to receive any patient feedback and would flag any issues with the Acting Head of Primary Care.

Sub-Committee Members were advised that mandatory vaccinations for care home staff would come into force from 11th November 2021, and all visiting professionals would also be obliged to show their vaccination status. Work would continue with the care homes and their staff to encourage uptake of the vaccination, and an evergreen offer for staff wishing to receive their primary dose of the COVID-19 vaccine would remain in place. The COVID-19 booster and flu vaccinations would soon commence in care homes, for both residents and staff who consented to these vaccines – the CCG would monitor delivery and uptake of vaccines in the borough's care homes, and work with OneBromley partners to promote and support uptake.

A Member enquired if staffing issues were anticipated in care homes following the mandatory vaccinations coming into force in November. The Assistant Director for Integrated Commissioning advised that by the third week of September, 94% of care home staff had received at least one dose of the COVID-19 vaccination which would allow a second dose to be administered by 11th November. It was noted that of the remaining staff (around 120 individuals), some would be exempt from receiving the vaccine. Further work would continue with the care homes. Care homes were reporting that they were not anticipating an emergency shortage of staff, however this situation would be monitored closely.

In response to a question, the Acting Head of Primary Care advised that for any individual who was unvaccinated it was expected that their employer would undertake a risk assessment and provide Personal Protective Equipment (PPE) or redeploy them if required. People were encouraged to continue to have conversations regarding the vaccine if they were still unsure whether or not to get their jab. In relation to Bromley care home staff, the Assistant Director for Integrated Commissioning noted that advice and support continued to be provided and this could be better reported on as the 11th November deadline approached.

A map was provided showing the COVID-19 vaccination sites across the borough. The Acting Head of Primary Care noted that the Hospital Hub would remain open to staff only during the winter period for them to receive vaccinations, and that additional pharmacies were now also deploying COVID-19 vaccinations.

GP Access

Dr Andrew Parson, GP Clinical Lead – SEL CCG (“GP Clinical Lead”) advised that General Practice had remained open, working hard to be both proactive and reactive. GP practices were currently dealing with the roll out of the flu vaccination programme and reaching out to those patients who had long-term health conditions prior to the pandemic – it was noted that there was an increased demand in terms of acute illness and mental health.

The GP Clinical Lead highlighted that infection control measures would not be lifted anytime soon as it helped reduce cross infection and stopped outbreaks. Some patients and practices had found the overnight changes to access at the beginning of the pandemic difficult, but others had found that digital and phone methods saved them time. These digital modes had been instigated without much build up and GP practices had faced major pressures.

The Acting Head of Primary Care informed Members that a National GP Patient Survey was completed each year, which measured views on patient access to: local GP services; making an appointment; last appointment; overall experience; and when the GP practice was closed. This year, a set of questions related to COVID-19 had also been included. Response rates in Bromley were high at 36% (the SEL average was 28%), however it was noted that the survey did not include qualitative data, which limited interpretation and insight.

Overall, Bromley had received positive responses, with 84.1% of patients describing the experience of their GP practice as “very good” or “fairly good”. Another area of strength was the high level of confidence and trust that patients had in the healthcare professional they were seen by. Areas for improvement included accessibility and the appointment times that were available to patients – it was noted that the percentage of positive responses for Bromley were above the SEL average, however there was more work to be done. In relation to the impact of the COVID-19 pandemic, Bromley patients had avoided making appointments and visiting their GP practices last year – it was considered that this may have contributed to the current high levels of demand for healthcare.

The Acting Head of Primary Care informed Members that the data from this survey would be used to inform changes to access and GP practices were being supported 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;
- Publicise to patients that their doors were open, whilst maintaining 'Covid safe' measures;
- Encourage patients to attend face to face appointments where clinically necessary; and
- Offer additional face to face appointments, including 'catch up' clinics, overflow hub appointments and, as part of winter plans, extra 'hot hub' clinics.

It was noted that demand for all parts of the health system remained very high and further support was being provided for 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; and
- Bolster workforce gaps with a Bromley Locum Bank of experienced, qualified clinicians.

In relation to modernising primary care, the Acting Head of Primary Care advised that remote monitoring technology was being expanded. This included:

- 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 were maintained; and
- 'Arc' technology in care homes, improving rapid, reliable and regular clinical assessments for care home residents.

As patients were increasingly using online services, GP practices were also being supported to:

- Continue to upgrade and modernise their websites, reviewed by independent Healthwatch audits;
- Gather timely feedback from their patients through a Healthwatch 'widget' tool; and
- Work with the Clinical System provider to improve patient experience of e-Consults, the online consultation system.

The next steps would focus on three main areas:

- Promoting public messages as part of a wider winter campaign:
GP practices were open, but the pandemic was not over; highlight positive stories that recognised 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 could be further added into the local primary care system, processes streamlined, or back-office improvements made to increase efficiency.

The Vice-Chairman highlighted that it was concerning to see that 10% of patients had avoided making a GP appointment in the last year because they found it too difficult. The Acting Head of Primary Care advised that easy-read materials had been created as part of the winter campaign – this would promote how patients could use General Practice safely and appropriately, reducing the pressure on Urgent Care. More widely, it was acknowledged that it could be confusing for older people to know what to do and where to go, as lots of information was provided. Lessons had been learnt from the last year and communication would be slicker with clearer messages – it was anticipated that improving the websites of GP practices would help this further. The GP Clinical Lead noted that communications would be looked at collectively with partners. Primary Care Networks (PCNs) were being encouraged to get to know their local Councillors and MPs as they could help disseminate communications.

In response to a question, the GP Clinical Lead advised that pregnant women could make early self-referrals directly to the Maternity Unit and seek advice. The Acting Head of Primary Care noted that this self-referral service had been a benefit of the online consultation model. In response to a further question, the GP Clinical Lead said that webinars had been held relating to the delivery of care programmes, including vaccines, for pregnant women and their families and this would continue to be an area of focus.

In response to questions from the Portfolio Holder for Adult Care and Health, the GP Clinical Lead advised that a Physiotherapist would be in post at a GP surgery from the following week. Self-referrals could be made via the Vita Health website and would be heavily promoted. In response to a question from a Co-opted Member, the Acting Head of Primary Care said that Mental Health practitioners would be in post by the end of the financial year, funded by Oxleas NHS Foundation Trust. There would be one Mental Health practitioner per PCN, and they would work across the borough as a team to provide consistency. It was hoped that the team could be expanded in the future – these posts specialised in adult mental health, and children's mental health was an area of growing concern. The GP Clinical Lead highlighted that once the new clinical practitioners were in place there would be learning required on both sides and the impact of the staff may take a while to bed in and show effect.

The Chairman considered that GP practices were not fully aware of how the population was feeling, and how angry they were becoming at the perceived inability to access the care that they wanted. It was noted that the telephony equipment being used in some GP practices was extremely out of date and the importance of getting the phone system and customer service right was

emphasised, and the need for staff to undertake conflict resolution/avoidance training.

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 a post-COVID pathway had been developed which 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).

With regards to acute services, a specialist post-COVID syndrome assessment clinic had been established at the Princess Royal University Hospital (PRUH) from April 2021. The clinic was continuing to receive referrals and was extremely busy. Due to the pressures on this service, a community offer had since been developed for Long Covid patients which had a soft launch at the end of August 2021. Through this pathway, patients could access therapists, consultants, GPs, mental health services and third sector care co-ordination. Over the last month the service had seen 10-15 patients per week and was fully staffed – from the following week a notice would be included in the GP bulletin to advise that the service would now be taking referrals from GPs. It was noted that funding was currently unconfirmed – the service would continue to be provided, however capacity would need to be monitored closely.

The One Bromley Programme Director informed Members that the community service provided patients with an 8-week course covering symptoms such as breathlessness, fatigue and the impact that Long Covid could have on mental health. Those patients that were suitable for self-management would be signposted to resources within the community and could also access the Your COVID Recovery website, library resources and support groups delivered by Bromley Well. As services were developed, it provided data regarding the percentage of the population who were suffering from Long Covid. Some studies had previously estimated this to be around 10% of patients – however further studies now suggested this ranged between 2%-12%. The community service had been based on 6% of the population requiring access and it was anticipated that around 500 patients would be seen over the next six months.

A Member highlighted that Long Covid was a serious and significant issue. Thanks were extended to the One Bromley Programme Director and his team for the work undertaken – Bromley was leading the way with its Long Covid service, which would reduce the pressure on both GPs and the PRUH.

NHS patients referred to private health providers

The Chairman noted that the reference to NHS patients being referred to private health providers related to a letter received from a member of the public. It was emphasised that the both the PRUH and CCG were looking into this case in further detail.

In response to a question from the Chairman, the Borough Based Director advised that this complaint had related to a hospital outside of the SEL CCG, and King's College Hospital NHS Foundation Trust and the PRUH had not been involved at any point in the process. For NHS patients referred to private hospitals a contract should be in place – at a minimum this should include a follow-up appointment, transportation, meals and a discharge summary, and aftercare if required. In this case these arrangements had not been followed up by the private hospital and the Borough Based Director would be taking this forward.

The Chairman thanked the representatives for their updates to the Sub-Committee.

RESOLVED that the updates be noted.

16 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 23 patients across the PRUH and South Sites with a confirmed inpatient diagnosis of COVID-19. Of these patients, 22 were in general beds and 1 was in an intensive therapy bed. It was highlighted that the number of inpatients had remained stable over the last four and a half months, and there did not appear to be any trends in terms of the age range and ethnicity of patients. Members were advised that Bromley's Mass Vaccination Centre would come to natural close around mid-December 2021. In the coming weeks the PRUH site would be used to deliver third doses of the COVID-19 vaccination to healthcare staff.

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 just below the national standard – for cancers this currently stood at 91%, compared to the national figure of 93%. It was noted this had improved greatly since the second wave of the pandemic.

With regards to the latest Friends and Family Test data, the PRUH had received high scores for the following areas of care: professional and competent; emotional and psychological support; compassion; and

politeness. There had been some shortfalls in terms of the emergency care, which had been impacted by three main factors. This included a reduction in the number of Physicians – a number had been stranded overseas due to the pandemic however it was anticipated that this issue would shortly be resolved. The Care Quality Commission (CQC) had visited the PRUH in June 2021 and reassessed the ‘inadequate’ rating issued in November 2019. The Emergency Department was now rated as ‘requires improvement’, with nursing rated as ‘good’, which showed positive signs of improvement.

With regards to investment, the Site Chief Executive advised that two inpatient wards had been completely refurbished, and work would continue to ensure that all 18 wards were up to the same standard over a rolling two-year programme. It was noted that several of the wards were now classed as ‘dementia friendly’. An Older Person’s Assessment Unit would be opened at the PRUH in November, providing dedicated assessment and treatment spaces. It was also planned that a Rapid Diagnostic Centre would be in operation in the New Year. The Endoscopy Unit at the PRUH was receiving investment of £20m for two new buildings, housing 6 procedure rooms. Construction was expected to take 14 months to complete, and it was anticipated that ground would be broken for the initial works during December 2021.

The Site Chief Executive advised that the Trust had received a bonus payment for responding to the elective restart favourably and part of this had been used to invest in the modular theatre at Orpington Hospital. This would allow thousands more surgeries to take place each year and help to reduce waiting times. Final designs had been approved and a consultation with residents was underway. A decision on the planning permission for the 195-space car parking deck at the PRUH was expected shortly – designs had been updated to minimise disruption and a favourable outcome was anticipated. Thanks were extended to Councillors for helping to secure 400 park and ride spaces at a nearby garden centre during the period of construction. It was further noted that both Orpington Hospital and the PRUH had new staff wellbeing hubs, which could be accessed 24/7, and from December 2021 memorial gardens would be opened.

The Site Chief Executive informed Members that King’s had launched a new strategy for the coming years – ‘Strong Roots, Global Reach Strategy for King’s 2021-2026’. Three core areas for PRUH focus would be frailty, diagnostics and elective surgery. It was highlighted that there were no concerns relating to the Trusts current operating budget. Members were advised that evidential improvement relating to the emergency care standard and frailty unit would be presented at future meetings of the Health Scrutiny Sub-Committee.

On behalf of the Sub-Committee, the Chairman thanked the Site Chief Executive for his update and expressed her gratitude for all the work he had undertaken.

RESOLVED that the update be noted.

17 WINTER PLANNING

The Assistant Director for Integrated Commissioning provided an update in relation to the Winter Plan 2021/22.

It was noted that an earlier version of the Winter Plan 2021/22 had been presented to the Adult Care and Health Policy Development and Scrutiny Committee at its meeting on 9th September 2021. The Plan was now complete and being mobilised on the 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

The Assistant Director for Integrated Commissioning highlighted that pillar number 4 – Admissions Avoidance would be a key part of the Plan, and further communication and engagement would be needed. Members were advised that progress would be reported on throughout the winter period.

RESOLVED that the update be noted.

18 UPDATE FROM HEALTHWATCH BROMLEY

Marzena Zoladz, Service Coordinator – Healthwatch Bromley (“Service Coordinator”) provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 1 2021-2022 Patient Engagement Report.

The Service Coordinator informed Members that over 600 reviews had been collated during the Quarter 1 period (April to June 2021). Overall, based on the star ratings received, 65% of responses received from patients had been positive, and 28% had been negative. It was noted that during Quarter 1 feedback from patients had been collected through online review platforms, telephone engagement, and direct feedback could also be left via the Healthwatch Bromley website. It was anticipated that during Quarter 2 face to face engagement would take place.

The report included various reviews of GP and hospital services which highlighted patients’ high levels of satisfaction with the attitude of staff, the quality of care and treatment. However there were some concerns regarding with the need to improve external and internal communication, and systems for booking appointments. Another area where patients had indicated high satisfaction in all areas (including quality of treatment, communication and cleanliness) was dental services, with 95% of all reviews having been positive. This was in contrast to complaints received regarding patients being unable to access NHS dentists, which was something that Healthwatch England would be looking at in further detail.

With regards to Children and Young People's – SEND services, 52% of negative reviews related to access to information, advice and guidance and meeting needs. In response to a question, the Service Coordinator said that Healthwatch Bromley would welcome closer working with Children and Young People's – SEND services to provide more clarity. A Co-opted Member asked that an update on this be provided at a future meeting of the Health Scrutiny Sub-Committee.

The Chairman thanked Marzena Zoladz, Service Coordinator – Healthwatch Bromley for her update to the Sub-Committee and the Vice-Chairman congratulated her on an excellent piece of work.

RESOLVED that the update be noted.

19 WORK PROGRAMME 2021/22 AND MATTERS OUTSTANDING

Report CSD21110

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, an update on the measures to improve access to information, advice and guidance and meeting needs within Children and Young People's – SEND services would be included on the Work Programme and brought to a future meeting of the Health Scrutiny Sub-Committee.

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

RESOLVED that the update be noted.

20 ANY OTHER BUSINESS

There was no other business.

21 FUTURE MEETING DATES

4.00pm, Thursday 13th January 2022

4.00pm, Wednesday 20th April 2022

THE CHAIRMAN TO MOVE THAT THE ATTACHED REPORTS, NOT INCLUDED IN THE PUBLISHED AGENDA, BE CONSIDERED AS A MATTER OF URGENCY ON THE FOLLOWING GROUNDS:

Following the publication of the agenda, the Leader of the Council received

the attached letter from the Londonwide Local Medical Committees, drawing attention to matters which fall within the remit of the Health Scrutiny Sub-Committee. In order to deal with matters efficiently and effectively, the Chairman agreed to add the following urgent item to the agenda:

S22 ABUSE OF GENERAL PRACTICE STAFF

Discussion on this item took place earlier in the meeting, following the item on 'Update from the SEL CCG – GP Access'.

The Chairman noted that the letter received from the Londonwide Local Medical Committees did not recognise the problems associated with GP access. GP's and practice staff had worked hard throughout the pandemic, although it was considered that the most efficient processes had not necessarily been used. The Health Scrutiny Sub-Committee would offer all the help that it could – it was highlighted that the issue of GP access had been raised several months ago, and this was a real problem that needed to be addressed.

The GP Clinical Lead advised that data indicated the average call time to a GP practice had increased from 2 to 3 minutes over the pandemic. This increase had been impacted by the need for staff to explain the new ways of accessing appointments, and it was noted that there was a high turnover of reception staff, which was not specific to Bromley. Pressure and morale were "at a tipping point" in most practices. The support of the Sub-Committee was appreciated and some of the solutions were being worked through in relation to telephony and access. Customer service training was already being undertaken, but following the comments received today this would be looked at further.

The Meeting ended at 5.57 pm

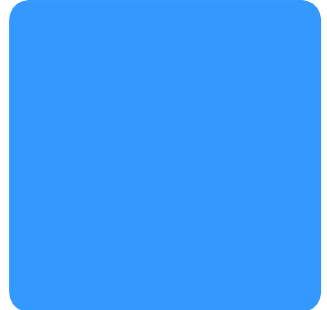
Chairman

Bromley Health Scrutiny Sub-Committee Update

**Jonathan Lofthouse,
Site Chief Executive
(PRUH and South Sites)**

July 2022

Page 17



Agenda Item 5

PRUH and South Sites update

- Estates development: Current and upcoming projects
- Trust strategy highlights: Our BOLD vision

Estates development: Current & upcoming projects



NEW OPERATING THEATRE AT ORPINGTON HOSPITAL

A new state-of-the-art operating theatre has opened at Orpington Hospital, increasing our capacity to perform orthopaedic procedures and helping to reduce waiting times.

PRUH CAR PARK EXPANSION

Work began in June to build a new single storey parking deck for patients, visitors and staff. Patient parking will not be impacted by the construction work. We have opened an off-site temporary parking facility to support staff.



DAY SURGERY UNIT CONNECTING CORRIDOR

Work continues on a new permanent structure linking Day Surgery to the main hospital. This provides a more appropriate and pleasant experience for patients and greater clinical flexibility.



ENDOSCOPY UNIT

Purpose-built and state-of-the-art; this upgrade of our facilities at the PRUH will create a more pleasant environment for patients, enhancing their care and experience. Works due to begin this summer.



Trust strategy highlights: Our BOLD vision

In April, we published our Strong Roots, Global Reach strategy action plan for 2022/23. It prioritises 20 key projects we will focus on to make our aspirations a reality. We are making progress on the plan, which is built around four themes:

Brilliant People

People and Culture Plan

- Launched in June 2022, the plan aims to help our staff thrive in their careers at King's.
- It sets out how we will offer staff personal and professional development, enhanced well-being support, and how we will give staff a stronger voice.
- To coincide with the launch, we organised a 'Brilliant People Week', in which we spoke to staff about their roles and showcased just some of the outstanding work that our teams do.

Widening participation internship programme

- Beginning in September 2021, the programme supports young adults with special educational needs and disabilities (SEND) to gain work experience. First cohort graduates this summer.

Outstanding Care

Through upgrading our estate with projects like the new theatre at Orpington, we can improve the care and experience of patients.



Trust strategy highlights: Our BOLD vision

Strong Roots, Global Reach strategy action plan for 2022/23. Progress on the four themes:

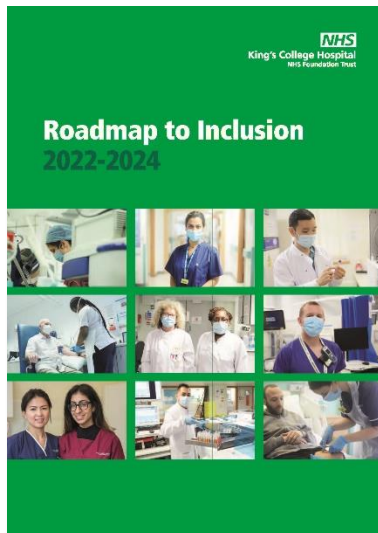
Leaders in Research, Innovation and Education

Launch of the SC1 District in June grows and embeds the Trust's innovation culture.

Diversity, Equality and Inclusion

Equality, Diversity and Inclusion (EDI) Roadmap to Inclusion

- Launched in May 2022 and designed to make King's a more inclusive place for patients, staff and local communities.
- Launch activity included information stall at the PRUH, discussions with staff and webinars.
- Site visits to Orpington Hospital, Beckenham Beacon and Queen Mary's Hospital Sidcup.
- Introduction to the Equalities Risk Assessment Framework (ERAF).



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Agenda Item 7

Report No.
CSD22088

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: 5th July 2022

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

Title: Review of Winter 21/22 and planning for next Winter 22/23

Contact Officer: Clive Moss – Senior Commissioning Manager – Urgent & Emergency Care – SEL CCG (Bromley) E-mail: clive.moss@nhs.net

Chief Officer: Angela Bhan, Bromley borough Director

Ward: All

1. Reason for decision/report and options

1.1 To provide an update to the Committee on the One Bromley review of Winter 21-22 including recommendations for the Urgent and Emergency Care Transformation workstreams and Winter 22-23 planning. The recommendations are going to the One Bromley A&E Delivery Board for sign off in June with the A&E Delivery Board maintaining oversight to the implementation of these recommendations.

2. **RECOMMENDATION(S)**

The committee is asked to note:

- Actions and activity undertaken by the One Bromley System Partnership during 21/22 Winter to mitigate system pressures against the five pillars of the One Bromley Winter Plan and
- The outcome of the Winter Review Workshop in May 2022 that identified:
 - o Recommendations for system resilience / improvement and recovery throughout the summer
 - o Recommendations for 22/23 winter's planning.

Impact on Vulnerable Adults and Children

1. Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.
-

Transformation Policy

1. Policy Status: Existing Policy
 2. Making Bromley Even Better Priority (delete as appropriate):
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost For LBB and CCG costs from 2021/22 - £1,733,000
 2. Ongoing costs: Non-Recurring Cost
 3. Budget head/performance centre: CCG and LBB Winter
 4. Total current budget for this head: £1,733,000
 5. Source of funding: BCF
-

Personnel

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

Legal

1. Legal Requirement: None
 2. Call-in: Not Applicable: Further Details
-

Procurement

1. Summary of Procurement Implications: There are no procurement implications for this report
-

Property

1. Summary of Property Implications: None
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

Customer Impact

1. Estimated number of users or customers (current and projected): N/A
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The 2021/22 Winter Plan

The system has been under considerable pressure this winter managing a 4th wave of covid alongside usual seasonal pressures having a significant impact on the workforce as well as demand for services. The whole system has continued to run at full capacity for the whole of the winter period

The Better Care Funding (BCF) winter funding provided to the London Borough of Bromley (LBB) £1,069,000 and SEL CCG (Bromley) £669,000 was used to support the system to respond to winter demands across the 5 pillars of the 2021/22 Winter Plan which are 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

75% (£808,520) of the LA budget is used to fund additional workforce capacity and Extra Care housing Step down flats all year round. The remainder of the budget was allocated to fund additional therapy and brokerage capacity, project management to respond and manage the seasonal pressures, 7 day working and social admission avoidance resource. Furthermore £75,000 was allocated to manage the potential financial impact to the LA on increased pressure to undertake post discharge assessments within 4 weeks national discharge arrangements.

The CCG allocated funds in line with the recommendations from previous years including increasing primary care capacity through additional Primary Care access hubs appointment slot for Bromley patients. This year additional NHSE/I Primary Care Winter Access Funding has been utilised to set up GP Virtual Assessment Hubs (VAHs) to deal with primary care overflow and Covid calls, with the expectation that this will support 111 clinical capacity / workload and reduce inappropriate referrals to the urgent treatment centres (this has so far redirected an average of 8.5 patients per day into their own practice or GP Hub appointments, rather than having to attend a urgent treatment centre)

With regards to the community teams, additional capacity in admission avoidance teams including Rapid Response (RR) and Rapid Access Therapies (RATT), additional palliative care support in care homes and funding to sustain clinical capacity across primary care and urgent treatment centres during the festive period. In addition, this year there was an allocation to support a winter comms and engagement campaigns aimed at both the public and the workforce.

A full breakdown of the allocated funding 21/22 allocation can be found in Appendix 1.

As winter began a range of unpredicted themes, issues and new national requirements emerged in the context of a 4th wave of Covid19 and significant additional, non-recurrent funding was received into the Bromley system from NHS England and Department of Health and Social Care (DHSC).

As a result, much of the original activity described in appendix 1 was adapted in response, with more additional schemes and investments being made than was originally planned for. Much of the non-recurrent monies and terms of the new grants, funded the activity that had been planned to be taken from the BCF winter monies. This resulted in an underspend in both the CCG and LA winter budgets.

3.2 Winter Review Workshop and 22/23 Planning

This report follows the One Bromley Winter Review Workshop on 10th May which was attended by the following organisations:

- King's College Hospital – Princess Royal University Hospital (PRUH)
- London Ambulance Service (LAS)
- London Borough of Bromley – Adult Social Care (ASC)
- SE London CCG – Bromley Borough
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- Bromley GP Alliance
- Bromley Third Sector Enterprise
- Greenbrook Healthcare
- High Intensity User Service

The workshop focussed on three main themes:

1. Demand and Capacity
2. Unpredicted issues and actions to mitigate future pressures
3. Recommendations for summer and next winter planning

From the workshop, system partners formulated an initial set of recommendations that will be taken through the One Bromley A&E Delivery Board for finalisation. The recommendations were separated into system transformation recommendations and winter specific recommendations.

These include:

3.2.1 System transformation recommendations

Capacity and recruitment:

- Putting in place a sufficient 7 day staffing model with clear plans specifically for weekend working within the hospital

Hospital Discharge / Community wrap around services:

- re-establish a robust interface initiative between acute and primary care clinicians. Launch of a programme of primary and secondary care education and networking sessions around key themes.
- Continue to drive improvements around quality of discharge via PRUH Integrated Flow Board
- Delivering a robust, integrated hospital discharge model for Bromley patients including sufficient step down and hospital discharge pathway capacity

Emergency Department Attendance and Admissions

- Establish 'Front Door' Activity workstream focusing on reasons for increase in patient activity to Bromley Urgent Treatment Centres and Emergency Department. Focus on mitigating actions the system can take to ensure patients are able to access the appropriate level of care in all parts of the system. This will include a stronger user voice to drive planning and management of UEC services.
- Continue to drive improvements to patient journey, governance and processes within the Mental Health and PRUH Emergency Hospital Interface.
- Develop the High Intensity User Service to expand its ability to support frequent attenders of A&E for social / mental health and other reasons get the support they require and reduce inappropriate attendances and call outs to London Ambulance Service.

- Development of the Urgent Community Response Service and alignment to the Bromley @Home service to enable Bromley residents to receive care within their own home where appropriate. Meeting patients' urgent care needs at home is key in improving patient outcomes, preventing avoidable hospital admissions and delivering NHS strategic priorities.
- Further development of the Children's Hospital @Home service and strategic review with system partners to set out the priorities for delivering excellent urgent and emergency care for children and young people and their families.

3.2.2 Winter Planning 22/23 recommendations

The One Bromley Winter Plan focuses specifically on activity when there is a surge in seasonal pressures from October -March with a specific focus on the Christmas and New Year period. Recommendations for next winter include:

- Ensuring additional capacity is put in place for the winter period specifically in the community health and social care teams to respond to the increased pressure in the system supporting admission avoidance and hospital discharge during times of increased pressure. This includes plans for early recruitment to posts to mitigate resource gaps.
- A clear model for Christmas and New Year capacity planning.
- Relaunch an effective activity / data tracking and monitoring - build upon the winter intelligence hub and develop a system wide winter dashboard that provides daily intelligence on demand, capacity, and system performance at service level.
- A review of One Bromley System escalation processes to reflect system maturity including early identification of pressure/surges or IT failure etc. and proactive actions to mitigate.
- Specific focus on exacerbation of respiration conditions, typical in winter, and support pathways for both children and adults.
- Relaunch of the winter communications campaign to ensure effective sharing of information across the professional network and the community.
- Develop a strong user voice to drive planning, management and evaluating winter

The above recommendations will be taken to the One Bromley A&E Delivery Board and a refined action plan will be developed from this. The Winter Plan 22/23 will also come back to HOSC later in the year for scrutiny and review and the Local Care Partnership Board for Executive sign off.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

5. Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.

6. TRANSFORMATION/POLICY IMPLICATIONS

The Winter Plan aims to improve experience for patients/clients in the borough of Bromley during the winter period and relates to the following two Making Bromley Even Better Priorities:

(2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.

(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

7. FINANCIAL IMPLICATIONS

For LBB and CCG costs from 2021/22 - £1,733,000

8. PERSONNEL IMPLICATIONS

N/A

9. LEGAL IMPLICATIONS

N/A

10. PROCUREMENT IMPLICATIONS

N/A

11. PROPERTY IMPLICATIONS

N/A

12. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

Detail here any environmental, social or economic implications that have been considered as part of this proposal. This section should consider requirements of the 2012 Public Services (Social Value) Act if procuring goods or services. Authors should detail how the recommendations in this report will lead to a positive impact in terms of the Council's Carbon Reduction ambitions.

12 CUSTOMER IMPACT

Public engagement on elements of the winter activity has been undertaken including the experience of those going through the hospital urgent treatment centre, emergency departments and the Bromley Discharge Single Point of Access.

Proactive public engagement to ensure residents are aware of what services are available and how to access them will be a key strand of the winter preparation and delivery for next winter.

13 WARD COUNCILLOR VIEWS

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Non-Applicable Headings:	[List any of headings 4 to 13 that do not apply.]
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Strategic Priorities

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

2021/21 Winter Pressures

806

NHS South East London CCG (Bromley) Winter Schemes					
No.	Title	Scheme Description	CCG Winter	Strategic Priorities	KPI
1	Additional Primary Care Access Hubs (December to March)	Providing additional 502 appointments per week for general practice overspill. Open access to all GPs, all ages patients, F2F	262,828	1, 4	
2	Five Elms PCN additional appointments pilot (one month)	Additional appointments dedicated to managing neighbourhood demand	8,000	1, 4	
3	Potential Five Elms Extension	Pending review	24,000	1, 4	
4	GP OOH provision (December to January)	Ensuring sufficient capacity in out of hours GP provision during peak period of demand	20,000	1	
5	Urgent Community Response - Rapid Access to Therapy Team (RATT)	Maintain enhanced capacity in Rapid Access to Therapy Team during winter to support admissions avoidance, reducing length of stay, and preventing readmissions	171,000	1, 4	
6	Urgent Community Response - Rapid Response	Maintaining enhanced capacity to support 2-hour crisis community response	38,000	1, 4	
7	Urgent Treatment Centre - Extra workforce capacity	Enticement rates to ensure rota cover for peak demand; and extending patient champion cover to evenings to facilitate redirects to community.	53,528	1, 4	
9	Enhanced GP in-reach to PRUH	To facilitate earlier appropriate discharges, cover stranded reviews, community IV/AB, rapid response triage.	90,000	3, 4	
10	Community IV/AB Service	Extended clinical criteria pilot.	0	3, 4	
11	Enhanced End of Life support into the system	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	42,055	3, 4	
12	Winter Communications and Engagement	CPAG, Patient leaflet	0	2, 5	
Total Spend			£709,411		

Winter Budget allocation Total £669,000	£	669,000
Allocated Spend	£	709,411
Difference	-£	40,411

2021/22 Winter Pressures

Committed spend

	Title	Committed spend	Strategic Priorities	Impact Tracking KPI	Target	Comment
1	Staffing	£626,520	1,3,4	% of winter funded posts recruited to	100%	Annual commitment
2	ECH step down schemes	£182,000	3	less then 10% voids throughout the period % of clients moved on within 6 weeks	100% (8)	Annual commitment
		£808,520		76%		

Proposed additional Schemes 2020/21

	Title	Budget	Strategic Priorities	Impact Tracking KPI	Target	Comment
7	MHRA	£30,000	1,3	% of double handed clients reviewed at home within 10 days of hospital discharge	100%	
8	Project Manager	£50,000	1,2,3,4,5	% of winter funded posts recruited to	100%	
9	Brokerage Capacity	£35,000	1,3,4	% of winter funded posts recruited to	100%	
10	Front Door admission avoidance - social care element	£30,000	1,4	Posts recruited to 0 social admissions throughout the period	0	
11	Admin	£18,060	3	% of winter funded posts recruited to	100%	
12	Post discharge care and support	£75,000	3	% of assessments completed within the 4 weeks	100%	
13	Contingency	£ 10,000	12345			
14	7 day working	£ 10,000	1, 3, 4			

£258,060

£1,064,000

-£2,580

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**PATIENT EXPERIENCE
REPORT 2021/2022
QUARTER 4
JANUARY - MARCH**

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Introduction & Executive Summary

This is the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January - March 2022. 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 weekly 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 p29-31). 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.

During lockdown, we also 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 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.

Healthwatch Bromley's 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 4 period, January - March 2022. During this time, **602** reviews were collected. Of the 602 reviews collected this quarter, 410 (68%) were positive with star rating 4-5, 24 (4%) neutral with star rating 3 and 168 (28%) negative with star rating 1-2. 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.

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. It 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, our informatics system creates a 'sentiment score' by using a sophisticated algorithm to analyse comments and categorise them as positive, negative or neutral. 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

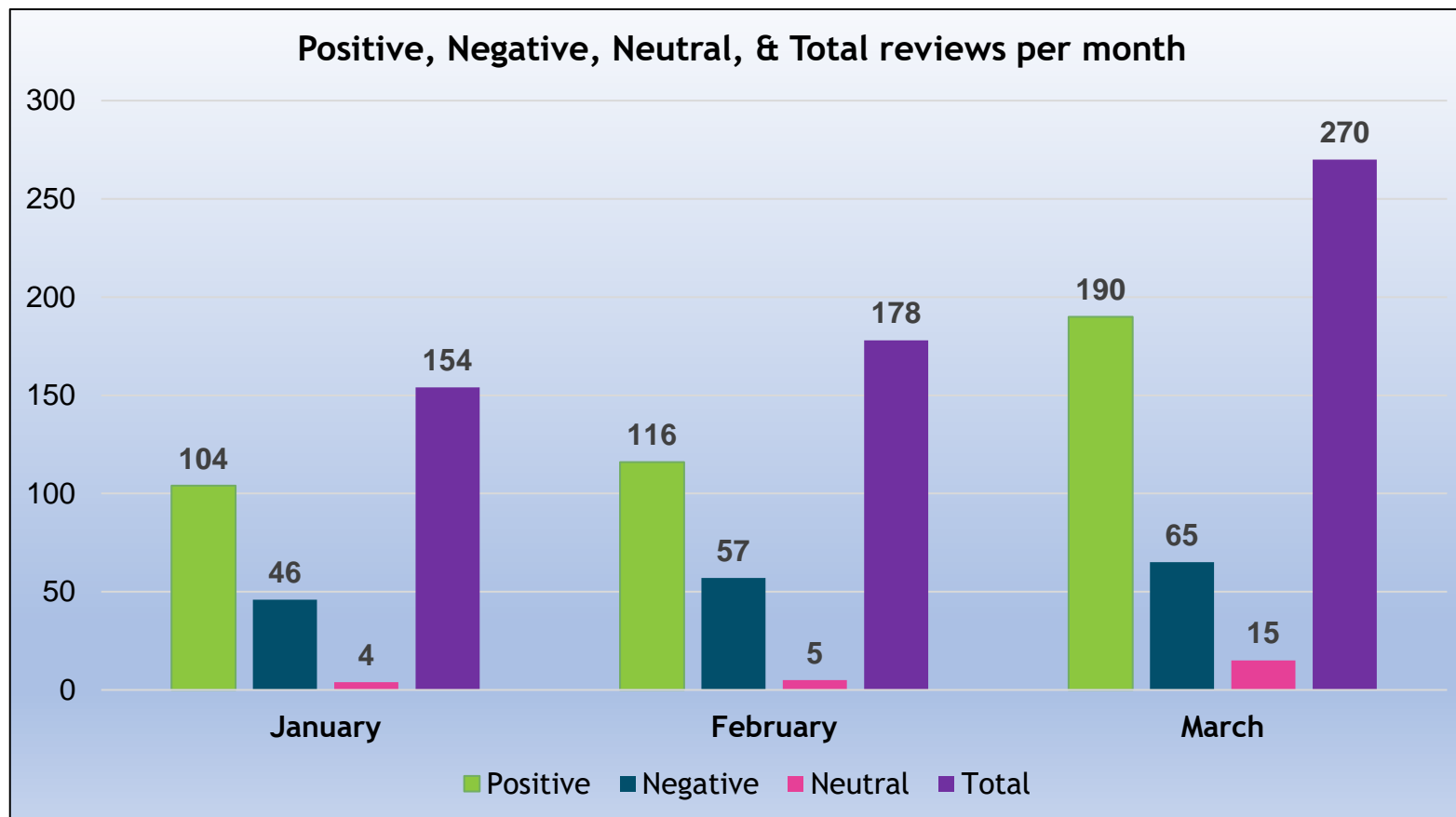
The number of patient reviews received for this quarter was **602**. The table below shows the distribution of the negative, neutral and positive patient reviews by each month and for the quarter as a whole. Please see the appendices (pg.28-29) for examples of our physical and online questionnaires.

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) ★ ★ ★ ☆ ☆
January	104	46	4
February	116	57	5
March	190	65	15
Total	410	168	24

Overall Star Ratings continued

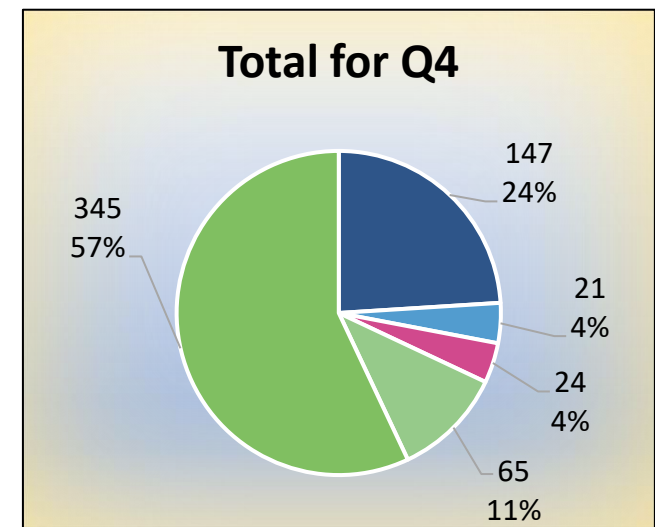
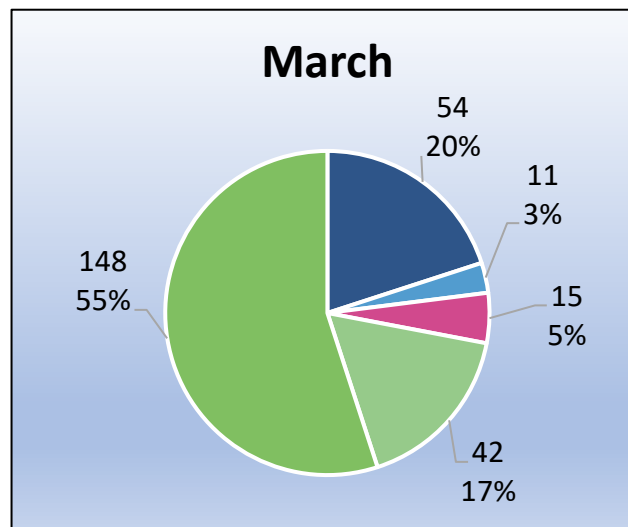
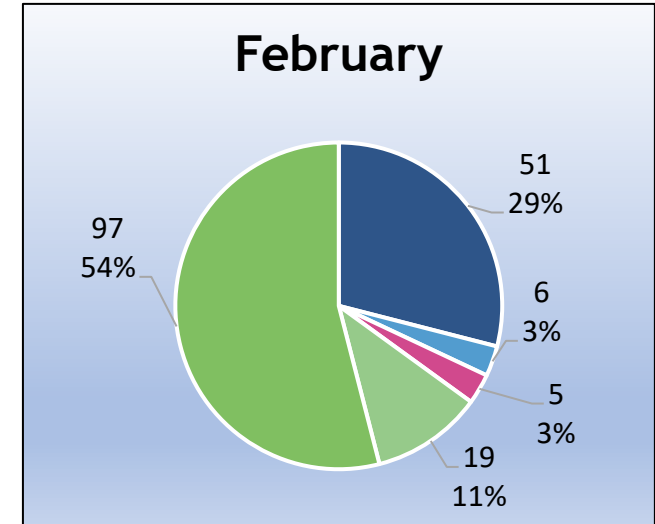
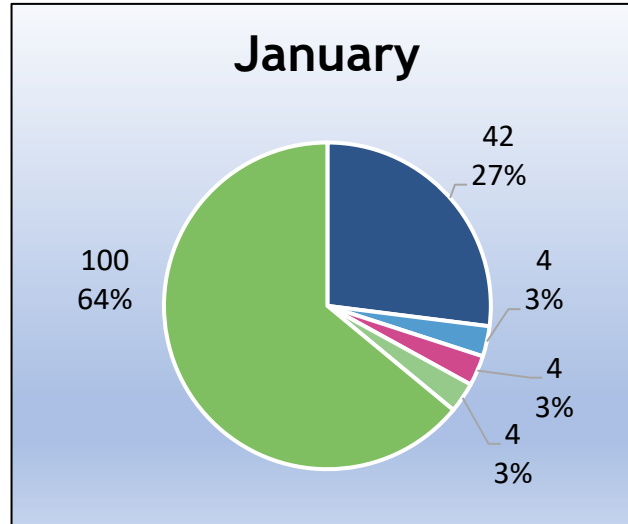
This chart provides a further breakdown of positive, negative, neutral and an overall total number of reviews for each month. We are very pleased we reached our target number of 600 reviews. However, we recognise that in March we collected more reviews in comparison to January and March. This was due to a combination of volunteer capacity as well as transitioning back to face-to-face engagement when lockdown measures had been lifted in 2022.



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.

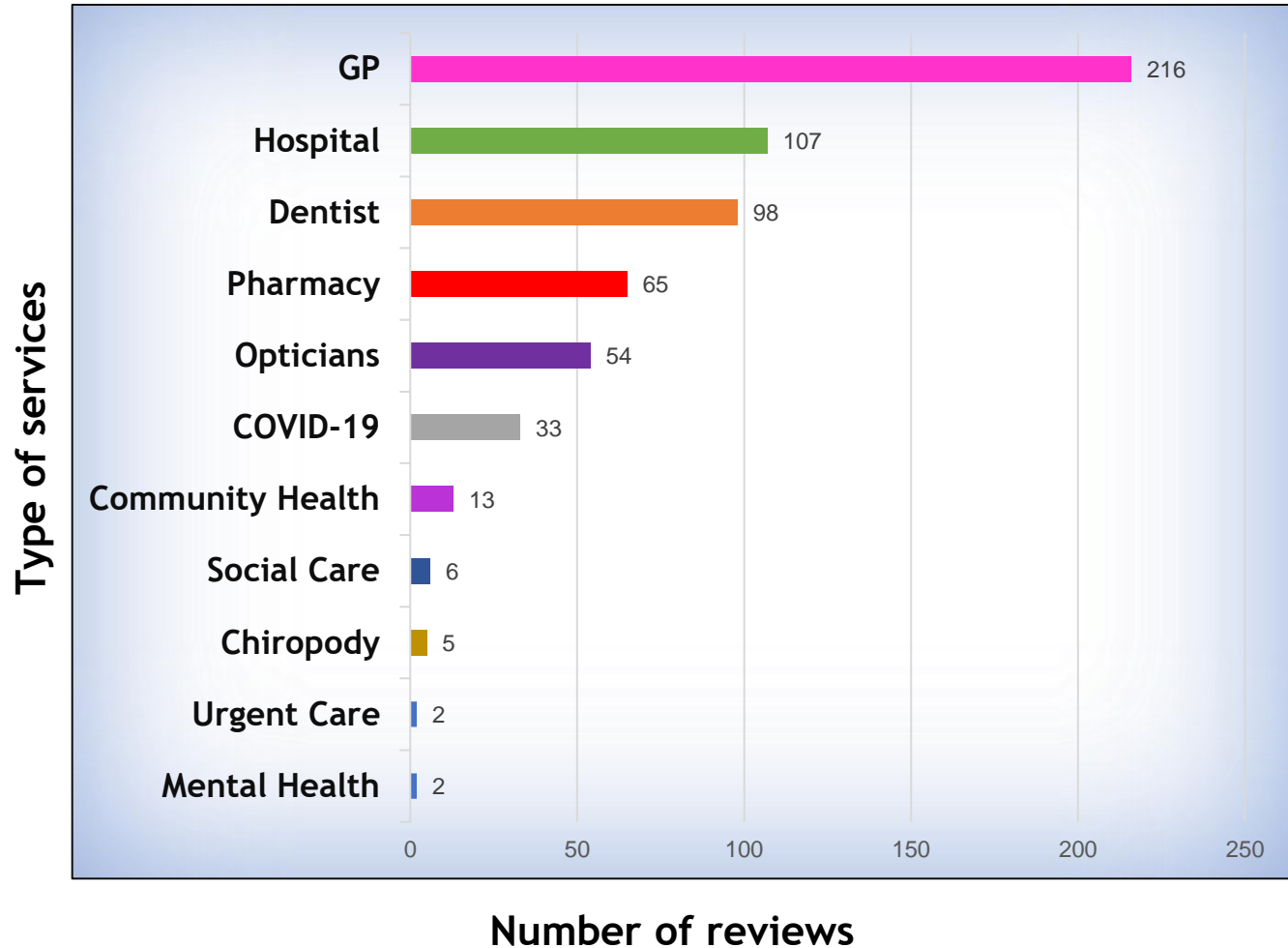


Total Reviews per Service Category

The patient reviews recorded for this quarter cover 11 service categories, as seen in this chart.

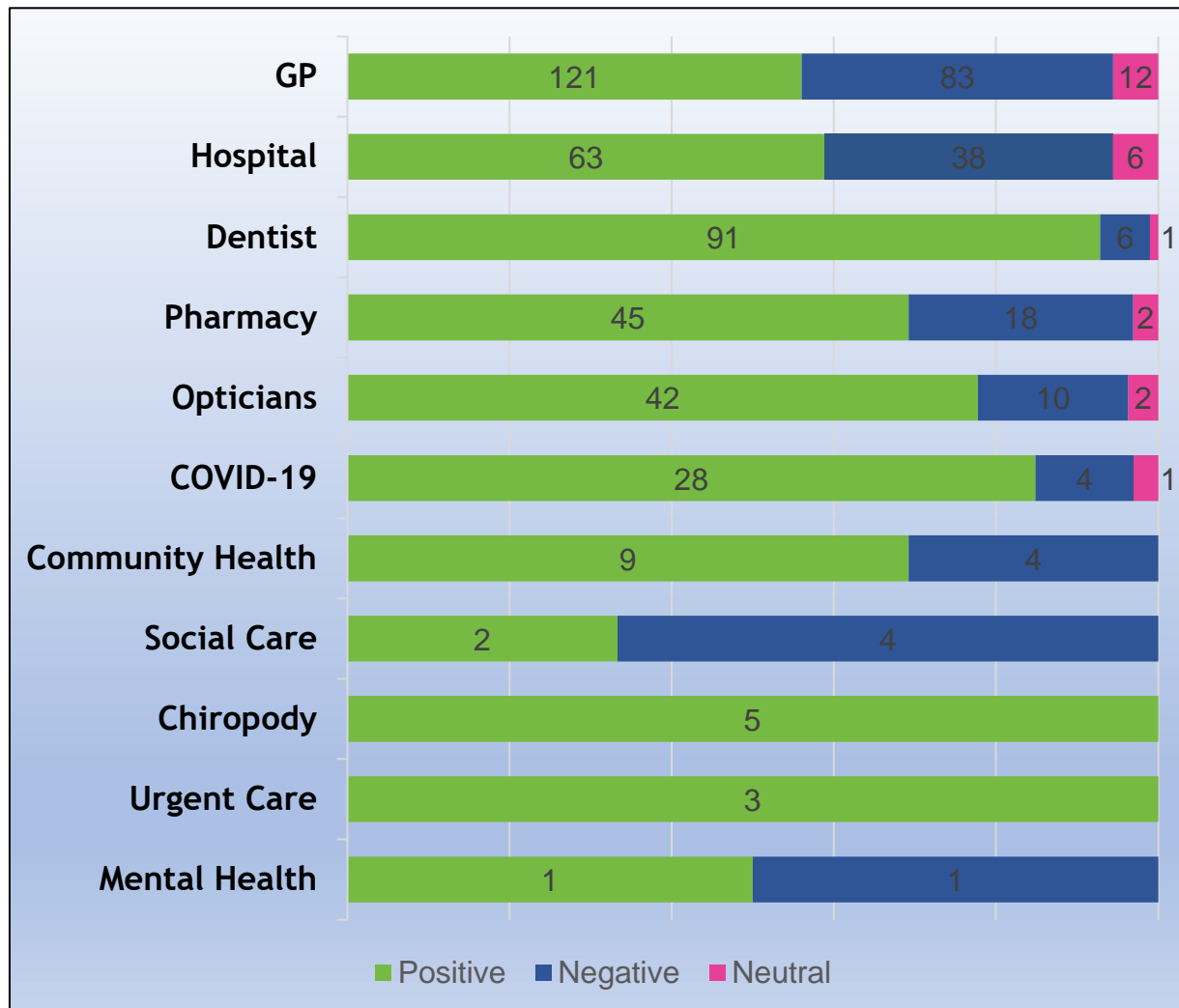
The category with the highest number of reviews recorded is GP services (216), followed by Hospital (107), Dentist (98) and Pharmacy (65).

The service-type with the lowest number of reviews recorded is Mental Health (2).



Distribution of Positive, Negative & Neutral

Type of services
Page 44



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 (216). Of these, 38% (83) were negative, 6% (12) were neutral, and 56% (121) were positive.

Hospital services received the second highest number of reviews this quarter (107). Of these 36% (38) were negative, 5% (6) were neutral, and 59% (63) were positive.

Dentist received the third highest number of reviews this quarter (98). Of these 6% (6) were negative, 1% (1) were neutral, and 93% (91) were positive.

Pharmacy received the fourth highest number of reviews this quarter (65). Of these 28% (18) were negative, 3% (2) were neutral, and 69% (45) were positive.

Number of reviews

Themes and Sub-Themes

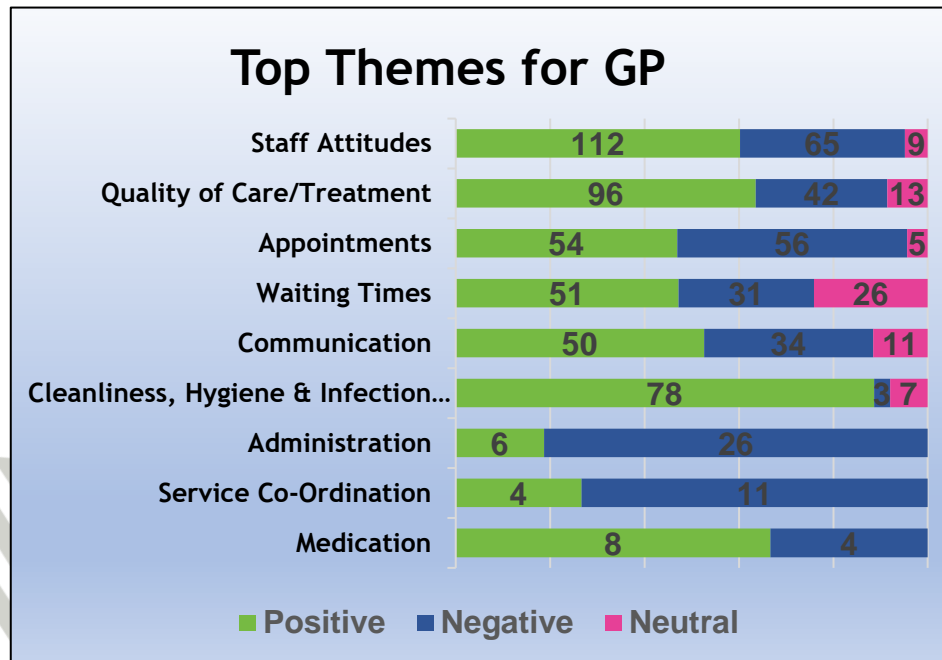
This section shows a breakdown of the main themes and sub-themes for service areas where we received a significant number of reviews. In Q4 these areas were: GP, Hospital, and Dentist. After asking patients for an overall star rating of the service we ask them to "tell us more about your experience".

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 p29-31). 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 service for this quarter, with a total of 216 reviews. **Staff Attitudes** was the most applied theme with a total of 186 counts, 60% (112 counts) being positive, 5% (9 counts) being neutral, and 35% (65 counts) negative. People commented on the high standards of professionalism from reception staff, nurses and GPs.

The second most applied theme was **Quality of Care/Treatment** with a total of 151 counts; 64% (96 counts) reported positive reviews, 9% (13 count) was neutral, and 28% (42 counts) negative. This indicates patient satisfaction with the care and treatment they have received at their GP practice.



Number of reviews

Positive reviews

“Excellent staff, very helpful and efficient team.”

GP surgery

“Easy to be able book it in & staff friendly.”

GP surgery

“Unfailingly kind, responsive and helpful.”

GP surgery

Negative reviews

“The receptionist was unprofessional.”

GP surgery

“Never answer the phone.”

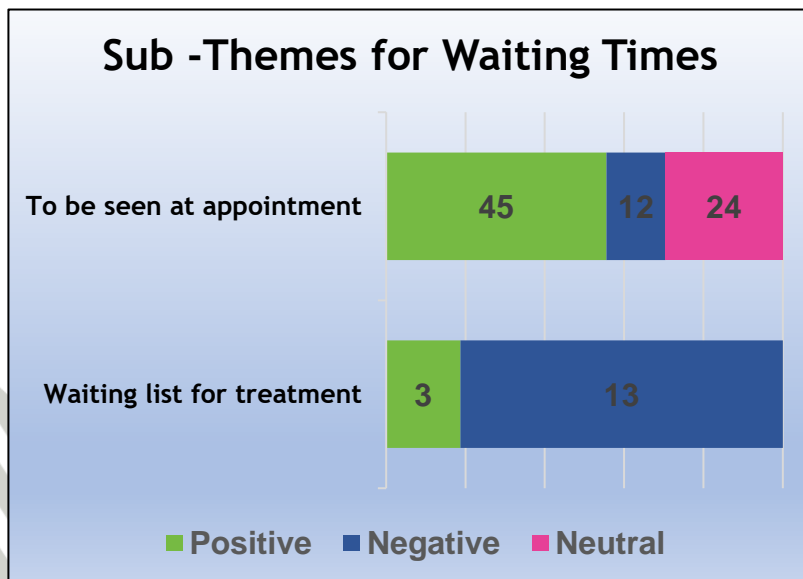
GP surgery

GP Themes and Sub-Themes

On closer inspection of sub-themes for **Appointments**, Booking Appointments received 46% (41 counts) as positive, 6% (5 counts) as neutral and 49% (44) as negative. Most service users commented on issues with getting through on the telephone and struggling with the online booking systems. This is an area we will continue to address over the coming months.

For Waiting Times, the two sub-themes focus on **Waiting Lists For Treatment** and **Waiting Time To Be Seen At Appointment**. The majority of reviews left for **Waiting Time To Be Seen At Appointment** were positive (56%). However, the majority of reviews left for **Waiting Lists For Treatment** were negative (81%).

Finally, Communication was also inspected further and has three sub-themes; **Internal**, **Lack Of** and **Treatment Explanation**. **Internal Communication** received 100% (2 counts) as positive and **Lack Of Communication** received 100% (22) as negative. The majority of reviews for **Treatment Explanation** were positive (79%). **Communication** is an area we will continue to investigate when looking at attention to detail and communication between reception and service users.



Number of reviews

Positive reviews

“Very happy with the service there.”

GP surgery

“Excellent and efficient service”

GP surgery

Negative reviews

“Reception is the most unhelpful.”

GP surgery

“Appointment wait time is 3 weeks.”

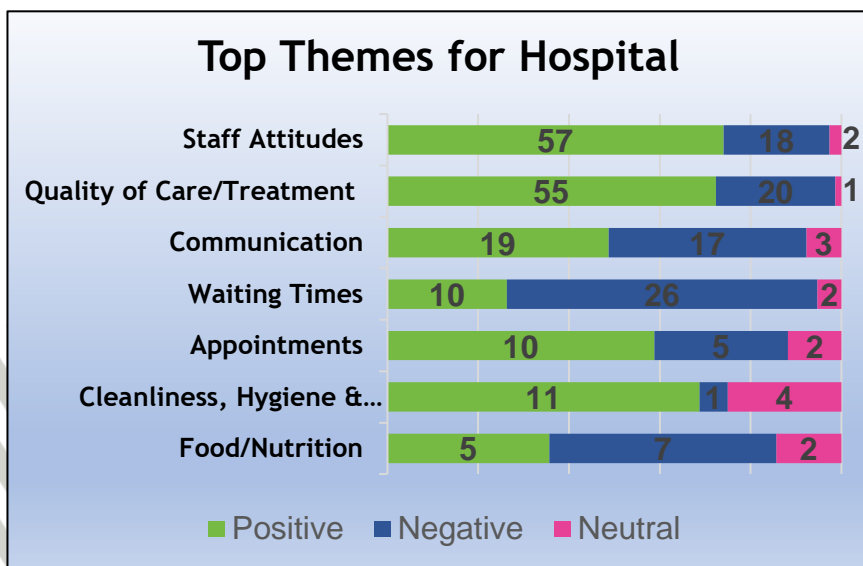
GP surgery

Hospital Themes and Sub-Themes

Hospital is the second most reviewed service for this quarter, with a total of 107 reviews. **Staff Attitudes** was the most applied theme with a total of 77 counts, 74% (57 counts) being positive, 3% (2 counts) being neutral, and 23% (18 counts) being negative. The majority of service users left positive feedback about hospital staff and their professionalism.

This was closely followed by **Quality of Care/Treatment**, which was the second most applied theme, with a total of 76 counts, 72% (55 counts) being positive, 1% (1 count) being neutral, and 26% (20 counts) being negative. The feedback we received indicates that the majority of service users are happy with the quality of care and treatment received when visiting a hospital.

Cleanliness, Hygiene & Infection Control also received a large number of positive reviews this quarter (69%). However, Food and Nutrition received a majority of negative reviews (50%).



Number of reviews

Positive reviews

“Efficient and well organised.”

Hospital

“Your care, time and support meant everything.”

Hospital

Negative reviews

“Hit and miss with the quality of the staff.”

Hospital

“People waiting in a room ...without updates.”

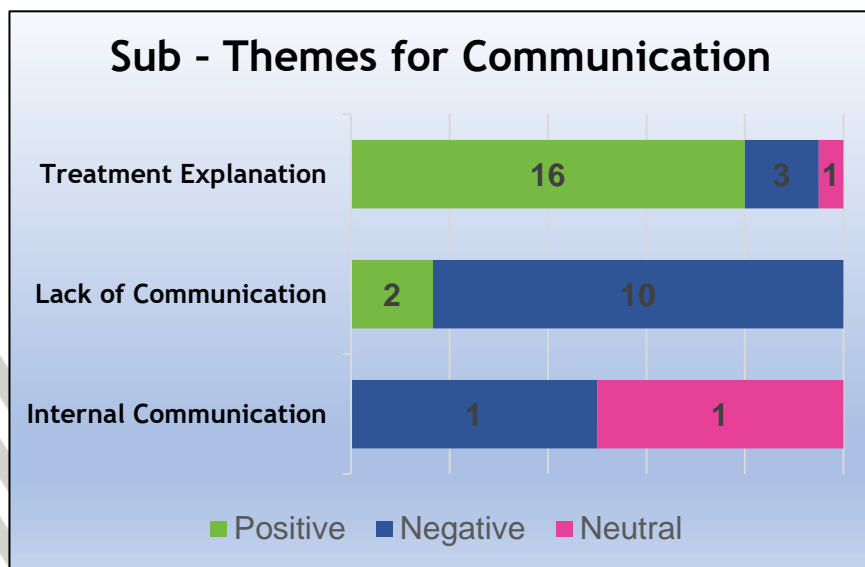
Hospital

Hospital Themes and Sub-Themes

On closer inspection of sub-themes for **Communication** in Hospitals, **Treatment Explanation** was the most applied theme with a total of 20 counts, 80% (16 counts) being positive, 15% (3 counts) being neutral, and 5% (1 counts) being negative. The majority of service users were satisfied with the treatment explanation given by GPs when discussing a patient's health condition.

Waiting Times also has two sub-themes. **Waiting Lists for Treatment** received a larger proportion of negative reviews (67%), whilst **Waiting Times To Be Seen At Appointment** received a larger proportion of positive reviews (67%) Appointments is another theme that can be broken down into two sub-themes. **Booking Appointments** received more positive reviews (56%) than negative (29%). Whilst **Quality Of Appointments** received equal measures for positive and negative reviews.

Overall, service users are happy with the treatment they receive when visiting a hospital. However, we need to investigate further why there is a lack of communication between services users and staff as well as delays for treatment.



Number of reviews

Positive reviews

“Their communication and empathy was off the scale. Excellence.”

Hospital

“I had great service from all the staff.”

Hospital

Negative reviews

“Communication is non-existent.”

Hospital

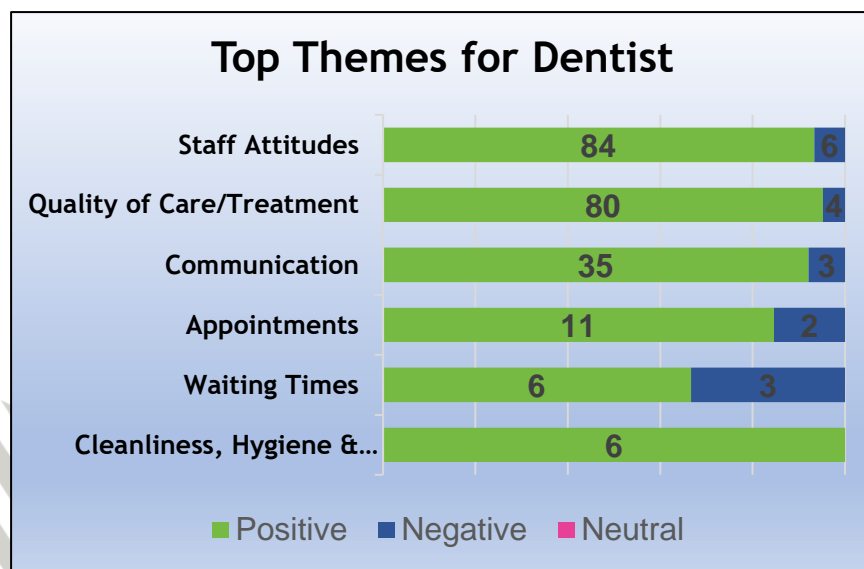
“Waited 5 hours and still not seen by a doctor.”

Hospital

Dentist Themes and Sub-Themes

Dentist is the third most reviewed service for this quarter, with a total of 98 reviews. **Staff Attitudes** was the most applied theme with a total of 90 counts; 94% (84) being positive and 7% (6) being negative. This was closely followed by **Quality of Care/Treatment** with a total of 84 counts; 95% (80 counts) being positive and 5% (4 count) being negative. The feedback indicates that the majority of service users are happy with staff attitudes and their professionalism. People are also satisfied with the quality of care and treatment that they have received when visiting a local dentist.

As can be seen from the chart below, service users have also left very positive reviews for **Cleanliness, Hygiene & Infection Control** (100%). Regarding Communication, the majority of positive reviews relate to **Treatment Explanation** (92%), whilst the negative reviews relate to a **Lack of Communication** (8%) from staff.



Number of reviews

Positive reviews

“So efficient and helpful in sorting out my emergency.”

Dentist

“Thank you again to the whole team.”

Dentist

“Highly recommend the practice.”

Dentist

Negative reviews

“Nightmare trying to find a dentist.”

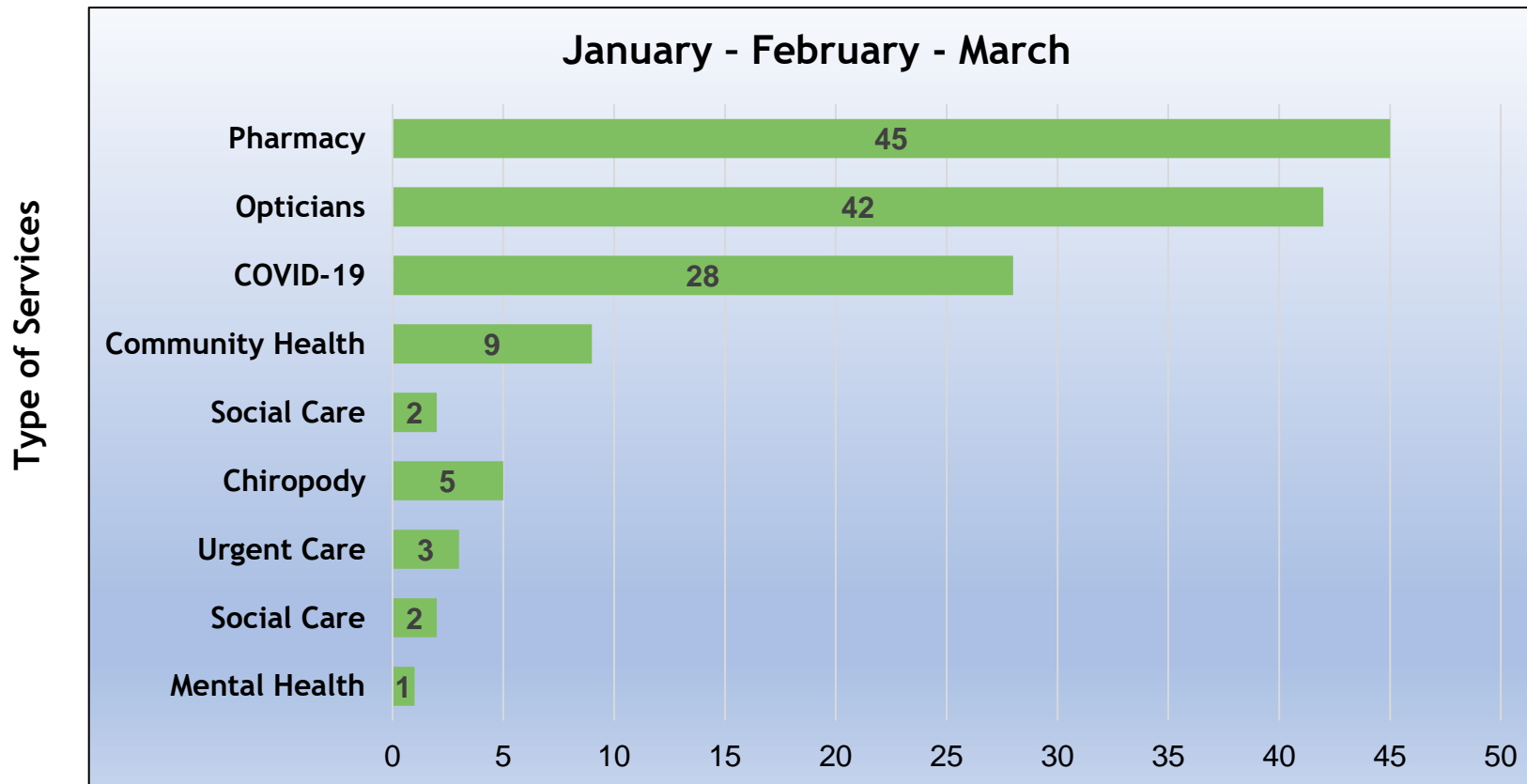
Dentist

“I’ve spent a fortune there but will never go back.”

Dentist

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 the majority of Bromley residents that have shared their experiences are satisfied with most of the services in Bromley.





Pharmacy

“Very attentive to my needs and always do their best.”

Pharmacy

“They are really professional, very quick to respond to any queries.”

Pharmacy

“All staff so helpful, kind and caring.”

Pharmacy



Opticians

“Can't fault the staff .”

Opticians

“Super customer service from start to finish.”

Opticians

“Friendly, polite, and they have a great selection of glasses.”

Opticians



COVID-19

“They were quick and organised. Fabulous service.”

COVID-19

“They are brilliant and very well organised.”

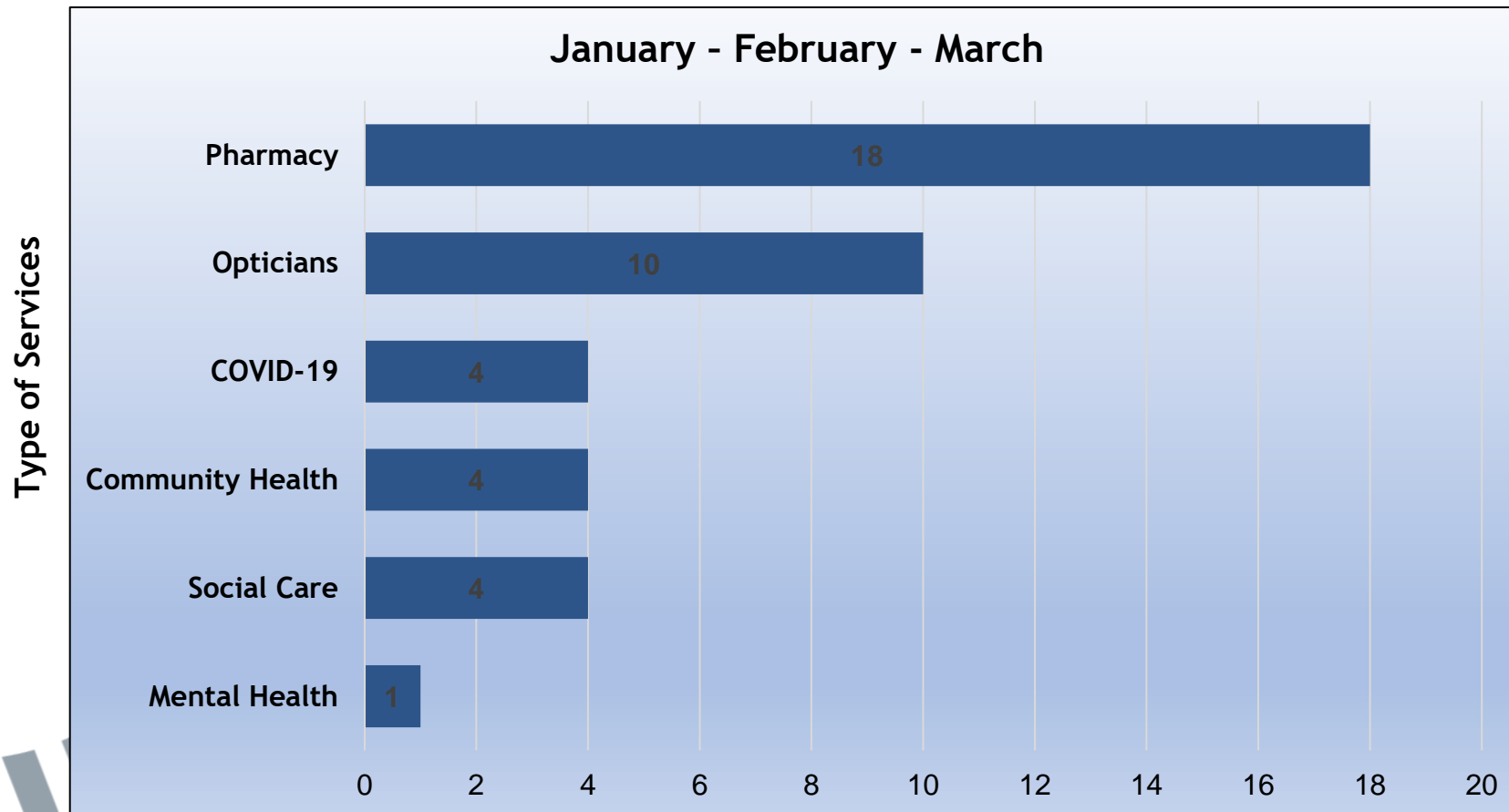
COVID-19

“Excellent service - friendly staff.”

COVID-19

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 reviews received from local residents of Bromley, we can better understand where a service needs to improve in order to provide a better experience.





Pharmacy

“Management needs changing.”

Pharmacy

“Awful customer service.”

Pharmacy

“They could at least update their website to current opening times so as not to waste people’s time.”

Pharmacy



Opticians

“Need some training in manners. Will certainly will not be going there for our eye tests.”

Opticians

“The notices in these places are never big enough for me to read.”

Opticians

“Most staff are ok. However, some poor work ethic and bad people skills makes the whole branch look bad.”

Opticians



COVID-19

“The process should be a lot quicker and stress free for children. This is all due to one member of staff, all the others were fantastic.”

COVID-19

“Nurse very unhelpful, negative attitude.”

COVID-19

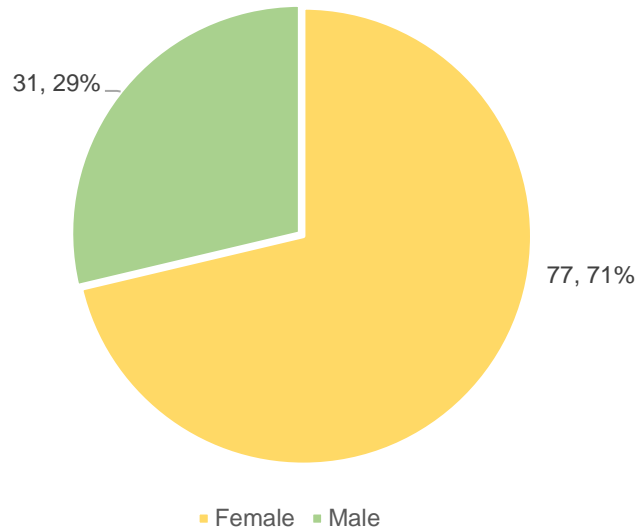
Demographic Information

This section takes a look at demographic information. Due to the COVID-19 pandemic, Healthwatch Bromley was unable to collect a large amount of demographic information. Our patient experience methodology changed in March 2020 as we couldn't conduct face-to-face engagement with service users. However, we began in-person patient engagement again in August 2021 and have been visiting GP practices, hospitals, vaccination centres and community centres. We always seek to improve the completion of monitoring data. Further training and guidance has been provided for staff and volunteers to better support this.

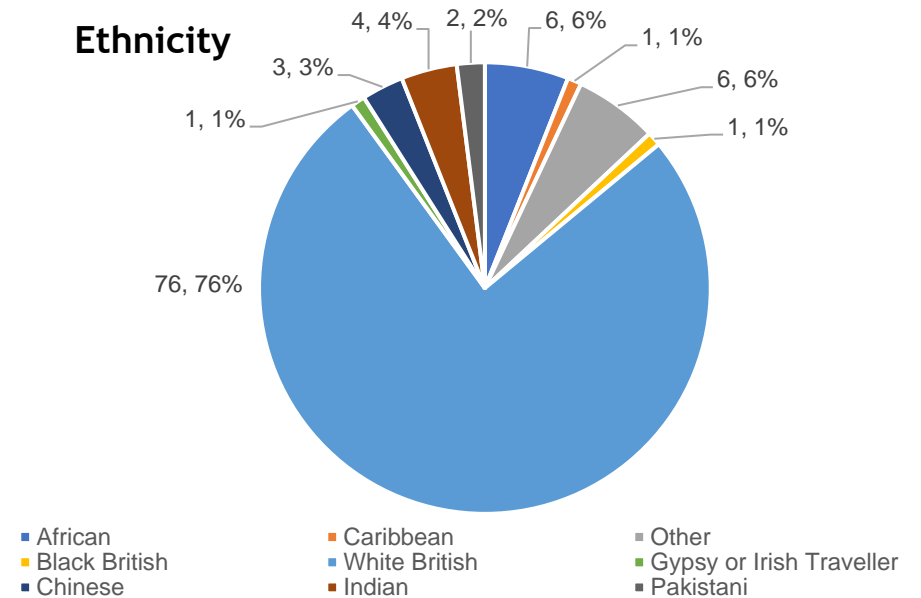
The pie chart below shows the number of reviews received this quarter from gender groups. Excluding the 494 that are left blank, the majority of the reviews received this quarter are from females, with 77 (71%), followed by male with 31 (29%).

The pie chart below shows the number of reviews received this quarter from different ethnicity groups. In terms of ethnicity, excluding the 502 who did not complete this section, the largest proportion of feedback received this quarter was from people who identified as 'White British' with 76 (76%).

Gender



Ethnicity

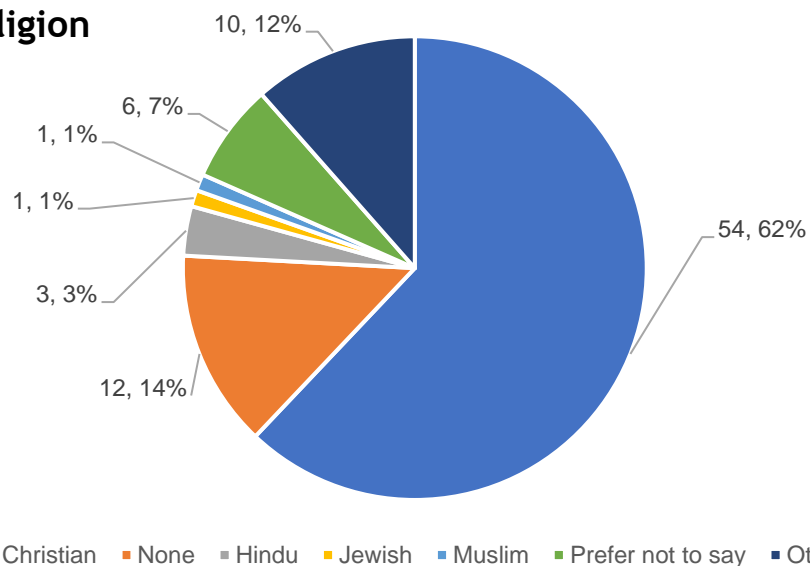


Demographic Information

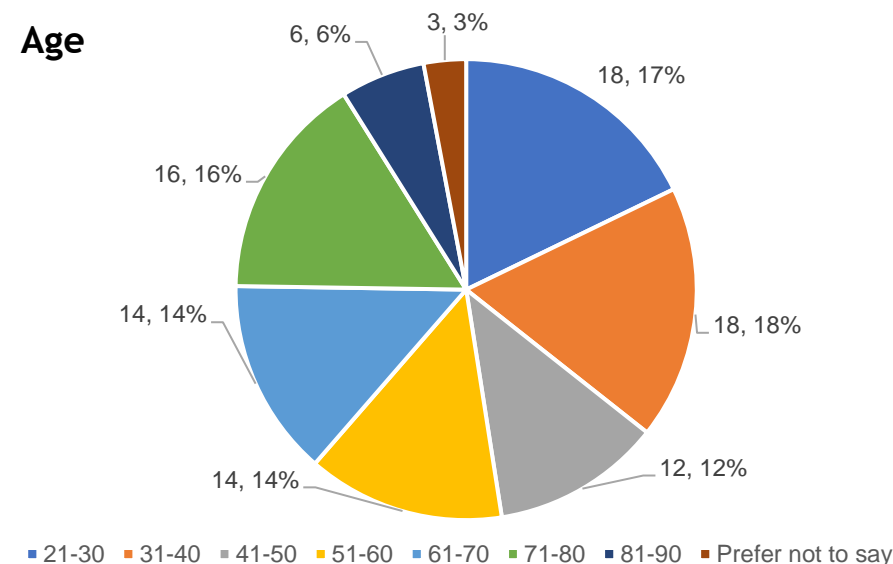
The pie chart below shows the number of reviews received this quarter from different religious groups. Excluding the 515 that are left blank, for the direct engagement reviews, 54 (62%) identified as Christian, 12 (14%) as None, 10 (12%) as Other Religion, 6 (7%) as Prefer Not To Say, 3 (3%) as Hindu and 1 (1%) as Jewish and Muslim.

The pie chart below shows the number of reviews received this quarter from different age groups. Excluding the 501 that are left blank, most of the feedback received was from the 21-30 and 31-40 age group with a total of 36 (35%), followed by 71-80 with 16 (16%). The in-person patient engagement has enabled us to speak to a wider audience as we are engaging with services users waiting in GP practices, hospitals, vaccination or community centres.

Religion



Age



Conclusion

For the Q4 report, we transitioned back to face-to-face visits as COVID-19 restrictions were lifted. Healthwatch Bromley engaged with service users and collected patient experience feedback from across the borough during visits to GP practices, hospitals, vaccination, and community health centres.

Of the 602 reviews collected this quarter, 410 (68%) were positive with star rating 4-5, 24 (4%) neutral with star rating 3 and 168 (28%) negative with star rating 1-2. Overall, for this quarter, positive patient experiences outweigh negative patient ones. However, there are fewer positive reviews (77%) and higher negative reviews (19%) compared to the last Q3 report.

If we look beyond this overall picture at specific service areas, findings indicate the following:

GP Services

- Many service users left positive feedback about their GP service. Feedback revealed a good level of satisfaction; 56% (121) being positive, 6% (12) being neutral and 38% (83) being negative. The negative reviews have increased slightly since the last quarter. However, we have also received a much larger number of reviews due to our in-person engagement visits starting again this February. If we compare it to the previous quarter, GP services received the second highest number of reviews this quarter (123). Of these 33% (40) were negative, 9% (11) were neutral, and 58% (72) were positive.
- The majority of service users were satisfied with **Staff Attitudes, Quality of Care/Treatment, Communication and Waiting Times**.
- The areas that suggest room for improvement are **Administration, Service Co-Ordination, and Appointments**.

Hospital

- Overall, service users found hospitals to be very good. However, the percentage of positive reviews (59%) is down from the previous quarter (72%).
- The feedback reveals a high satisfaction with **Appointments, Communication, Cleanliness, Hygiene & Infection Control, Staff Attitudes, and Quality of Care/Treatment**.
- There are some concerns regarding long **Waiting Times**, which was also identified in the Q3 report, so there is still room for improvement. Service users also share negative comments regarding the **Food/Nutrition** provided whilst staying in a hospital. This is another theme that we plan to investigate further.

Conclusion

Dentist

- The majority of service users found dentists to be excellent. Feedback showed high satisfaction across all themes; **Staff Attitudes, Quality of Care/Treatment, Communication, Appointments, Waiting Times and Cleanliness, Hygiene & Infection Control**. This reflects our findings in the Q3 report.
- 6 positive reviews (100%) were directly related to **Cleanliness, Hygiene and Infection Control**. The COVID-19 pandemic 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 negative feedback received was low. This indicates that the majority of dental practices met the needs of their service users with a small scope for improvement in **Staff Attitudes** and **Waiting Times**.

We also received a high number of positive reviews for COVID-19, Opticians and Pharmacy. This quarter, our team successfully carried out a number of in-person visits to vaccination centres across the borough. We were able to speak to multiple residents and hear about their experience of having vaccinations.

Healthwatch Bromley places great importance on understanding the needs of Bromley communities and ensuring all groups are heard. Due to the pandemic, we were unable to collect a large amount of demographic information (pg.22-23). However, we began in-person patient engagement again in February 2022. This allowed us to speak to service users face-to-face in the London Borough of Bromley. We always seek to improve the completion of monitoring data for every quarterly report. Further training and guidance has been provided to staff and volunteers to better support this. We recognise the importance of capturing feedback from 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 formal meetings, informal meetings take place with partners to discuss issues of concern and identify actions to address them. For example, we hold regular meetings with the Acting Head of Primary Care in Bromley, SEL CCG, to share key information and work together to improve patients' feedback in the London Borough of Bromley. We also use our social media platforms, Twitter, Next Door and Facebook, to raise awareness of our organisation and the work that we do.

Next steps for Healthwatch Bromley Patient Experience programme - we will continue to engage service users in innovative ways, respecting 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:

- Working with volunteers to visit health and social care services on a weekly basis to talk to and hear from patients, service users, carers & relatives about their experiences of local services.
- Extracting reviews 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
- Working with key partners such as Bromley Council, SEL CCG, voluntary and community organisations
- Working with volunteers to support the patient experience programme, to achieve our quarterly targets

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			

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

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

Report No.
CSD22086

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Tuesday 5th July 2022

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2022/23

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

Chief Officer: Director of Corporate Services & Governance

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2022/23.

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: None

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority: Not Applicable:
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £366k
 5. Source of funding: Revenue Budget
-

Personnel

1. Number of staff (current and additional): 6
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: Non-Executive reports are not subject to call-in
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of Committee Members.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 There were currently no matters outstanding.
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload, and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2022/23 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 8th February 2022 are as follows:
- 4.00pm, Tuesday 5th July 2022
 - 4.00pm, Tuesday 11th October 2022
 - 4.00pm, Tuesday 17th January 2023
 - 4.00pm, Thursday 20th April 2023
- 3.4 The work programme is set out in [Appendix 1](#) below.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, Customer Impact, Ward Councillor Views
Background Documents: (Access via Contact Officer)	Previous work programme reports

Health Scrutiny Sub-Committee Work Programme 2022/23

Health Scrutiny Sub-Committee		5 th July 2022
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
Review of Winter and plans for next Winter – SEL CCG		
SEL ICS/ICB Update		
Healthwatch Bromley – Patient Engagement Report		
Health Scrutiny Sub-Committee		11 th October 2022
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
Health Scrutiny Sub-Committee		17 th January 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
Health Scrutiny Sub-Committee		20 th April 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		

To be scheduled:

Update from Children and Young People's – SEND services		
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