



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 9 January 2023

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

Councillor David Jefferys (Chairman)  
Councillor Dr Sunil Gupta FRCP FRCPath (Vice-Chairman)  
Councillors Mark Brock, Will Connolly, Robert Evans, Simon Jeal, 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

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre  
on **TUESDAY 17 JANUARY 2023 AT 4.00 PM**

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

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

TASNIM SHAWKAT  
Director of Corporate Services & Governance

***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 11<sup>th</sup> January 2023.**

**4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 11TH OCTOBER 2022 (Pages 5 - 26)**

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

To include an update on the London Ambulance Service (LAS)

*To follow*

**6 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN (Pages 27 - 46)**

**7 GP ACCESS (Pages 47 - 58)**

**8 WINTER PLANNING**

*To follow*

**9 SEL ICS/ICB UPDATE (VERBAL UPDATE)**

**10 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT (Pages 59 - 86)**

**11 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**

**12 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING (Pages 87 - 92)**

**13 ANY OTHER BUSINESS**

**14 FUTURE MEETING DATES**

4.00pm, Thursday 20<sup>th</sup> April 2023

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 11 October 2022

### Present:

Councillor David Jefferys (Chairman)

Councillors Mark Brock, Will Connolly, Robert Evans,  
Simon Jeal, Tony McPartlan, Alison Stammers and  
Thomas Turrell

Roger Chant and Vicki Pryde

### Also Present:

Councillor Dr Sunil Gupta FRCP FRCPATH (Vice-  
Chairman) *(via conference call)*

Charlotte Bradford *(via conference call)*

Rona Topaz *(via conference call)*

Councillor Mike Botting, Executive Assistant for Adult Care  
and Health

and Councillor Diane Smith, Portfolio Holder for Adult Care  
and Health

### 13 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for lateness were received from Councillor Simon Jeal and  
Councillor Thomas Turrell.

Apologies for lateness were also received from Councillor Dr Gupta due to a  
professional obligation.

### 14 DECLARATIONS OF INTEREST

Co-opted Member, Vicki Pryde declared that she had undertaken work with  
both Oxleas NHS Foundation Trust and Bromley, Lewisham and Greenwich  
Mind.

### 15 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

**16 MINUTES OF THE INFORMAL MEETING OF THE HEALTH  
SCRUTINY SUB-COMMITTEE HELD ON 5TH JULY 2022**

**RESOLVED** that the minutes of the informal meeting held on 5<sup>th</sup> July 2022 be noted.

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

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

General Update

The Site Chief Executive advised that, with regards to elective recovery performance, work was continuing to reduce long waiters across all waiting time cohorts in line with the NHS Elective Recover Plan following the backlogs caused by the impact of the COVID-19 pandemic. The London region was the most improved area across the UK – of the five Integrated Care Systems (ICS) in London, South East London was the most improved, and King’s was currently the highest performing of its three Trusts. It was noted that there was still a range of long waiting patients, but King’s was in a good position and continued to progress. Around 13,500 patients were currently waiting for an operation and there were approximately 86,000 patients across the total spectrum, which began from GP referrals. The order book was large, but under control – it grew by around 300 patients per week, which was similar to other Trusts across London. Since February 2022, the PRUH and South Sites had maintained its compliance with the national standard, and less than 1% of patients were waiting more than six weeks for their diagnostic test. The importance of this was highlighted as the quicker the tests were undertaken, the quicker an informed diagnosis could be made, and a treatment plan put in place. It was noted that access for cancer patients had improved – the PRUH performance against the 62-day target was 80% for August, and although below the compliance threshold of 85%, had improved due to the increased speed of diagnostics. For August 2022, 96.2% compliance with the two-week wait standard had been achieved.

In response to a question, the Site Chief Executive said that national standard for diagnostic test included endoscopy, but there were different forms of endoscopy referrals. The target for a routine endoscopy to be completed was six weeks from referral, however there was a multitude of pathways. Endoscopies were one of fourteen diagnostic targets – it was noted that the performance against national standards was collective, however information relating specifically to endoscopy performance could be provided to Members following the meeting. The Portfolio Holder for Adult Care and Health said it was positive to see that the six week diagnostics target was being met and enquired if this impacted on the patient pathway for those needing operations.

The Site Chief Executive advised that there were around 13,000 patients across the Trust, and 4,000 patients were allocated to the PRUH and South Sites for operative care. These patients underwent a clinical assessment, and their prioritisation was reviewed against the national levels, 1 (most urgent) to 4, on a rolling weekly basis. At any point in time, due to further referrals, they were around 300 patients behind. For patients requiring urgent operations they aimed to operate within four weeks – this could not always be achieved but they were making substantial inroads. It was suggested that data relating to this could be provided to Members at the next meeting of the Sub-Committee.

With regards to emergency care, the Site Chief Executive advised that attendance at Accident and Emergency (A&E) departments continued to be a challenge across the UK, the Trust and the PRUH. The PRUH's performance against the four-hour wait target for A&E ranged between 65-70% and this related to full completion of treatment – during this times patients were being triaged and provided with the necessary pain medication. There were seven organisations across London that were particularly challenged with regards to ambulance offloads. The government had three markers in terms of ambulance handover and drop-off – handover in 15 minutes from arrival at a hospital site, 30 minutes and 1 hour. The majority of handovers took place between 30 minutes and 1 hour, and only one or two exceed the 60-minute handover time. It was noted that central government and the regional NHS were aware of these challenges and were supporting the PRUH, and other sites around London. To help address this an additional £1m had been secured for the PRUH and South Sites and Denmark Hill to aid performance going into the winter period.

A Co-opted Member extended thanks to staff at the PRUH following his recent personal experience at the Emergency Department (ED). The Site Chief Executive thanked the Co-opted Member for his positive comments and advised that these would be fed back to the team. It was noted that around 100,000 patients were seen at the ED each year, and the team strived to offer good care to local residents.

In response to a question, the Site Chief Executive said that from the outset of the COVID-19 pandemic, King's as an organisation followed the national directions issued by the Department of Health and Social Care and/or Public Health England. These were augmented in real time and were fully registered and audited through the command structure. In terms of current restrictions across the PRUH and South Sites, in clinical based areas face masks were encouraged, and they were required in immunocompromised environments. Following recent intelligence it was likely that sites would encourage the wearing of face masks more widely.

The Site Chief Executive advised that the Trust had received multiple Care Quality Commission (CQC) inspections: maternity services (PRUH); maternity services (Denmark Hill); medicine services (PRUH); and older adults' services (PRUH). The full feedback from all of these assessments was still awaited. Formal notification had also been received that the organisation's full

assessment would take place on the 15<sup>th</sup> and 16<sup>th</sup> November 2022. They had however received published feedback in relation to the older adults' services at Orpington Hospital following an unannounced CQC inspection on 11<sup>th</sup> July 2022. The Churchill and Elizabeth Wards had been given a 'Requires Improvement' rating in the overall category for care – medical care was rated 'Inadequate' for being caring, and 'Requires Improvement' for being safe – from a previous assessment of 'Good'. The areas of concern related to base level staffing; levels of medication and administration; and domestic levels of dignity. Learning had been taken as these two wards had not been flagged as wards of concern – a range of tools were used to monitor the effectiveness of care, and the aspects highlighted by the CQC were behavioural. The Trust's viewpoint was that all of these concerns had been addressed within three weeks of the CQC findings – they were confident of the robustness of the response and had already invited the CQC to return and reassess these areas. The Site Chief Executive said that Members' disappointment in these short comings was shared, however it was noted that they had not been found in the PRUH's older adults' wards.

In response to questions, the Site Chief Executive advised that a simplified version of the action plan in response to the CQC inspection had been provided. The full action plan was monitored formally by the CQC on a weekly basis – they were up to date on all aspects, and were required to provide reference and evidence. The issues had been addressed within three weeks of the CQC inspection and they were sustaining these high standards. They were confident that the action plan would meet the needs of these areas long term.

A Member noted that a previous CQC inspection of the PRUH's A&E department had rated the caring element as 'Inadequate', and the same had been highlighted during the recent inspection at Orpington Hospital and enquired what cultural changes were being made. The Site Chief Executive said that staff had been equally shocked and disappointed. To provide some context, Members were advised that the visit had taken place on a single day, with single day observations by three inspectors, across three wards. The specific area of concern related to the speed and efficacy of toileting assistance being insufficient, and this had been compromised by the number of staff on the ward. It was noted that the ward had been appropriately staffed, but staff had then been moved to support an alternative care environment on another hospital site. The ward then became short staffed, and this shortage compromised the care being offered to patients – there had been an immediate stop on staff moving to different hospital sites. It was emphasised that this was not a systemic cultural issue, and the shortcoming was caused by the number of staff available to provide care. The Site Director of Nursing echoed the comments regarding the disappointment felt by the outcome of the inspection. Members were advised that it was not just numbers of staffing, there also needed to be the right skill mix and level of support. Earlier in the year it had been recognised that, due to the way in which care groups were managed across a number of sites, the matron support was not as sufficient as they would like. The matron level support had since been considered and reorganised, and just after the CQC inspection a new matron had started and

was providing support to the wards at Orpington Hospital. Evidence from the action plan showed that there had been quick and dramatic improvements in the areas identified during the inspection, and this needed to be maintained 24 hours a day, 7 days a week. In response to a further question, the Site Director of Nursing said that the movement of staff was minimised as much as possible, as they knew this was not good for staff or patients. Staffing levels were reviewed two or three times a day and wards were RAG rated – occasionally, if a staff member needed to be moved to avoid a ward becoming RAG rated ‘red’, they would try and do so within the same care group as they would have the same skill set.

The Site Chief Executive informed Members that the Trusts capital developments were continuing. The development of the car park deck, which would provide 197 additional spaces, was on target and Sir Bob Neill MP would be cutting the ribbon during the first week in November. The final plans for the £25m cancer endoscopy unit would be brought to a Plans Sub-Committee in the coming months, and the connecting bridge between the Day Surgery Unit and the main hospital was expected to be completed in late December 2022.

In response to questions, the Site Chief Executive said that car parking was not currently free of charge. There was a pay and display public car park at the hospital, although its capacity had been reduced during the building of the new deck, and provision was also available in the adjoining Sainsbury’s car park. The price of the pay and display parking had been held, and they did not believe it was beyond the market rate. The money went straight into the Trust, and not to a private contractor, and was used to support things such as in-house security. If central government dictated that all parking charges needed to be suspended, they would happily do so. A Member enquired if the staff park and ride scheme would be kept in place. The Site Chief Executive said that the park and ride scheme had been very popular with staff, however it cost around £250k to provide. There would be an overlap period of eight weeks once the new car deck opened, and during this period consideration would be given as to whether the park and ride scheme continued.

### Women’s Health Services

The Site Chief Executive informed Members that a full range of maternity service were offered at the core PRUH site, and community maternity services and enhanced home birthing services were also provided. The PRUH’s maternity service was a busy department, caring for on average 5,500 births each year. It was noted that the maternity services were being further developed. Services within neonatology were being enhanced which would allow care to be provided at the PRUH for mothers that were classed as high-risk. The Site Director of Nursing advised that they had recently appointed an experienced Head of Midwifery across the PRUH and South Sites, who worked alongside a number of matrons. The Site Chief Executive noted that a formal CQC inspection of maternity services had taken place in July 2022. The draft inspection report was still awaited, but verbal feedback received was that there were no immediate concerns.

In response to questions, the Site Director of Nursing confirmed that the data on elective caesarean section (C-section) consisted of both mothers who had underlying medical conditions and mothers who requested to have a C-section. The Site Chief Executive advised that approximately 25% of the elective C-sections undertaken were for mothers who did not have underlying medical conditions. The Site Director of Nursing said that once a patient was overdue in terms of their delivery date there was an increased risk. A C-section would sometimes be performed; however, this was not always the case and could be dependent on the induction of labor, and how it progressed. If this was not progressing, or the baby was in distress, and emergency C-section would take place.

A Member noted concerns regarding the postpartum haemorrhage (PPH) data. It was acknowledged that a comprehensive audit had since been undertaken, and suggested that this was an area that could be presented in further detail later in the year. Another Member noted that the PRUH was an outlier for PPH and enquired if the reasons for this were known, and whether it was still considered an outlier following the actions implemented. The Site Chief Executive advised that PPH data was routinely tracked and agreed that an update could be provided at a future meeting of the Sub-Committee.

The Chairman noted that Councillor Cuthbert had requested the update on maternity services, but had been unable to attend the meeting. The Site Chief Executive said he would be happy to respond to any question from Councillor Cuthbert outside of the meeting.

In response to questions, the Site Chief Executive said that robust and wide-ranging feedback was provided by patients in relation to maternity services. Some of the areas for development and review were additional birthing pools at the PRUH and for home births; and continuity of care, having the same named midwife throughout (however on occasions this needed to change if specialist care was needed). Throughout the COVID-19 pandemic, substantial feedback had been received in relation to restrictions on birthing partners, however these rules had since been lifted. It was noted that more contextual information on the feedback received could be provided at a future meeting of the Sub-Committee.

A Member noted concerns regarding the higher rate of stillbirths and birthing issues for women from Black, Asian and ethnic minorities (BAME), and enquired if more help and support could be offered during pregnancy. The Site Director of Nursing advised that this was a national phenomenon, and was not just specific to the PRUH. There were certain groups of high-risk women, and a number of specialist midwives could provide support through these specialist pathways. The Site Chief Executive noted that there were less of these issues across the borough due to the demographics, however they could draw on the skillset of staff across the Trust. The majority of experts covered both sites and patients could be referred to Denmark Hill for specific intervention. A Member considered that, in addition to social factors, stillbirths in BAME mothers could also be impacted by medical factors, with high incidents of anaemia and sickle cell disorder among this group.



The Chairman enquired if data was available in relation to multiple births. The Site Chief Executive advised that further information could be provided at the next meeting of the Sub-Committee, along with feedback on the outcome of the CQC inspection of maternity services.

The Chairman thanked the Site Chief Executive and Site Director of Nursing for their presentation to the Sub-Committee.

**RESOLVED that the update be noted.**

## **18 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) provided an update on the Bromley Healthcare CQC Action Plan.

The Chief Executive Officer informed Members that, around 18 months ago, the organisation had been subject to a CQC inspection, and it was agreed that updates against the improvement plan would be provided to the Sub-Committee on a regular basis. The last regular engagement meeting between Bromley Healthcare and the CQC had taken place in August 2022, and it was considered that positive progress was being made. It was noted that the next engagement meeting was scheduled for the end of November 2022.

The Bromley Healthcare Programme Management Office (PMO) system was the central repository for all projects and programmes within the organisation, and provided oversight of every action. All CQC related projects were identified within the tool – internally, these were monitored weekly, and monthly via the CQC Sub-Committee. Progress at a programme, project and task level was visible and transparent, along with all project risks and issues. The tool worked on a linear basis, tracking percentage completion against target deadlines at a task level – any tasks potentially at risk were flagged early so that remedial action could be taken if required. Members were assured that the two actions labelled as ‘at risk’ were both on target. In response to a question, the Chief Executive Officer advised that completion percentages were dependent on the programmes themselves – each programme had a number of workstreams, and each action had its own rating.

With regards to programmes, the Chief Executive Officer advised that a complete review of the Audit Programme had been undertaken – an Audit Panel was now in place and a number of audits were underway across the organisation. In relation to the Lone Working Programme, there were just two final actions for completion which related to the Standard Operating Procedures (SOP) that were in the process of being updated. The Chief Executive Officer informed Members that, as part of its long-term strategy, Bromley Healthcare had reviewed its values following the pandemic. The strategy would cover the next three-year period, and the engagement process had just commenced. Other programmes included mock inspections led by

different services leads, a new app for clinical supervision and a central review dashboard. It was highlighted that a new approach was being taken to record keeping which included spot checks; a planned programme of record keeping; and external assurance provided by KPMG.

The Chief Executive Officer noted that a particular area of challenge was recruitment of Health Visitors and District Nurses – to help reduce vacancies, new career pathways had been established in both areas, and the training and development up to Director level was highlighted. Ten newly qualified Band 5 nurses had recently started a bespoke training programme, and a similar scheme would be run in Health Visiting. Members were advised that, in order to utilise capacity, all therapy services had been brought together. By working as one team, the number of patients, and the length of time they waited to be seen, had been reduced dramatically. The feedback received from patients had been extremely positive.

The Chief Executive Officer advised Members that during a recent staff survey, concerns had been raised regarding the levels of abuse being experienced. A new campaign looking at the prevention, reduction and management of workplace abuse had been launched. In response to questions from the Chairman, the Chief Executive Officer said that abuse of staff was an issue that was increasing, and teams were being encouraged to report it via the relevant system. They had a zero-tolerance process – patients would initially be spoken to face-to-face, and if it continued to be a problem it was followed up with a letter. As this was an issue being seen across various organisations, it was considered that it may be beneficial to run a co-ordinated campaign with One Bromley partners.

In response to questions, the Chief Executive Officer advised that an example of the co-production work undertaken was the Orpington Health and Wellbeing Café. This was a joint Primary Care Network (PCN) and Bromley Healthcare (BHC) preventative/anticipatory care initiative to support the wellbeing of residents in Orpington. The Communications Team had attended and engaged with residents to help inform the set-up of the Neighbourhood Team. There was also an active patient reference group who provided advice in relation to the website and undertook mystery shopping exercises. They wanted to ensure that patients with lived experiences were providing feedback to help to improve services.

The Chairman thanked the Chief Executive Officer for her update to the Sub-Committee.

**RESOLVED that the update be noted.**

## **19 GP ACCESS**

Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS (“Associate Director”) and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership (“GP Clinical Lead”)

delivered a presentation outlining the challenges and contribution of General Practice to meeting the health and care needs of Bromley residents. Changes in the way these challenges were met were also highlighted, as well as acknowledging areas for improvement and future intentions.

The GP Clinical Lead advised that some of the challenges faced in Bromley included it being the largest, and least densely populated London borough. It had the greatest number of people aged 65 years and older, and residents had a higher life expectancy than the average Londoner. There was also a higher prevalence of complex health conditions compared to neighbouring boroughs in South East London – a greater proportion of people in the borough had long-term conditions, requiring additional care compared to those people with routine and same day needs. This resulted in more GP referrals into secondary care and increased spend on prescribing to support long-term conditions. A Member noted that there was a high prevalence of depression in the borough, compared to neighbouring borough, and enquired if the reasons for this were known. The GP Clinical Lead advised that depression was a condition that increased in prevalence with age, which could account for some of the figure. It was important to note that the data was extracted from GP systems – the data needed to be accurately recorded in order to plan any work to be undertaken. Within PCNs they had developed the role of mental health practitioners to support practices in addressing the needed of patients, the challenge of which had increased since the pandemic. A Member considered that depression could also be related to social circumstances, such as deprivation or loneliness, not just an ageing population.

The Associate Director advised Members that there were 43 GP practices across the borough, which formed 8 Primary Care Networks (PCNs) – they worked alongside the GP federation and community pharmacies to provide primary care services to Bromley residents. Practices ranged from small to large in size – some were formed of bigger partnerships of GPs, whilst others were single-handed practices. By collaborating in PCNs, they were able to develop a shared workforce of healthcare professionals, working alongside the GP and practice nurses. As PCNs, general practice was delivering a wider range of clinical care to patients, supporting the out of hospital strategy to better manage acute demand.

During the pandemic, GP practices, alongside the wider NHS, had temporarily adjusted how patients accessed its services – since the easing of restrictions, patients could access care in more ways than ever before:

- GP surgery doors were open for making appointments and seeing clinicians;
- remote consultations were available, where this suited the patient's needs; and,
- online services offered convenience for administrative matters and self-referrals.

However, general practice was experiencing continued high demand. This was experienced as delayed presentations, overdue routine screening and

care, and increased contacts. Overall, population health and wellbeing had also been negatively affected by the pandemic, adding further pressures on practices. It was highlighted that total appointments were returning to pre-pandemic levels, and a greater proportion were now offered as remote options. Increased access to primary care services included:

- Online consultations portal – around 17,000 eConsults were submitted every month. It was noted that this service had been introduced at pace and they were looking to review it to ensure it worked efficiently;
- Text messaging services – direct to mobile appointment bookings and health monitoring;
- Website service – 34 out of 43 practices were now using a professional web hosting platform; and,
- Electronic repeat prescriptions – now offered by all Bromley GP practices and were easily accessible via the NHS App.

The Associate Director advised that there was a national drive to increase the number of additional roles in general practice. To help maintain the necessary capacity, the NHS was recruiting a wider group of clinicians and healthcare professionals to work alongside GPs and practice nurses. These roles were shared between practices in their primary care network groupings and were designed to provide care to all the patients within a PCN. From 1<sup>st</sup> October 2022, practices had become responsible for providing Enhanced Access services for their patients, working jointly with local GP surgeries as part of PCNs. This had resulted in the following:

- *More flexible appointments at convenient times for patients* – as well as the core opening hours, Enhanced Access offered routine and same day appointments on weekday evenings (6.30pm-8.00pm) and Saturdays (9.00am-5.00pm);
- *Local, convenient locations* – appointments may be face-to-face (at a patient's own surgery, or other local surgery within the PCN), by phone or video;
- *Enhanced access for all patients* – the service was for all patients registered with the GP surgery;
- *Appointments with a wider range of clinicians* – depending on the patient's needs, the appointment may be with a GP, practice nurse, physiotherapist, clinical pharmacist, mental health practitioner or other suitable professional; and,
- *Easy to book* – patients could contact the surgery in the usual way to book their appointment.

A Member considered that the Enhanced Access services did not reflect the experiences of residents in the borough, who were having difficulties in getting GP appointments. It was noted that the recently appointed Health Minister had stated that patients should be able to get an appointment within 2 weeks, and enquired if this was viable in Bromley. The GP Clinical Lead said that a recent review had been undertaken at his practice in terms of what they wanted to try and do. Discussions had been held with staff, before the recent announcement, about patients not wanting to wait longer than 2 weeks for an appointment – this was a challenge shared by practices, who wanted to be able to do this. They were aware that the delivery of appointments was high,

but they were provided in a variety of ways – face-to-face, online, eConsult, texting and telephone calls. All of these appointments took time. The same ambitions were shared, and they hoped to target resources in the right area to achieve this. The Associate Director said that PCN operations would provide additional capacity into general practice. Some practices had managed the same day need by encouraging patients with non-urgent needs to use other routes, such as eConsult or self-referral. It was noted that expansion of general practice was limited as there were difficulties in recruiting GPs, and therefore they needed to maximise the use of the wider workforce. The GP Clinical Lead noted that this was a national trend – trying to restore regular care for long-term conditions and manage same day needs created difficulties which they were working to improve.

A Member enquired how a decision was made as to whether an appointment was held face-to-face, online or via telephone call, and what the average time was for each. The GP Clinical Lead advised that during the pandemic, telephone appointments had been used due to infection control. They had now moved away from this need, and face-to-face appointments were used for those patients that needed to be examined. The average time for all appointments was 10 minutes.

Members were advised that an extensive programme of transformation was underway to help free up clinical time in general practice in order to offer more time for clinicians to see patients. Changes delivered, and others in train, included:

- Investments in expertise to optimise the workflow of clinical documents from secondary care to the GP for clinical review and follow up care;
- Analysis of clinical outcomes and trends to give GPs insights, guidance and tools to improve clinical effectiveness in their practice;
- Introducing demand and capacity tools to help practice management teams with planning clinic types and staffing needs, matching to peaks in demand;
- Working jointly as PCNs, operating e-Hubs to handle and respond to online consultation requests in a timely manner;
- Setting up systems to support remote and self-monitoring of long-term conditions; and,
- Undertaking process improvements to make practice-level operational and organisational systems more efficient.

With regards to improving the experiences of patients in Bromley, the Associate Director noted that the National GP Patient Survey results indicated that patient satisfaction was lower compared to last year. This trend was broadly reflected across South East London and nationally. Bromley was undertaking a deep dive into the appointment times offered, as this appeared to be an outlier area, and would take action. Members had been provided with copies of posters for five key messages – ‘Who’s who in the GP surgery’; ‘Appointment options’; ‘Community pharmacy’; ‘Self-referral to local services’; and ‘Social Prescribing’. These messages would be shared with the public and reinforced in the winter newsletter.

The Associate Director said that work to continue to further improve access included:

- scoping with practices was underway to identify and prioritise cloud-based telephony needs in anticipation of funding following recent national announcements;
- procurement of a new website service for GP practices and PCNs to provide easy-to-use online services and more functions through the website;
- a recruitment campaign was being prepared to attract new people to health and care roles in the borough, including in Bromley primary care; and,
- refreshed programme of professionally designed training and development by a dedicated Training Hub to maintain a qualified and professional workforce.

A Member noted that there appeared to be disparities between GP practices, specifically in terms of difficulties getting an appointment and the time spend on hold trying to speak to someone. It was questioned if these type of statistics were recorded by practice. The Associate Director confirmed that this data was available on a practice level, and they would continue to speak with individual practices that were seen as outliers. It was noted that smaller practices had less flexibility in terms of staffing phones during peak times. In some practices it had been identified that their telephony systems were outdated, which did not allow the patients calling to queue, and others were tied into long contracts. All practices had been advised that if they were coming to the end of a contract they should get in contact as support could be provided to help them take advantage of the tools available. During the spring, a couple of practices had completed major upgrades to their telephone systems, and it was hoped that their feedback scores would improve. A mystery shopping exercise was also planned, where practices would be called a number of times a day, over several days, to identify any particular issues.

In response to questions, the GP Clinical Lead said that telephone queues were a sign of the high demand for appointments. Appointments could be booked online, through 111 and the NHS App. In terms of a robotic phone system, it was noted that small practices would not be able to do this at scale, and older or vulnerable patients often wanted to speak with an actual person. The length of telephone calls was also increasing, which reflected the complexity of the conversations. An important part of the work of GP practices was informing patients of hospital results, as well as providing support to those waiting for hospital appointments.

The GP Clinical Lead said that the Associate Director had outlined the huge amount of improvement work that was being delivered and actioned within primary care. It was noted that the diversification of the workforce was happening at speed – these role would need time to be embedded into the workforce and it was hoped that the benefits would be seen over the coming years. Work at PCN level to feedback data was important for the delivery of care – there was a variable level of need across the borough, and they were working to provide a consistent delivery of care.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee, and requested that GP Access be added as a standing agenda item at future meetings.

**RESOLVED that the update be noted.**

## **20 WINTER PLANNING**

The Assistant Director – Urgent Care, Hospital Discharge and Transfers of Care (“Assistant Director”) provided an update on the proposed One Bromley Winter Plan 2022-23.

Members had been provided with a copy of the One Bromley Winter Plan for 2022/23 which described how the system would respond to seasonal pressures, as well as how individual organisations were preparing for winter. The plan also outlined the financial investment being made from non-recurrent winter monies to support the increase in capacity across the system. Following a request from Members, it was agreed that a glossary of terms would be provided, and is attached at Appendix A.

The Bromley Executive Lead – South East London Integrated Care Board (SEL ICB) (“Bromley Executive Lead”) advised that a strong partnership approached had been developed across Bromley in relation to the management of winter pressures. This year they would build on lessons learnt from the COVID-19 pandemic. The Assistant Director highlighted that the 2022/23 winter plan was rigorous and comprehensive, and aimed to deliver on the successful elements of the previous year’s Plan, as well as responding to new emerging needs and system changes. The Plan focused on providing additional capacity to the system at points of expected surges on existing services. The plan was being built on three key pillars:

1. Increasing system capacity

- Primary Care
- Admission Avoidance
- Discharge

2. Meeting Seasonal Demands

- Respiratory pathways – Adults and Children and Young People
- Christmas and New Year additional capacity
- COVID-19 and Flu vaccination planning

3. Information Sharing and escalation

- Winter Intelligence Hub
- System Escalations
- Winter Communications and Engagement

In response to questions, the Associate Director said that staffing issues were the biggest risk, however as a One Bromley system a huge amount of work had been undertaken in relation to recruiting and retaining staff. A range of

training and qualification opportunities were available, and this offer was continually being increased. It was emphasised that this risk was being closely monitored, and everything possible was being done across the organisations.

With regards to a potential nurses' strike, the Bromley Executive Lead said that nurses were a key part of the community response, but noted that they were not the only professionals working in this area – patients were supported by a range of staff when they left hospital, such as Health Care Assistants (HCAs) and therapists. If there were additional pressures on the workforce, consideration would need to be given as to how people could be better supported in their own homes. A benefit of the Winter Intelligence Hub was that these issues could be discussed when they were happening, and consideration given as to the alternative ways in which other staff could be used. The Site Chief Executive said that the Royal College of Nursing had balloted its members for consideration of strike action – the ballot opened on 6<sup>th</sup> October and would run until 2<sup>nd</sup> November. It was noted that the British Medical Association (BMA) junior doctors committee had now also balloted its members. The outcome of both consultations would not be known for some time, but it was highlighted that in the UK there were certain actions that could be carried out – for example individuals and representative bodies could refuse to work overtime, rather than downing tools and walking out. During the last junior doctors strike, acute services and primary care practices had continued to be provided and, although availability was reduced, it was at a tolerable standard. With the knowledge they currently had at a senior level, a variation to the service would be made to allow them to continue to provide life or limb critical response.

In relation to COVID-19 vaccinations, a Member noted concerns that there now seemed to be some apathy toward this, and questioned if there may be a lower take up. The Bromley Executive Lead said that, traditionally, Bromley had been a keen borough in terms of taking up both flu and COVID-19 vaccinations. As of last week, more than 50% of residents in the over 75 cohort had received a further COVID-19 vaccination. There was a programme of visits to care homes by the Bromleag Care Practice to deliver COVID-19 vaccinations, the first round of which would be completed by 23<sup>rd</sup> October 2022. Uptake from residents was usually good, and they would also look to vaccinate staff members at the care homes too. It was noted that last year, vaccination uptake from care home staff had been good as at the time it was believed that this would be a condition of their employment, however this had not been the case. The uptake of flu vaccinations was going well – however it was anticipated that an awareness campaign for both flu and COVID-19 would be needed later in the year to further increase uptake. It was noted that around 15% of these vaccinations were given at the same time, but they hoped this would increase as they went through the winter period. The Director of Public Health agreed that there appeared to be some reluctance from people to get further COVID-19 vaccinations, as people felt that COVID-19 was no longer such a big issue – to address this, campaigns were continuing, and information was available on the website.



In response a to question from another Member, the Bromley Executive Lead said that the programme for the workforce to get a further COVID-19 vaccination had got off to a slow start – it was expected that most staff would receive both the COVID-19 vaccination and flu jab together, and they had been waiting for the supply of flu vaccinations to arrive. The flu programme had started from the 1<sup>st</sup> October. At the beginning of last week, around 10% of staff across SEL hospitals and mental health units had received their vaccinations. It was still very early in the programme, and therefore not possible to yet draw any conclusions on uptake, but it was anticipated that a big uplift would be seen by the end of the month. The Director of Public Health informed Members that, in addition to frontline staff being offered a flu vaccination, the Local Authority had agreed to reimburse all staff if they purchased a vaccination privately. This was due to the level of concerns around a potential flu outbreak, and would increase the number of staff vaccinated. The Chairman reminded Members that the SEL vaccinations update session for Councillors would be held on 3<sup>rd</sup> November 2022.

In response to a further question, the Bromley Executive Lead confirmed that vaccinations administered by pharmacies should be registered in order for it appeared on a patient's GP records. Another Member enquired if the One Bromley Partnership worked with pharmacies to encourage uptake of the vaccinations, and asked if there was a point in time where it was considered to be too late to get vaccinated. The Bromley Executive Lead said that the One Bromley Partnership worked closely with pharmacy colleagues – around 8 or 9 pharmacies across Bromley were delivering COVID-19 vaccinations, and even more were delivering flu vaccinations. It was emphasised that it was worth getting both vaccines as the peak for this winter had not yet been reached, and outbreaks of flu could still be seen into next year.

With regards to the second pillar, a Member asked what things were considered as part of the seasonal demands in adult social care. The Assistant Director said that in Bromley, the demands often related to the older adult population, and things such as slips and falls were monitored closely. Activities included ensuring that they were providing timely access to care and support; support for carers; and sufficient workforce to deliver the statutory duties of the Care Act.

A Member asked for further information on the One Bromley @Home service virtual bed offer. The Assistant Director advised that this was a national initiative – in Bromley a mixed model was offered, with direct specialist input from acute consultants. For those patients who were acutely unwell, but safe and confident in managing their own condition, virtual monitoring could be offered through Assistive Technology (AT). For those unable to use the virtual monitoring system, the workforce would be used to carry out interventions, allowing the patient to be treated in their own home. The national data suggested that there had been significant reduction in the number of people for which health care needed to be provided and an improved recovery rate. The Chairman thanked the Assistant Director and Bromley Executive Lead for their update, and noted that Bromley was in a strong position. The Portfolio Holder said that a resilient plan had been produced and thanks were

extended to everyone one involved. The Director of Adult Social Care highlighted that it demonstrated the collaborative system approach to winter, and was a plan that she was very happy to support.

**RESOLVED that:**

- i.) the activity and schemes taking place to mitigate against seasonal increases in demand and pressure be noted; and,**
- ii.) the ONE Bromley 2022/23 Winter Plan be endorsed.**

**21 SEL ICS/ICB UPDATE**

The Bromley Executive Lead advised that the ICB, a new structure across South East London, was now in place and the second meeting in public would be held the following day. Key areas of focus included:

- Formulation and delivery of the Annual Plan (including managing elective waiting lists; managing acute pressures; and ensuring an inclusive approach was taken)
- Development of a strategy for SEL (this was not intended to replace work at a borough level, but would identify areas where value could be added by working across SEL)
- Winter pressures (significant challenges were expected UK-wide this winter, with flu and increased infections of COVID-19).

The One Bromley Partnership would continue to look at the needs of the local population, and these meeting were chaired jointly by the Leader of Bromley Council and the GP Clinical Lead. The Partnership had focussed on improvements to primary care, workforce recruitment and the Winter Plan.

The Chairman noted that the excellent system in Bromley was being preserved, whilst further added value was identified.

**RESOLVED that the update be noted.**

**22 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT**

Charlotte Bradford, Operations Co-ordinator – Healthwatch Bromley (“Operations Co-ordinator”) provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 1 2022-2023 Patient Engagement Report.

The Operations Co-ordinator informed Members that 600 reviews had been collated during the Quarter 1 period (April to June 2022). Overall, based on the star ratings received, 71% of responses received from patients had been positive, 5% neutral and 24% had been negative. Dentist, GP and hospital services were the most reviewed services during Quarter 1. The majority of

service users found Dentist services to be excellent, and high levels of satisfaction had been recorded across all areas. The negative feedback received was minimal, but related to appointments and staff attitudes. GP practices and hospitals had generally received a good level of satisfaction – again the areas identified for improvement were appointments, communication and waiting times. Other areas that had received positive reviews were pharmacies, COVID-19 vaccination centres and opticians. The Chairman highlighted that patients were dissatisfied in terms of being able to get an appointment, but appeared to be very satisfied once they did so.

The Portfolio Holder for Adult Care and Health noted that it was widely publicised in the media that people had difficulties in getting appointments with NHS dentists, and enquired if the data collated differentiated between NHS and private dentists. It was suggested that issues with NHS dental appointments could be discussed at a future meeting of the Sub-Committee. The Operations Co-ordinator said they had recently undertaken a check to ensure that only NHS dentists were listed on the Healthwatch Bromley website for collecting feedback.

With regards to information on demographics, it was noted that Healthwatch Bromley were looking to find new ways to engage with individuals – over the last few months they had been trying to reach out to the Gypsy-Roma Traveller community, which they were aware would take some time. The demographics of patients providing responses had changed over the last six months, and they were trying to broaden their engagement to speak to those who may not normally have a voice.

A Member noted that there had been a reduction in the feedback relating to Urgent Care, and questioned if this made it difficult to understand how this area was performing. The Operations Co-ordinator advised that they were a small team with limited resources, and relied heavily on volunteers to help gather feedback – they had ambitions to engage as widely as they could across the borough, but this was limited by capacity. An area of focus had been mental health – this was a sensitive subject matter so there were always areas that needed to be taken into consideration. They had been looking at the overall patient experience programme and how it could be developed in terms of the questions asked. It was hoped that the new forms being used would allow them to collect data that was beneficial to the borough.

In response to questions regarding the methodology for collecting data, the Operations Co-ordinator said that since moving out of lockdown, they had been re-establishing relationships with GP practices, in terms of being allowed into reception spaces to speak with service users. The majority of these visits took place between 9.00am and 11.00am, on average three times a week – this was dependent on capacity and the timings were based on the advice received from GP practices in relation to footfall. The majority of visits to hospitals took place between 10.00am and 12.00pm – however recent visits to Orpington Hospital had taken place between 1.00pm and 3.00pm, which was dictated by the department they were visiting. Visits to community centres

took place when there was decent footfall and an availability to gather feedback.

A Co-opted Member noted that one response had been received in relation to mental health services, which appeared to relate to waiting times, and question if this situation was likely to improve. The Director of Adult Social Care advised that this would be something that Oxleas NHS Foundation Trust would need to comment on, and suggested that an update from them be added to the Sub-Committee's work programme. The Operations Co-ordinator said that Healthwatch Bromley had built a strong relationship with Oxleas NHS Foundation Trust over recent months, and they had been engaging with services users to gain greater feedback on mental health services.

In response to questions, the Operations Co-ordinator said that the patient feedback form was available on the Healthwatch Bromley website. A new poster, which contained a QR code, had also been designed which provided patients with information on how to contact them if they did not want to provide feedback face-to-face. Whilst the website and online form was beneficial for those who were more digitally able, they would like to encourage more face-to-face engagement through focus groups or forums. It was noted that Healthwatch Bromley approached community centres to speak to a broader range of people – they had recently recruited some new committee members and hoped to expand this further.

The Chairman thanked the Operations Co-ordinator for her update to the Sub-Committee.

**RESOLVED that the update be noted.**

## **23 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING**

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

As suggested during the meeting, the following items would be added to the work programme:

- GP Access (standing item)
- King's – patient handover (17<sup>th</sup> January 2023)
- Winter Planning (17<sup>th</sup> January 2023)
- Dental appointments (TBC)
- Update from Oxleas NHS Foundation Trust (TBC)

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

A Member noted that some of the reports presented had been quite lengthy and suggested that presenters could provide an executive summary or highlights slide.

**RESOLVED that the update be noted.**

**24 ANY OTHER BUSINESS**

There was no other business.

**25 FUTURE MEETING DATES**

4.00pm, Tuesday 17<sup>th</sup> January 2023

4.00pm, Thursday 20<sup>th</sup> April 2023

The Meeting ended at 6.49 pm

Chairman

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## Glossary for Bromley ICB Winter Plan Presentation (in order of appearance)

**BCF** – Better Care Fund: *shared between the NHS and local government, the BCF encourages integration by requiring Integrated Care Boards and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.*

**IVAB** – In Vitro Antibiotics

**ED** – Emergency Department

**PRUH** – Princess Royal University Hospital

**LAS** – London Ambulance Service

**CAS** – Clinical Assessment Service(s)

**PCN** – Primary Care Network: *PCNs are made up from groups of neighbouring general practices and allow them to work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.*

**UTC** – Urgent Treatment Centre

**SEL ICB** – South East London Integrated Care Board

**BLG MIND** – Bromley, Lewisham & Greenwich MIND Services: *mental health and dementia charity in South East London.*

**BAU** – Business as Usual

**LD** – Learning Disability

**SPA** – Single Point of Access: *a service that aims to make referrals and ongoing care easier by coordinating it all from the same point of access.*

**LOS** – Length of Stay

**HRG1** – Health Resource Group 1: *groupings of clinically similar treatments using comparable levels of healthcare resource.*

**LBB** – London Borough of Bromley

**OOH** – Out of Hours

**BGPA** – Bromley GP Alliance: *a network of Bromley Practices which are working collaboratively to share expertise, services and support its workforce.*

**SELCE** – South East London Community Energy: *provide training sessions and information to increase awareness about how clients can save energy and apply for grants.*

**BW** – Bromley Well: *a service that aims to improve Bromley residents' health, wellbeing and independence, paid for by Bromley Council and NHS South-East London Integrated Care Board. The service is delivered by a partnership of local voluntary sector organisations.*

**ACP** – Advanced Care Planning: *process of deciding what plans you want to make for your future care, often in discussion with a healthcare professional*

**DNA CPR** – Do Not Attempt Cardio-Pulmonary Resuscitation: *a decision made by a patient or their healthcare team/doctor that if their heart or breathing stops healthcare staff will not try to restart it.*

**RSV** – Respiratory Syncytial Virus: *a common respiratory virus that usually causes mild, cold-like symptoms, especially prevalent during Winter.*

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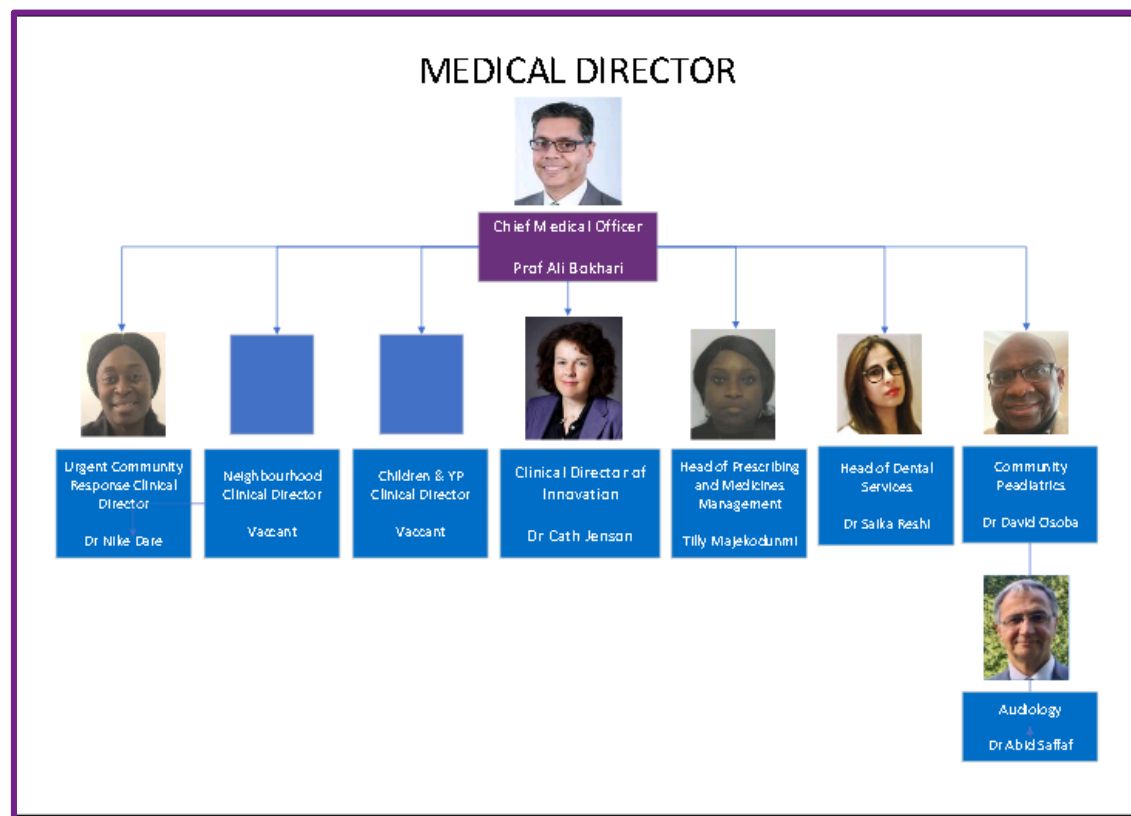
# Bromley Healthcare Update

## CQC Improvement Plan

### Update to Health Scrutiny Sub Committee – January 2023

# Leadership team updates

- Chief Medical Officer, Dr Ali Bokhari, has now started in post.
- Clinical Directors for Children and Young People and Neighbourhood Services recruited – due to start Jan 2023.
- Interviews for a new Non Executive Director to replace Andy Naish, whose tenure ends in May 2023 took place in December 2022. A stakeholder panel also interviewed the candidates, providing useful input to the process. The successful applicant will chair the Strategy, Investment and Development Committee as part of their role and will commence in role in March 2023.



# CQC response : Programme Management Office (PMO)

The Bromley Healthcare PMO system is the central repository for all projects and programmes within the organisation. All CQC related projects are identified within the tool and monitored weekly internally and monthly via the CQC sub committee. Progress at a programme, project and task level is visible and transparent, along with all project risks and issues. The tool works on a linear basis, tracking percentage completion vs target deadlines at a task level, so flags very early any tasks potentially at risk, so that remedial action can be taken if required.

<input checked="" type="checkbox"/>	Name	Deadline	% Comp	Schedule Health	Manager	Workspace
<input type="checkbox"/>	Clinical Supervision	31-Mar-2023	93%	On Track	Pippa Marks	Quality & Safer Care
<input type="checkbox"/>	BHC CQC Audit Programme	28-Apr-2023	47%	On Track	Samantha Tomlinson	Performance & Audit
<input type="checkbox"/>	Development of Strategy 2022+	31-Mar-2023	83%	On Track	Jacqui Scott	Corporate
<input type="checkbox"/>	Development and delivery of belonging sessions (Lanre)	31-Mar-2023	98%	On Track	Sarah Patmore	People & Development
<input type="checkbox"/>	Record Keeping	31-Mar-2023	92%	On Track	Sharon Smith	Quality & Safer Care
<input type="checkbox"/>	Lone Working	21-Nov-2022	99%	Off Track	Heather Wragg	People & Development
<input type="checkbox"/>	Patient Public Engagement Experience & co-production	28-Apr-2023	69%	On Track	Sophie Collier	Commercial
<input type="checkbox"/>	CQC Tactical Project	23-Nov-2023	97%	On Track	Wendy Wyvern	Quality & Safer Care
<input type="checkbox"/>	Clinical Competencies	31-Mar-2023	48%	On Track	Sharon Smith	Quality & Safer Care

# CQC response : Programme update

4 projects have now been completed: Governance Balancing Oversight and Strategy, PMO rollout for strategic priorities, Freedom to Speak Up and Audit Programme. Lone working is currently off track due a few remaining SOPs to be updated. This is being managed to completion asap. The remaining projects are on track for completion to timelines.

## Audit programme

- All new audits on Celoxis; migration of existing projects completed; timelines established. Process further embedded and staff trained / supported where necessary.
- Next steps: Close old actions on Datix or move to Celoxis. Project completed.

## Patient public engagement

- Work continues on engagement strategy. Text message pilots substantially completed. QR code in use. Strategy agreed with ICS approach.
- Next Steps: Extend text message pilot to additional services. Continue to collaborate with Patient Reference Groups and co-design and support programmes with patients and services.

## Lone working

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- Project substantially completed. Majority of services have updated SOPs lone working policy clause. New and replacement devices received and majority distributed. Next steps: Final assurance of Lone Working process in all outstanding (3) SOPs. Remaining new devices to be distributed during onboarding process to new staff. Collection of old devices (now replaced).

## Development and delivery of belonging

- Fostering a culture of belonging training launched in Sept with classroom and virtual training. 2nd Annual Equality and Inclusion event took place 22-25 November and was featured in the December staff newsletter.
- Next steps: Belonging sessions evaluation to be completed by March. Establishment of a network to support colleagues with disabilities, long term conditions and neurodiversity.

## CQC tactical project

- 16 projects now completed; 2 ongoing: 1 at risk, 1 on track. Notifications remains on risk register and awaiting guidance from CQC. This will remain open and off track until response received from CQC; Annual Foxbury MAR chart oversight audit on track.
- Next steps: Annual Foxbury Oversight audit to be completed by March.

## Exemplar record keeping

- Review of templates continues, remains on track; FHNA work completed; SOPs updated to include DNAR process.
- Next steps: Continue review of templates - 26 completed, 1 in testing, 8 in progress.





# Developing our organisational strategy and embedding our new values

In November 2022, we launched a new strategy development process, supported by independent agency Kaleidoscope to develop a long term vision for Bromley Healthcare and a plan that will shape what we do and how we do it for the next 5 years and beyond. The new strategy will be in place from 1 April.

The strategy is being developed through a number of engagement channels and events, including:

- A colleague engagement forum called 'Better Together' – a group of 12 people from across the organisation who have engaged with colleagues across the organisation throughout December.
- 2 virtual events for all colleagues across the organisation to feed into.
- A GP survey and face-to-face engagement with PCN Clinical Directors.
- Working with the Bromley Healthcare Patient Reference Group.

We are now planning the strategy launch, which will also incorporate the launch of our 4 new values, Belonging, Compassion, Health and Wellbeing, and Learning and Innovation.

By April 2023, we will have a vision for care that we can share with our wide base of clients, patients service users. The most crucial aspect of this is will be how we implement the strategic priorities for our services.

After April 2023, we want to undertake engagement on the strategy to give our patients, clients and service users the opportunity to:

- Provide feedback on our vision
- Articulate their hopes and wishes for services in line with the new strategy
- Understand why specific choices have been made and how this will impact people.

# Record keeping: Key areas of update

Record Keeping Review and Assurance Group (RKRAG) established and meets bi-monthly. Led by the Caldicott Guardian, the group includes cross representation from all services within Bromley Healthcare, including support services, and works to monitor and improve clinical record keeping across the organisation.

Two task and finish record keeping sub groups (District Nursing and Health Visiting) formed to support the main record keeping group. Specific areas of focus are the areas for improvement identified in the CQC report around record keeping in these services. Significant improvements have been to the clinical record templates and to the content.

Work streams addressed through the RKRAG to date are:

- Review and update of the Record Keeping audit process – annual audit now replaced with a monthly individual service record keeping audit.
- Review and update of the audit tool with service specific questions and a mandated question relating to the Accessible Information Standard (AIS).
- Review and update of the Record Keeping policy, including the removal of all abbreviations from Bromley Healthcare clinical records - providing clarity for clinicians and patients.
- All services have completed an EMIS clinical template review – ensuring that the templates capture all the necessary information and are easily understandable.
- All service training requirements have been reviewed and bespoke record keeping training has been completed, which included the legal aspects of record keeping.
- The sharing of any record keeping incidents and learning that occur across the organisation (standing agenda item at RKRAG)
- A review of lap-tops, iPads and other mobile devices. Digital champions have been identified and have trialled the IT options.
- A bi-monthly EMIS champion user group has been set up. Led by the EMIS and Information teams, its objectives include the education & support of EMIS super users who will then advocate and support good record keeping within their teams. The dissemination of new developments and system functionality within EMIS and enabling a train the trainer approach with peer support across the organisation.

# Record keeping audit process: Internal and external assurance

The Record Keeping Audit (RKA) process now includes three streams to provide assurance, this is represented pictorially on the next slide:

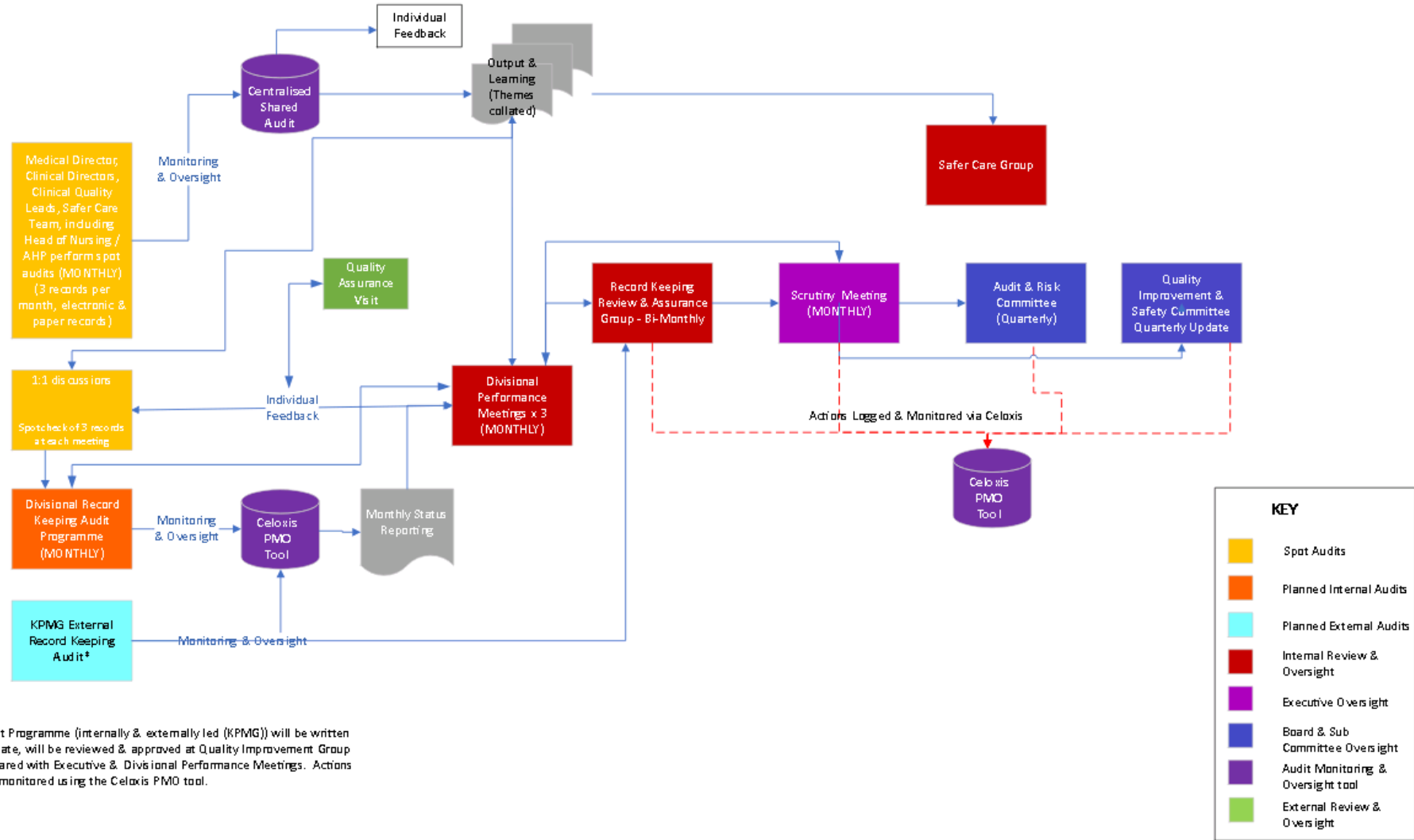
1. Planned audits: Monthly RKA are performed by all services within the organisation. These are reviewed, along with results / actions and learning is disseminated at all divisional meetings, sub groups, leadership and safer care meetings as part of the assurance process.
2. Spot checks: these are split into 2 types:
  - At 1:1 supervision for all clinicians 3 clinical records are reviewed against the record keeping standards.
  - The Chief Nurses have developed a record keeping audit template to audit a sample of clinical records from all clinical services. The audit tool covers areas that refer to all services and some that are specific to services based on areas of improvement in those services. Each member of the Safer Care team, the Medical Director and Clinical Directors audit 3 clinical records per month.
3. External assurance- this will take place in the form of the Annual KPMG review of the record keeping audit process. This will commence in January 2023 with feedback expected in March 2023

RKA results are collated, themes identified and output and learning are shared with the service leads at the monthly Divisional Performance meetings. High level reporting is taken to the Executive Scrutiny Committee where exceptions are reviewed. Spot audits are fed back to the individual clinicians. Through the 1x monthly / annual Quality Assurance visits to services, 1:1s will be reviewed to ensure the reviews of records are taking place. All learning from the RKAs is reported to RKAG. To complete the feedback loop and ensure the learning is embedded in day-to-day clinical practice, dissemination is delivered through various forums, such as:

- Monthly Divisional Business and Performance meetings
- Team meetings
- Bi-monthly safer group meetings
- Nurse / Health Visitor forums
- Quality Days and Internal training delivered by the Learning and Development team



# Record keeping audit process: Internal and external assurance



\*All Audits on the Annual Audit Programme (internally & externally led (KPMG)) will be written up formally using KPMG template, will be reviewed & approved at Quality Improvement Group or relevant sub committee. Shared with Executive & Divisional Performance Meetings. Actions are monitored using the Celoxis PMO tool.

# District Nursing update

## Strategy

- Review of workforce strategy to provide greater opportunities for career progression and staff retention.
- Launch of the next Band 5 readiness scheme phase
- Review of technology usage and requirements in the team
- Ensuring up-to-date high level of clinical and non clinical competencies across workforce



## Progress so far

- District Nursing (DN) career pathway fully implemented across the DN teams.
- 17 FTE new Band 7 posts have been created and 12 Band 6 staff, following completion of clinical and non clinical competencies, progressed to these roles.
- In line with career pathway, some Band 5 staff, following completion of clinical and non clinical competencies, have progressed to Band 6 positions. This will be an ongoing process.
- Band 5 readiness scheme update: September cohort (9) - have now completed their training.
- Pipeline in place for HCAs completing their nursing associate apprenticeship – leading to Band 4 positions.
- Existing nursing associates starting the top up Registered Nurse course – leading to Band 5 positions.
- Block booked agency staff using same IT hardware / software as substantive staff – improvements in clinical record keeping seen.
- Improved co-working - technology team accompanied DNs to see the 'real life' issues with connectivity and are working on resolution.
- DNs involved in the wound app pilot, go-live date tbc - improving patient care across Bromley Healthcare services and DN skillsets.
- OSCE facilitated by Tissue Viability have started with Band 8A and Band 7 DNs, to provide assurance on lower limb management in line with the national wound care strategy.

# Health Visiting update

## Strategy

Follows the 4 priority areas of focus under the Public Health Nursing strategy:

- Valuing and developing the workforce;
  - Working in collaboration;
  - Implementing frameworks to support practitioners to deliver safe and effective high quality care;
  - Providing families with accessible and inclusive care
- Creation of Health Visitor Development Nurses (HVDNs)
- Career pathway for Public Health Visitors
- Strengthening family Health Visitors to work with families using a suite of interventions and the Family Partnership Model as a framework to guide behavioural change
- Leadership development of B6s upwards
- Upskilling of the Community Nursery Nurses
- Creation of B2/3 HCAs who will deliver universal 1 and 2 year reviews
- Professional forums

## Progress so far

- 7.8 FTE HVDNs now in post; recruitment underway for additional posts. Internal and external level 6 training commenced.
- Band 7 Strengthening Families Health Visitors - 7.4 FTE recruited and due to start in Jan / Feb 23. Interviews to be held for up to 2.7 more. Training commences May 23. SF Supervisor has been recruited.
- Specialist posts: 3 specialist perinatal & infant mental health HVs recruited are in post; Infant feeding specialists – all 3 now in post; Infant Feeding and Healthy Weight Triborough lead started in post on 3rd Jan; 1 SEND specialist post has been filled in Bromley. Interviews planned early Jan 23 for the Bexley and Greenwich posts.

# Collaborative Working / Other Updates

**Case Management in Orpington:** The Community Matron team is working with Orpington PCN to pilot holding certain patients decided by an MDT on a caseload and following them up where they need a longer period of input than just a one-off visit. This builds on a single practice pilot done at the Stock Hill Medical Practice.

**InReach Triage:** The InReach triage is a collaboration between Bromley PCNs, the PRUH and Bromley Healthcare, that will see the teams triage every referral from Primary Care to understand what steps need to be taken. The service will begin in early March.

**New Integrated Care Programmes:** two new projects have been launched. This includes a diabetes hub in Penge PCN, which will incorporate a Podiatrist, Dietitian, and a Nurse Associate, and an anticipatory care hub for people over 65 with complex health needs for Orpington and Crays PCN.

**Bromley Hospital at Home:** The roll out of the Adult Hospital at Home service has begun. There are 4 pathways being developed and rolled out, all will be live by end of Mar 2023:

- IVAB
- Respiratory
- Frailty
- End of Life

Staff are being recruited to and activity will increase in line with staffing

**Urgent Falls Pick-up Pathway:** 9 care homes have been identified, who represent the top 20% of conveyances to ED from nursing/residential homes in Bromley, now have direct access to the Urgent Falls Pick-Up service

**Falls Training:** Nursing homes are receiving training from BHC Falls team, in partnership with Nottingham University

**Accessible Information Standard:** Revised training rolled out to all staff across the organisation; updated intranet and internet pages to ensure that staff and patients know what is available to them, in order to meet patient communication needs; updated materials for clinicians & service users & clinical record templates updated to ensure any service user with an AIS requirement has it identified, recorded, flagged, shared and met.

**Bromley Healthcare** better together Accessible Information Standard

**Q. What is the Accessible Information Standard?**  
**A. The Accessible Information Standard is a mandatory standard that all NHS and publicly funded adult social care services must follow to support people with a communication or information need.**

**Who is it for?** People with a disability, impairment or sensory loss

**The essentials** There are 5 important steps

**The aim** People will have information that is accessible and be communication support they need

**1 Identify** Ask if people have any information or communication needs and find out how to meet those needs.

**2 Record** Record those needs in a set way that is highly visible, using specific definitions.

**3 Flag** Use alerts or flags to make it clear on the person's record what their needs are, and prompt action to meet those needs.

**4 Share** Share information about the person's needs with other NHS and adult social care providers.

**5 Meet** Make sure people get their information in an accessible way and have the communication support they need.

**Bromley Healthcare** better together NHS

**Do we make ourselves clear?**

Do you, or the person you are caring for, have a disability, impairment or sensory loss and need to receive information in a way that can be easily understood? For example:

- Large Print
- Braille
- Via Email
- Hearing Impaired
- BSL / Makaton
- Communicator Guide

If YES, please let us know so we can make sure you have access to information you understand.

# Stop the pressure day 2022

This year, the Society of Tissue Viability asked healthcare professionals to undertake Pressure Ulcer Risk Assessments in order to create a significant culture shift and eliminate avoidable pressure ulcers in all health and care settings.

The Tissue Viability service produced a video on Pressure Ulcer Prevention for colleagues across One Bromley.

The Communications team developed a number of assets to raise awareness about the important of preventing and eliminating pressure ulcers across the organisation. This included digital screensavers and posters across our digital news channels. The team also worked with clinical colleagues to develop themed stress balls and small cardboard boxes of sweets with a QR code linking to the pressure ulcer prevention video. These were delivered to colleagues across all sites.

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 Bromley Healthcare  
@bromleyhcare

It's #StopthePressure day 🍎👉

Carrying out Pressure Ulcer Risk Assessments to prevent avoidable ulcers is a vital part of our work at Bromley Healthcare to help keep our patients safe and well.

Here's the multi-talented Robyn putting her team's new STP stress balls to use!





# Equality and Inclusion Conference

In November 2022, our Equality and Inclusion Network organised a week of events for colleagues to come together to reflect on, debate, discuss, share and learn about racial equality and inclusion.

The Conference was an opportunity to reflect on the progress Bromley Healthcare is making and our journey as an organisation when it comes to racial equality and inclusion, and to raise awareness and understanding of the key challenges, and inspire and motivate colleagues to become allies and take action.

Events included:

- A 'Leadership in Conversation' live launch on MS Teams, hosted by Tilly Majekodunmi, Chair of the Equality and Inclusion Network, Jacqui Scott, CEO and Michael Nutt, Bromley Healthcare's Chair. 82 people joined on the day and the recording received over X views.
- Virtual and in-person sessions throughout the week with external guest speakers Nzinga Orgill and Ruby Ubhi, who led sessions on innovative inclusion, social justice and equality, inclusive leadership and systemic racism.
- An in-person day of talks and activities, which was joined by around 60 people throughout the day.

The event team will plan this years' conference based on learning and insight they have received from colleagues through a post-event survey.



# Bromley Healthcare Annual Awards and Ball

The Bromley Healthcare Ball and Annual Award Ceremony took place at The Warren in Hayes on Friday 4 November 2022.

The categories have been refreshed this year to reflect our new values and recognise colleagues' contributions to our priorities:

- **Belonging Award:** Recognising an individual or team's contribution to equality, diversity and inclusion within Bromley Healthcare.
- **Compassion in Action (Clinical) Award:** Recognising commitment and excellence in patient care.
- **Compassion in Action (Non-clinical) Award:** Recognising commitment to the delivery of services.
- **Continuous Learning and Innovation Award:** Recognising learning and innovation in healthcare.
- **Go Green Award:** Recognising our contribution towards our green agenda
- **Grow our Own Award:** Recognising a colleague's contribution to Bromley Healthcare through their learning and development
- **Health and Wellbeing Award:** Recognising a significant contribution to our wellbeing agenda
- **Outstanding Leadership Award:** Recognising outstanding leadership skills and contribution
- **Patient Choice Award:** Recognising commitment and excellence in patient care.
- **Temporary Worker Award:** Recognising an individual who has made a unique contribution to Bromley Healthcare's services
- **Temporary Worker Award:** Recognising an individual who has made a unique contribution to Bromley Healthcare's services
- **Working together in Partnership Award:** Recognising those who have improved patient care through partnership working



# Feedback for the Equality and Inclusion Conference

**"[it was great to] have a chance to hear from Jacqui and Michael themselves, leading by example and opening up the ongoing conversation and discussion. Tilly was an excellent host. Jacqui's explanation of microaggressions as 'small acts of exclusion' was interesting - I will be using that phrase myself to pass on the knowledge."**

**"It's so nice to be part of an organisation that is invested in positive change, belonging and wellbeing."**

**I appreciated Nzinga's facilitation skills - using phrases such as 'what I'm hearing is...' to increase understanding of attendee points of view. I also enjoyed the discussion around the importance of using people's preferred names, and taking the time to learn pronunciations.**



# Public and patient engagement

## Orpington Wellbeing Café - update

- Joint PCN and Bromley Healthcare proactive care initiative to support wellbeing of residents in Orpington, featuring in the SEL ICS news: [Orpington Wellbeing Cafe - South East London ICS \(selondonics.org\)](https://selondonics.org)
- Bi-weekly drop-in event offering health talks, professional advice and medical interventions based on local need, such as blood pressure checks, financial advice and emotional wellbeing support. Decisions on topics and themes are informed by attendee feedback and suggestions.
- Weekly attendance is around 50 – 70 people. Formal monitoring, reporting and evaluation is now in place to review who is joining and the outcomes of the café, which include combating social isolation, loneliness and vital signposting to services that support vulnerable older people to stay well for longer.
- The successful pilot has led to the launch of a new joint initiative between Bromley Healthcare, Orpington and the Crays PCN to develop the café into a proactive care hub to look at developing a new model of ‘proactive’ community-based care for people in Orpington and the Crays who are over 65 and have long-term health conditions or complex needs. The ultimate goal is to help older, vulnerable people stay independent and well.
- The hub will be developed in partnership with local people and communities through a series of planned engagement events for local people and outreach with identified health inclusion groups between February and April 2023.

## Hollybank Winter parent coffee morning

- The second of a series of five planned coffee mornings (between now and the summer) was held in December. This was an opportunity for parents to speak to staff informally and see the new interactive sensory mat that Bromley Healthcare has invested in for the children and young people who stay at the centre.
- The Hollybank team are planning the next coffee morning to take place in February and will be inviting a guest speaker to attend. This will be informed by feedback and suggestions from parents.

## Hospital at Home engagement

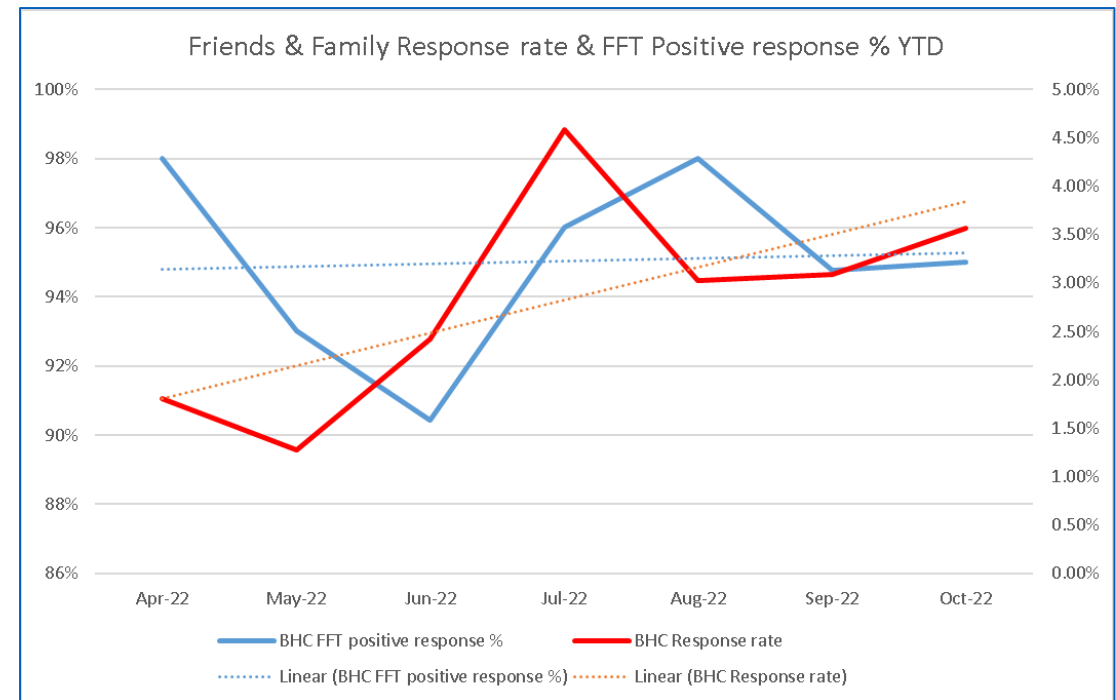
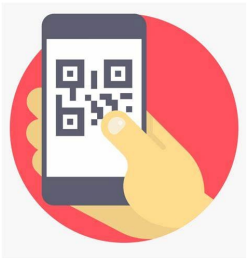
- The project team is undertaking series of ‘co-design’ sessions to help shape the service as it is implemented. Between January – April, around 20 people with lived experience who have or could benefit from Hospital at Home and voluntary sector partners who support these groups will meet with health and care colleagues to shape priorities that will make sure that the Hospital at Home service meet the needs of local people. The meetings will take place virtually to ensure those who are housebound or vulnerable feel able to join. Work has also been carried out to ensure that those who may not be able to get online due to digital exclusion and accessibility needs are able to join.

# Patient experience

The Bromley Healthcare Friends and Family Test recommendation rate for November YTD was 95.8% and with a response rate of 2.6% YTD.

The latest nationally published data for October 2022, shows Bromley Healthcare with a rate of 95%, above the England Community Health average of 94% and the SEL ICB average of 91%. The England Community Health response rate was 3.6%, the SEL ICB rate was 4% and Bromley Healthcare achieved 3.6%.

The impact of the work that has been done to date to roll out different means of giving feedback across all the Bromley Healthcare services, can be clearly seen for the year. Looking at the trends, there has been a significant increase in the response rate, whilst the percentage of positive responses has been maintained:



# Patient experience

They were kind, supportive and the sessions were extremely helpful in helping learn strategies to manage my worries. This made a significant difference during the most stressful time in my life, I will go on using some of the strategies I have learnt in the future. Thank you for supporting me at this pivotal stage

Talk together Bromley

The Nurses have been totally reliable, so friendly, and cheerful and understanding, which has eased his anxieties of Diabetes

Beckenham and Penge Neighbourhood teams

I wish I had started this earlier as it's made a difference to my life

Community Neuro Rehab

A Good experience, the speed of coming out and taking the time and trouble

Adult Occupational Therapy

Staff were wonderful and clearly explained everything. They were great with my toddler. Getting him to comply is no easy feat!

Audiology

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# **ONE BROMLEY**

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

## **GP Access**

**Health Scrutiny Sub-Committee**  
17 January 2023

# Outline

This report provides an update on:

- Progress towards improving the experience of accessing primary care services
- Data on demand and activity in general practice in Bromley
- Transformation initiatives in train to improve access in Bromley

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Data provided in this report is taken from GP clinical systems, eConsult and Ipsos MORI. No patient identifiable data has been accessed. Data quality is dependent on the original source data.



# Recent challenges for General Practice

## Group A Strep & Scarlet Fever

- Resulted in extremely high numbers of patients requiring urgent F2F GP consultations
- Briefing materials and training delivered quickly - joint primary care/hospital initiative
- Practices absorbed unprecedented demand, alongside additional capacity through rapidly mobilised GP-led paediatric hubs
- Demand exacerbated by liquid antibiotic shortages requiring patients to return to GPs
- Pharmacies and practices initiated liaison to support prescribing according to available stock

## Winter pressures

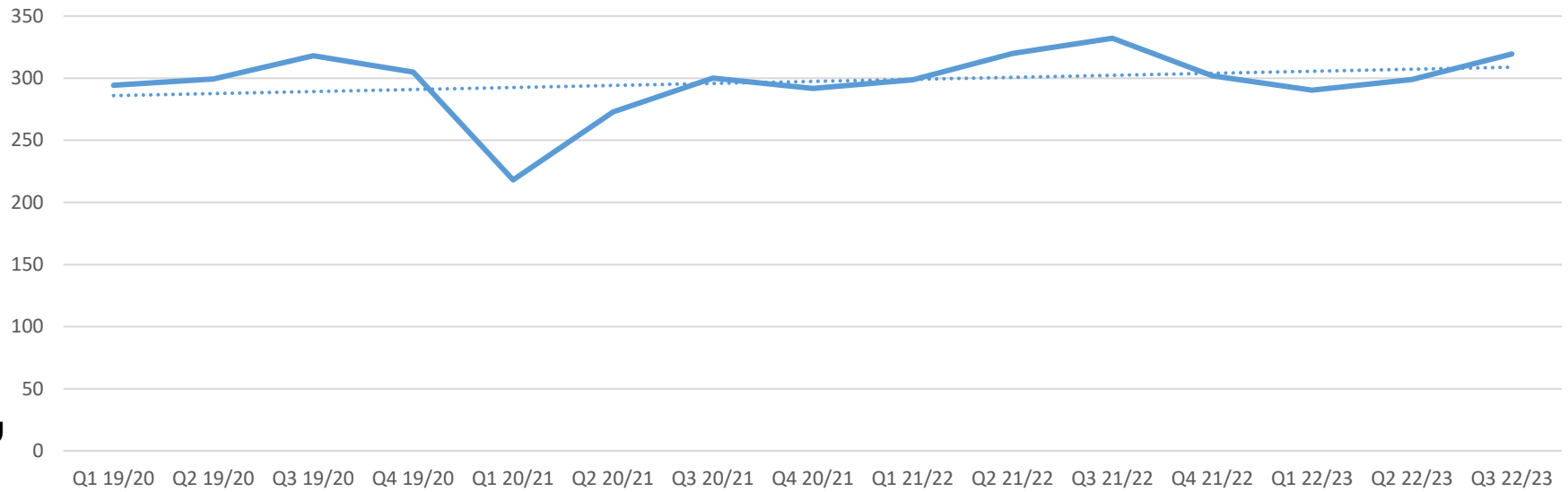
- Despite high vaccination rates amongst Bromley patients, this year has found higher levels of flu circulating in community, alongside other respiratory and viral infections
- Also affecting the general practice workforce, resulting in staffing shortages

## Industrial action

- General practice changed clinics and staffing in anticipation of higher demand than usual for same day urgent care on days of industrial action.

# General practice appointments

General Practice appointments in Bromley: rates per 1000 patients



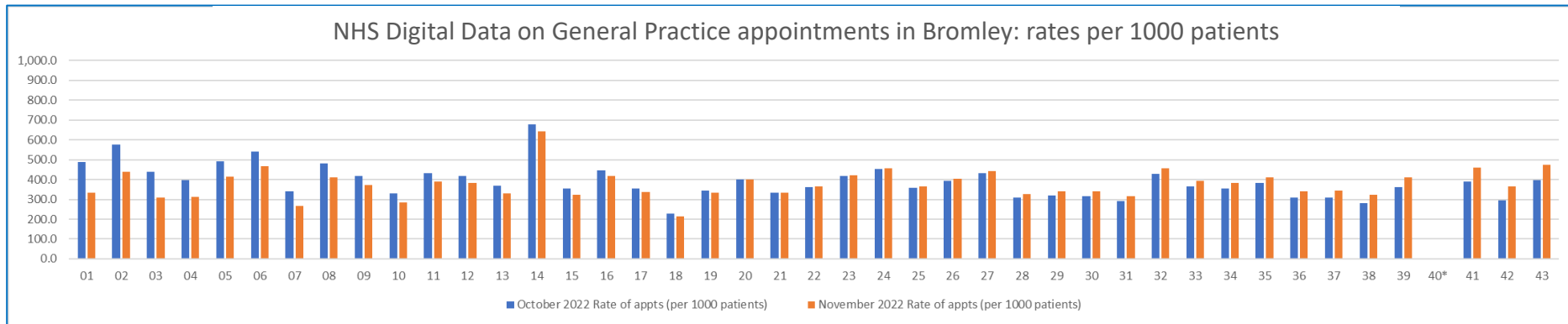
Data as of 03/01/23

The number of appointments being offered in general practice is rising gradually. These appointments are being provided by a wider range of primary care clinicians.





# Appointments data from NHS Digital



\*practice line withdrawn due to substantial data inconsistencies

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NHS Digital has recently published experimental GP appointments data. This data does not include all types of appointments, nor does it include related clinical activity. It also has some data quality issues to be resolved. It therefore does not currently match directly with practice or ICS data on appointment numbers.

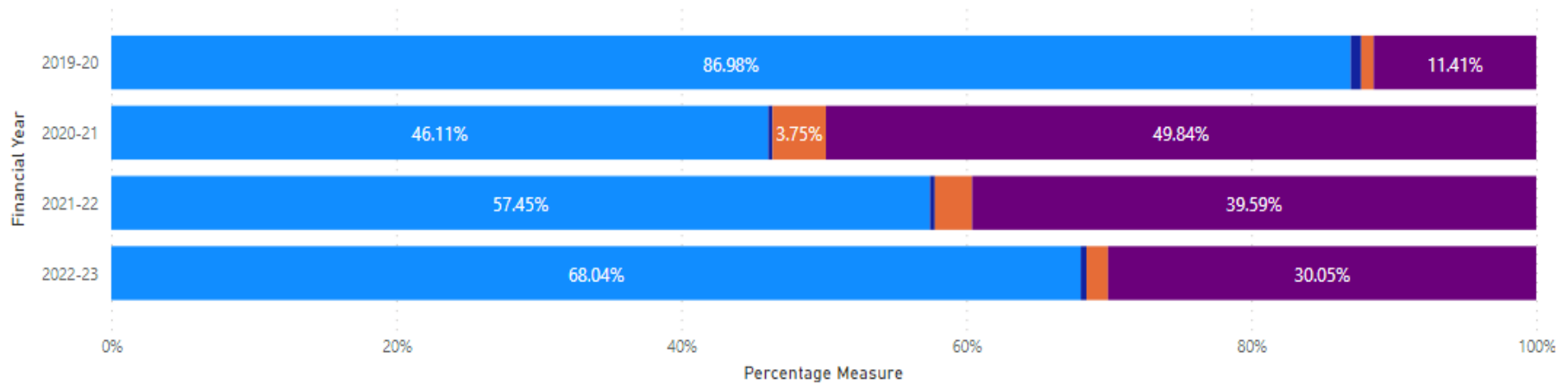


# General practice appointment types

## Percentage Measure

BY FINANCIAL YEAR, ENCOUNTER

Encounter ● Face to Face ● Home Visit ● Online ● Telephone



Data as of 03/01/23

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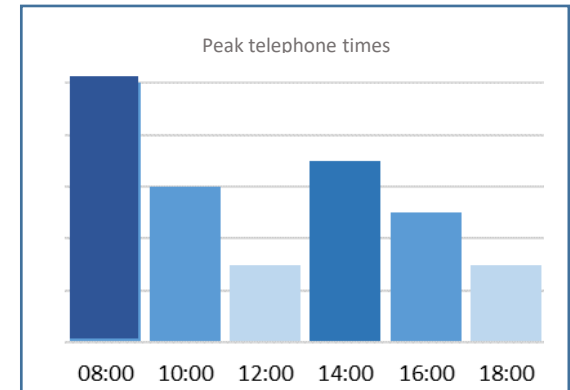
The majority of appointments are face-to-face, with continued provision of remote consultations such as telephone, video or online, for patients where requested or as appropriate. Where physical examination is needed for diagnosis or treatment, these are required to be face-to-face.



# High level of demand for primary care

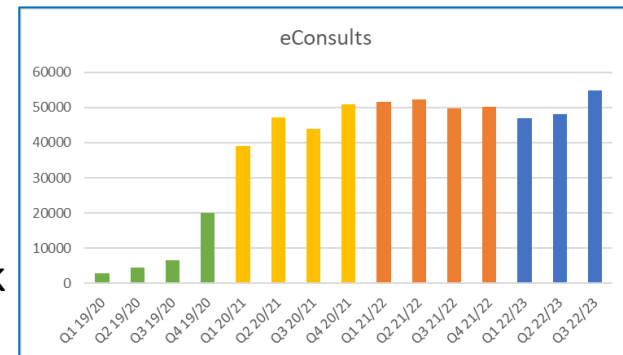
## Telephone contacts remain high

This continues to be the preferred route for contacting the practice, however there are extreme peaks of demand when appointments are released each day.



## Online consultations service is well utilised

Enables patients to submit enquiries at times convenient to them, avoiding the need to wait on the telephone.



## SMS contacts are increasing

Trialled new functionality so patients could choose and book their winter flu appointment; enables pre-appointment questionnaires and telehealth care (remote monitoring)

## NHS App promoted across country

Practices are encouraging Bromley residents to try the app eg for test results, as convenient alternatives to phoning.



# Primary care networks: increasing convenient access

The 2022 GP Patient Survey indicated that patient satisfaction with appointment times needs to improve. However, many practices have reported difficulties recruiting sufficient numbers of qualified GPs and nurses to provide appointments when patients most want them.

## Workforce

- To help maintain sufficient capacity, there is a wider primary care team of clinicians and healthcare professionals working alongside GPs and nurses.
- These roles are shared between groups of practices known as PCNs.

## Enhanced Access clinics

- Patients can now book appointments, two weeks' ahead, on weekday evenings, or Saturdays, with a local clinician from their practice's PCN.
- As PCNs, these clinics can provide primary care services such as routine screening, vaccinations, long-term condition monitoring and other pre-bookable appointments at convenient times for their patients.



# Meeting the preferences and needs of patients

Patients' needs and preferences vary, and by increasing the options for contacting and accessing general practice, primary care can better respond to meeting these different needs.

The pen profiles in the appendix aim to illustrate some of the variety of ways patients can contact their practice and receive the care they need appropriately and responsively for their situation.

By diversifying access and ways of providing care, we are aiming to find more sustainable ways of meeting the primary care needs of Bromley residents.



# Engaging the public

- We began the Primary Care campaign to better engage with members of the public about the key changes in general practice and to explain the ways patients can access their GP practice.
- The next phase of the Primary Care campaign is promoting our core messages through:
  - The Together Through Winter leaflet to Bromley households
  - [A video summarising the campaign messages](#)
  - Information on Practice Websites
- We are now looking for creative ways to bring these changes to life for Bromley residents and to understand the potential barriers they may face in using services differently.

**KEEPING WELL THIS WINTER**

## Primary care is here for you

**#YourPrimaryCare**

Primary care is the day to day healthcare provided in Bromley and the first place people go when they need advice or treatment. Your primary care services are here for you at your GP practice and at community pharmacies.

**Are you registered with a GP? (General Practitioner/Doctor)**  
You need to be registered with a GP to use their services. Whether you feel poorly or not, it is really important you are registered so that you can use their services when you need to. Registering is easy and you don't need to provide any identification or proof of address to receive care.

To sign up, contact your nearest practice or visit [www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery](http://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery)

**How is my GP practice working?**  
Every day, GP practices in Bromley are in touch with hundreds of patients to help with their different needs, requests, and health concerns. To provide the right care at the right time, GP practices are changing how they work, including a wider team of professionals working in the practice team.

To find out more about your Bromley primary care services go to [www.sefondonics.org/Bromleyprimarycare](http://www.sefondonics.org/Bromleyprimarycare)

**Dr Tara Wakeed, Bromley GP**

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**KEEPING WELL THIS WINTER**

## Meet your friendly GP practice team\*

- Receptionist**  
First point of contact, trained in medical administration and initial triage to direct your query to the most appropriate service or professional to help you further.
- GP**  
Senior medical generalist in primary care. Diagnoses and treats patients with most complex conditions.
- Practice Nurse**  
Dressings, wound care, minor injuries, vaccinations, and routine screening. Some are specialists, eg in diabetes and respiratory care.
- Advanced Nurse Practitioner**  
Highly skilled specialist nurse, qualified to make independent decisions on assessment, diagnosis and treatment.
- Clinical Pharmacist**  
Specialist advisor for patients on multiple and long-term medications, ensuring patient safety.
- Social Prescriber**  
Connects people to a wide range of local community services to help people with their physical and mental health and wellbeing, and welfare.
- Physiotherapist**  
Assess, diagnose, and provide advice on managing musculoskeletal conditions. Refers to specialist services if necessary.
- Physician Associate**  
Works under supervision, clinically trained to diagnose and treat patients, order tests, make referrals and provide continuity of care for those with long term conditions.
- Mental Health Practitioner**  
Trained in mental health care, and able to support to specialist services if needed.
- Healthcare Assistant**  
Healthcare assistants work alongside nurses and other practice staff and can be your first point of contact for a range of care such as wound dressing, health advice and checks.
- Community pharmacist**  
Trained to provide advice on a range of minor ailments and conditions, and offers appointments via your GP practice.



# Continuing improvements to access

- Scoping exercise with practices to identify and prioritise where there is need for **improved telephony systems**
- Assessment of **good practice in use of telephony systems** to better monitor and reduce waiting times where possible
- Audited current websites and procured a **new website service for GP practices and PCNs** to provide easy-to-use, public-sector compliant websites, with more online functions for patients
- Quality improvement projects to **improve patient experience and operational efficiency**
- Primary care is participating in the One Bromley **recruitment campaign** to promote roles in general practice.
- Bromley Education & Training Hub launched a refreshed programme of reception and admin training to support a **better patient experience when contacting the practice.**

11 practices prioritised for national cloud telephony funding when released

Guidance to improve telephony experience and commissioned expertise to help make technical changes

Immediate updates to improve patient experience now and new websites later this year

Courses include conflict management, anti-violence training, telephone skills, disability awareness and IT skills.

# Appendix: pen profiles of Bromley patients

The patient & their need	Contacting the practice	What happens next
<p><b>Thomas, 88, recently widowed</b></p> <p>Concerned about effects of newly started medication</p>	<p><b>Calls the practice</b>, who books him an appointment with the clinical pharmacist due to his multiple medications</p>	<p>The clinical pharmacist reviews his medications, identifying the changes needed to his prescription. Spotting signs of loneliness and potential social isolation, Thomas is invited to speak with the Social Prescribing Link Worker.</p>
<p><b>Jennifer, 42, working mother of 3</b></p> <p>Received notification to book her smear test</p>	<p>Uses the <b>link in her SMS notification</b> to book an appointment slot.</p>	<p>The Nurse undertakes Jennifer's routine smear test on Saturday morning, at a time when Jennifer has been able to arrange childcare. As a result, Jennifer has not been required to take time off work.</p>
<p><b>Susan, 67, active grandmother</b></p> <p>Developed a persistent back pain after caring for her grandchildren</p>	<p><b>Visits the practice reception</b> to ask about how to get help and advice quickly.</p>	<p>The Practice directly refers Susan to the First Contact Physiotherapist, who sees and assesses Susan. Susan is monitored through a course of physiotherapy and exercises.</p>
<p><b>Simon, 19, college student</b></p> <p>Experiencing stress and anxiety about his studies and college life.</p>	<p><b>Checks the practice website</b> for advice and follows the link for online self-referral.</p>	<p>Talk Together Bromley assesses Simon, then arranges an online cognitive behavioural therapy course. This helps him better manage his stress and anxiety so he can continue his course.</p>
<p><b>David, 26, commutes into the city</b></p> <p>Worried about a rash that has appeared on his body.</p>	<p><b>Raises an eConsult on his smartphone</b>, attaching a photo of the rash, before he travels to work.</p>	<p>The GP reviews David's eConsult during a dedicated virtual consultation clinic; obtaining advice from a dermatologist remotely. David's prescription is sent directly to his nominated pharmacy for collection.</p>
<p><i>Alongside proactive, preventative and targeted primary care contacts with patients.</i></p>		





**PATIENT EXPERIENCE  
REPORT 2022/2023  
QUARTER 2  
JULY - SEPTEMBER**



# Contents

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# Introduction & Executive Summary

This is the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July - September 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). 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.

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.

Page 59 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 2 period, July - September. During this time, 600 reviews were collected. Of the 600 reviews collected this quarter, 422 (70%) were positive with star rating 4-5, 31 (5%) neutral with star rating 3 and 147 (25%) 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

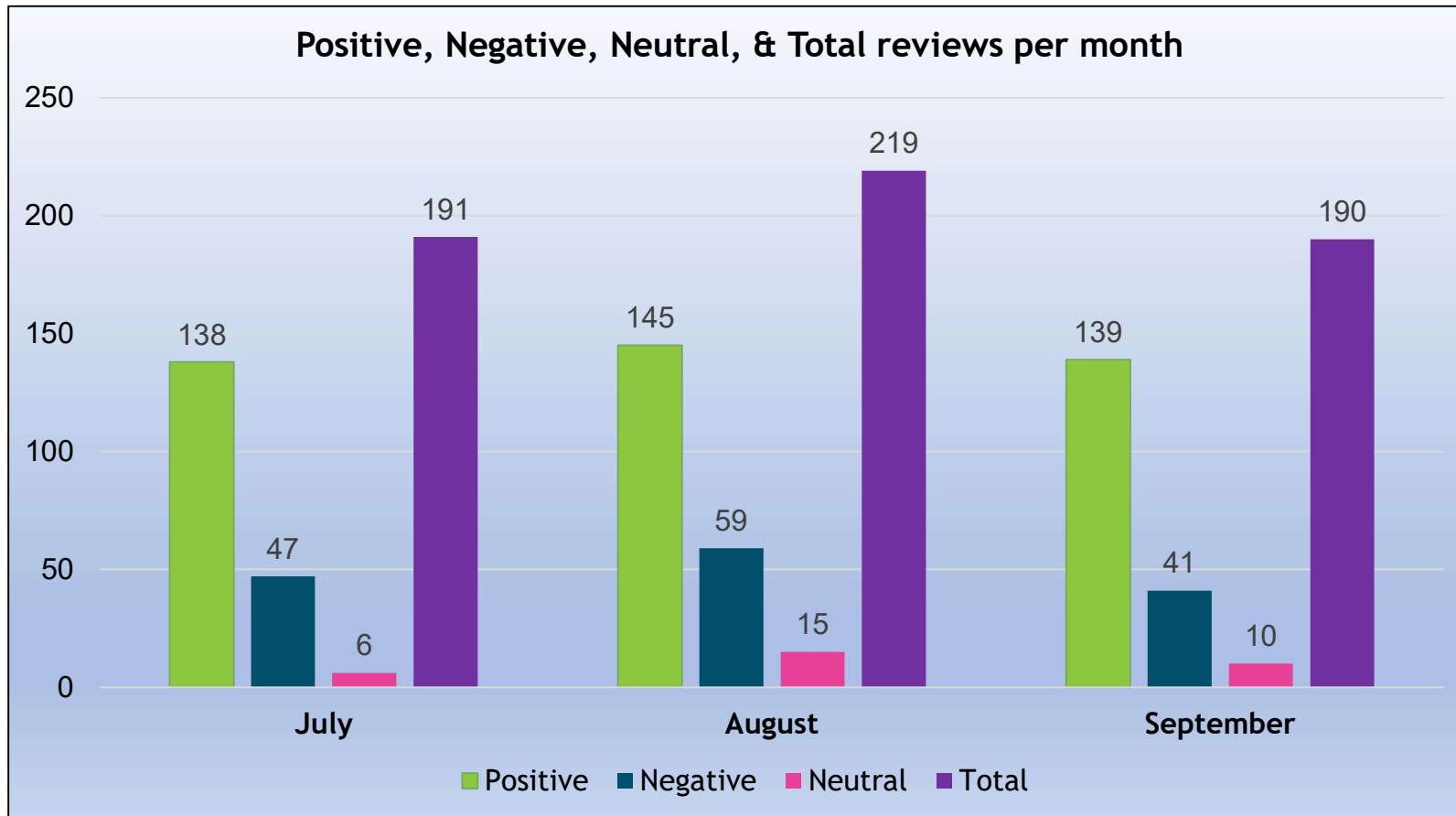
The number of patient reviews received for this quarter was **600**. The table below shows the distribution of the negative, neutral and positive patient reviews by each month and for the quarter as a whole. Please see Appendix for examples of our physical and online questionnaires.

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 looking at 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) ★ ★ ★ ★ ★
July	138	47	6
August	145	59	15
September	139	41	10
Total	422	147	31

# Overall Star Ratings continued

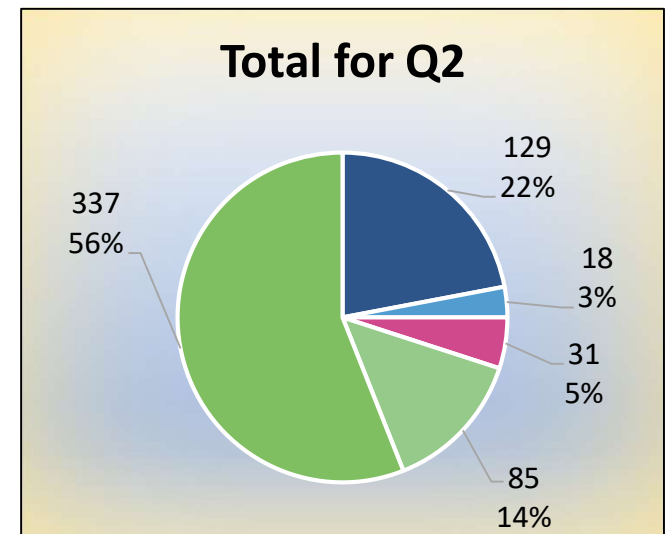
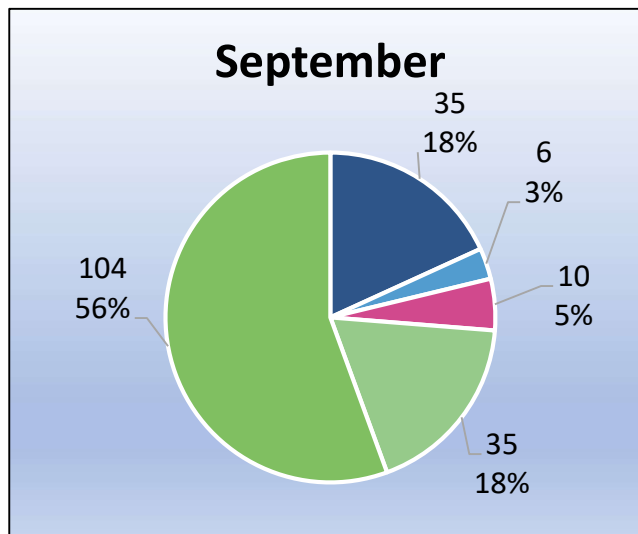
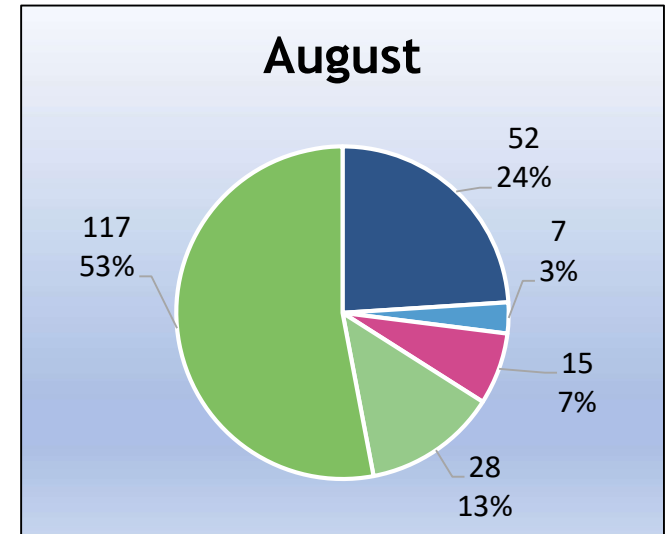
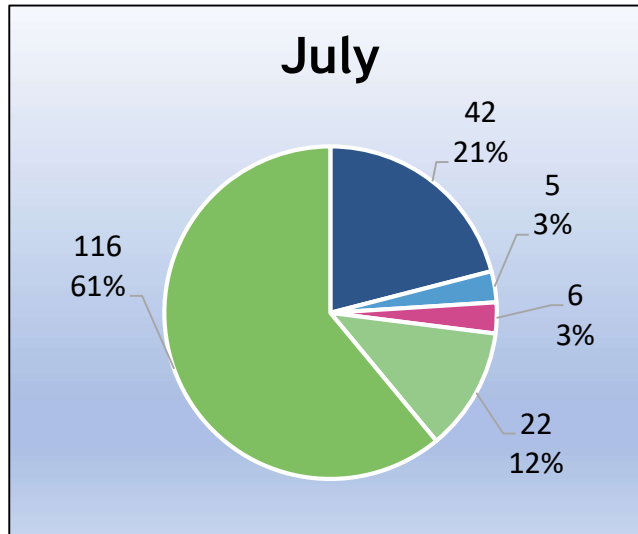
This chart provides a further breakdown of positive, negative, neutral and an overall total number of reviews for each month. We are very pleased that we have reached our target number of 600 reviews.



# Overall Star Ratings continued

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

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



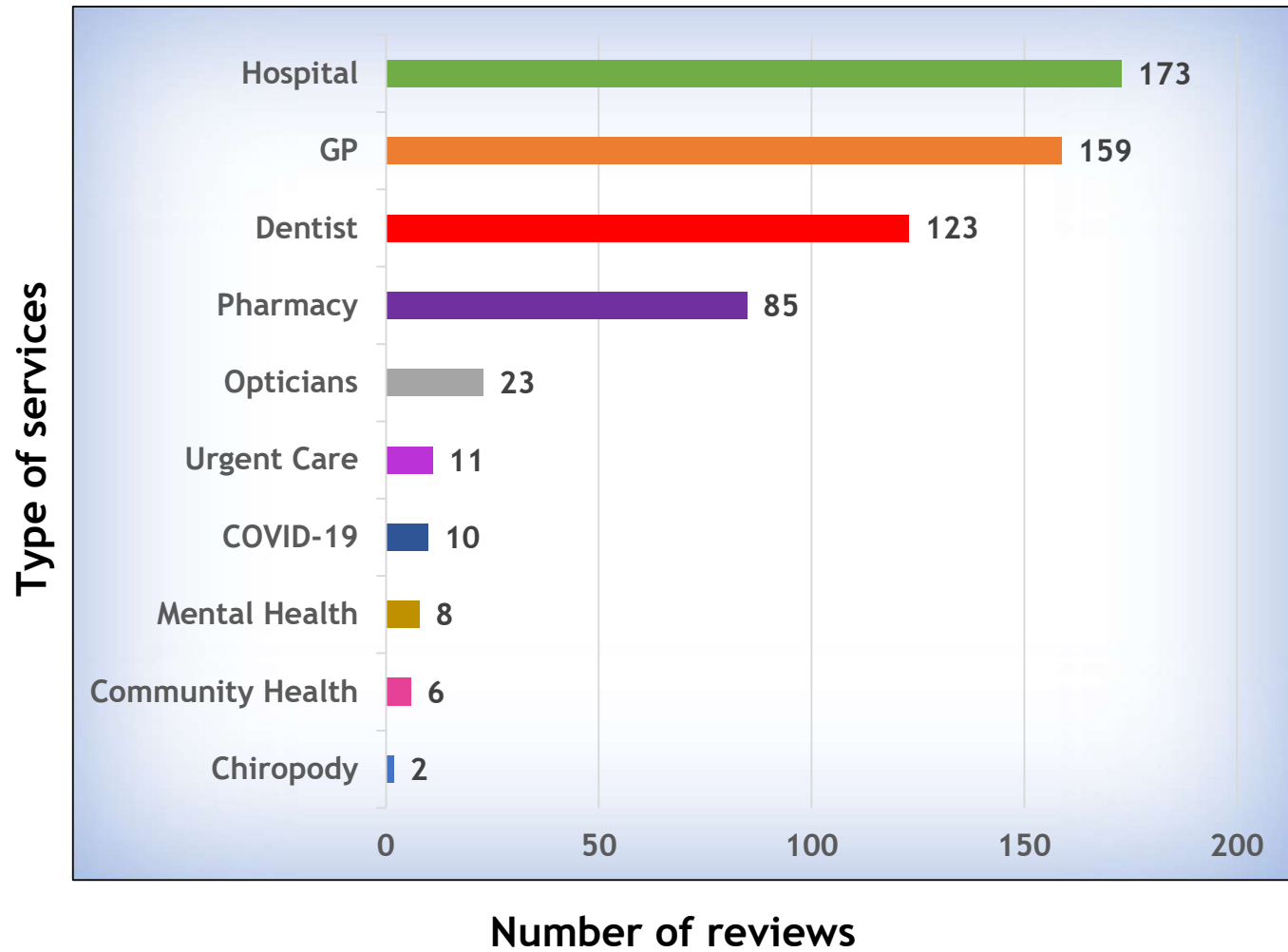


# Total Reviews per Service Category

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

The category with the highest number of reviews recorded is Hospital (173), followed by GP (159), Dentist (123) and Pharmacy (85).

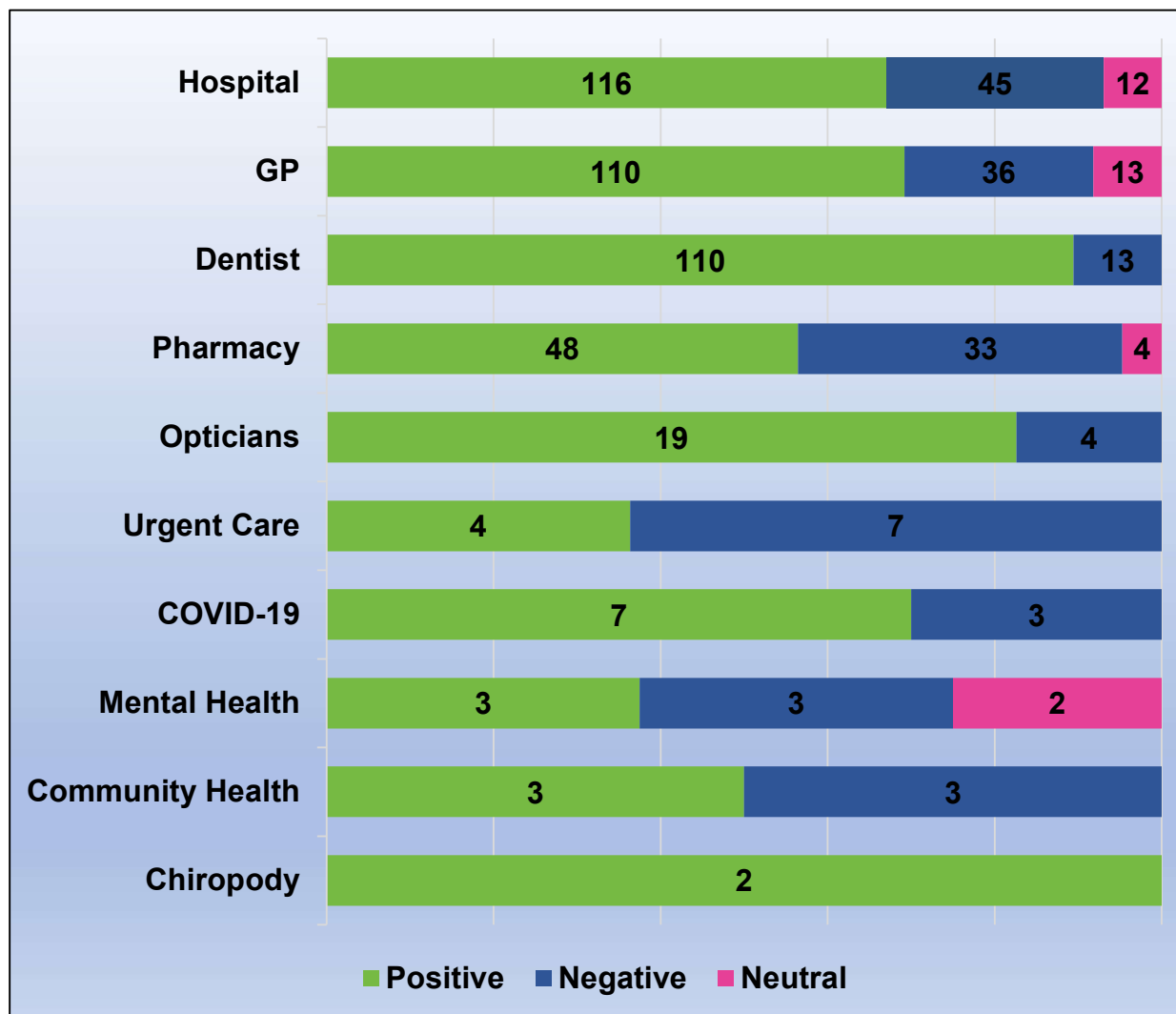
The service-types with the lowest number of reviews recorded are Community Health (6) and Chiropody (2).





# Distribution of Positive, Negative & Neutral

Type of services  
Page 65



Number of reviews

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.

Hospital received the most reviews this quarter (173). Of these, 26% (45) were negative, 7% (12) were neutral, and 67% (116) were positive.

GP services received the second highest number of reviews this quarter (159). Of these 23% (36) were negative, 8% (13) were neutral, and 69% (110) were positive.

Dentist received the third highest number of reviews this quarter (123). Of these 11% (13) were negative, and 89% (110) were positive.

Pharmacy received the fourth highest number of reviews this quarter (85). Of these 39% (33) were negative, 5% (4) were neutral, and 56% (48) were positive.

# 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 Q2 these areas were: Hospital, GP and Dentist. After asking patients for an overall star rating of the service we ask them to "tell us more about your experience".

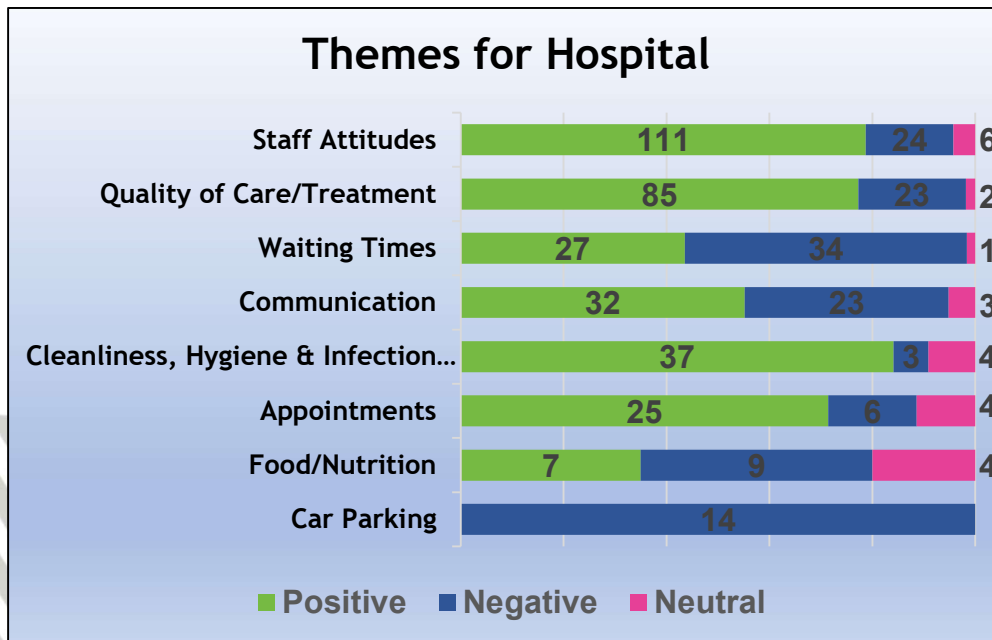
Each comment is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see Appendix). For this reason, the total number of theme counts will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, 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.

# Hospital Themes and Sub-Themes

Hospital was the most reviewed service for this quarter, with a total of 173 reviews. **Staff Attitudes** was the most applied theme with a total of 141 counts, 79% (111 counts) being positive, 4% (6) being neutral, and 17% (24 counts) being negative. This indicates patient satisfaction with the way in which they were treated by staff .

The second most applied theme was **Quality of Care/Treatment** with a total of 110 counts; 77% (85 counts) reported positive reviews, 2% (2) were negative, and 21% (23 counts) were negative. People generally commented on the high standards of care and treatment received when visiting the hospital.

It's important to note that over half the people we engaged with were unhappy with the **Waiting Times** (55%) and **Car Parking** facilities available (100%).



Number of reviews

## Positive reviews

“Doctors are really good.”  
*Hospital*

“Appointment availability is great.”  
*Hospital*

## Negative reviews

“I find the parking is extremely difficult.”  
*Hospital*

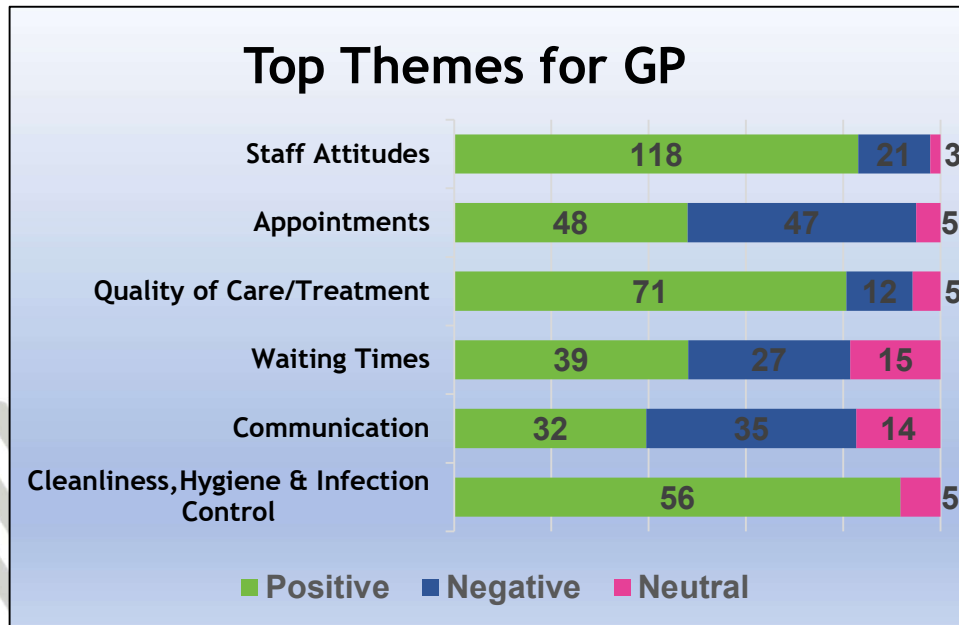
“Poor team communication.”  
*Hospital*

# GP Themes and Sub-Themes

GP services were the second most reviewed service for this quarter, with a total of 159 reviews. **Staff Attitudes** was the most applied theme with a total of 142 counts, 83% (118 counts) being positive, 2% (3 counts) being neutral, and 15% (21 counts) being negative. People commented on the high standards of professionalism from reception staff, nurses and GPs.

The second most applied theme was **Appointments** with a total of 101 counts; 47% (48 counts) reported positive reviews, 7% (3 counts) reported neutral, and 46% (47 counts) reported negative. This indicates that approximately half the people we engagement with were happy with appointments at their GP practice, but the other half were not.

We should also highlight that 32 (40%) reviews out of 81 were positive for **Communication**. This indicates that there is some room for improvement within the way communication is shared between staff and service users across the GP practices.



Number of reviews

## Positive reviews

“Service is really good.”

*GP Surgery*

“I always get contacted when my prescriptions are due.”

*GP Surgery*

## Negative reviews

“It’s always hard to get an appointment.”

*GP Surgery*

“I was given the wrong medication.”

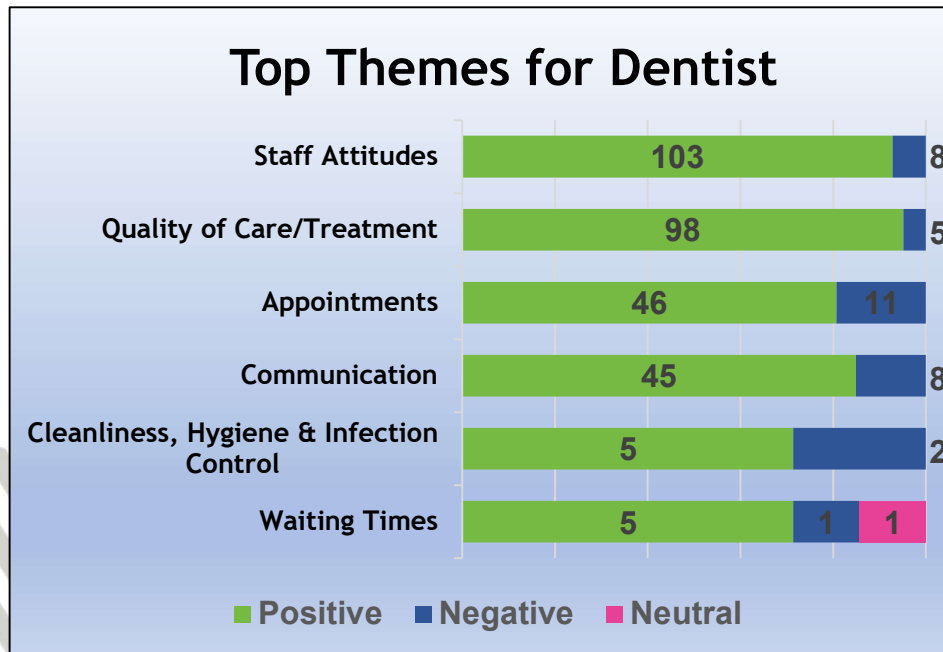
*GP Surgery*

# Dentist Themes and Sub-Themes

Dentist is the third most reviewed service for this quarter, with a total of 123 reviews. **Staff Attitudes** was the most applied theme with a total of 111 counts, 93% (103 counts) being positive and 7% (8 counts) being negative. People commented on the high standards of professionalism from their dentist as well as the reception staff.

The second most applied theme was **Quality of Care/Treatment** with a total of 103 counts; 95% (98 counts) reported positive reviews and 5% (5 counts) reported negative. This indicates that the majority of patients were satisfied with the care and treatment they received whilst using this health service.

Please note: the feedback we have gathered does not measure any difficulties in accessing services.



Number of reviews

## Positive reviews

“Excellent service and level of care.”

*Dentist*

“Always cleaned to very high standards.”

*Dentist*

## Negative reviews

“Terrible customer service.”

*Dentist*

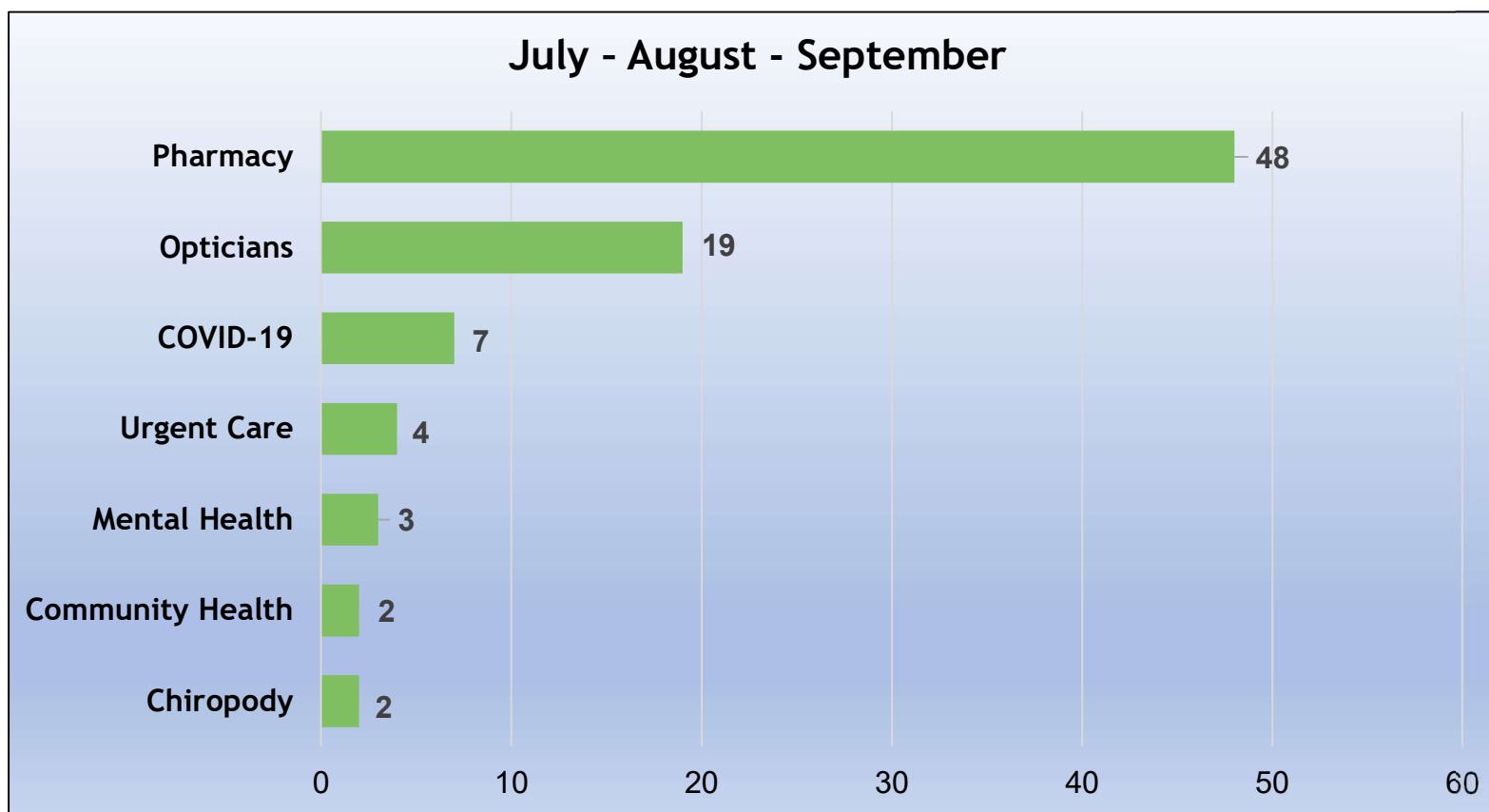
“Cancelled my appointment without telling me.”

*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. The data suggests that the majority of Bromley residents who have shared their experiences are satisfied with most of the services in Bromley.





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### Pharmacy

“So easy to deal with them for repeat prescriptions.”

*Pharmacy*

“Friendly, polite, helpful and prompt service.”

*Pharmacy*

“Delivered door to door throughout corona virus.”

*Pharmacy*

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### Opticians

“The contact lenses department have been amazing.”

*Opticians*

“My glasses were ready for collection within 48 hours.”

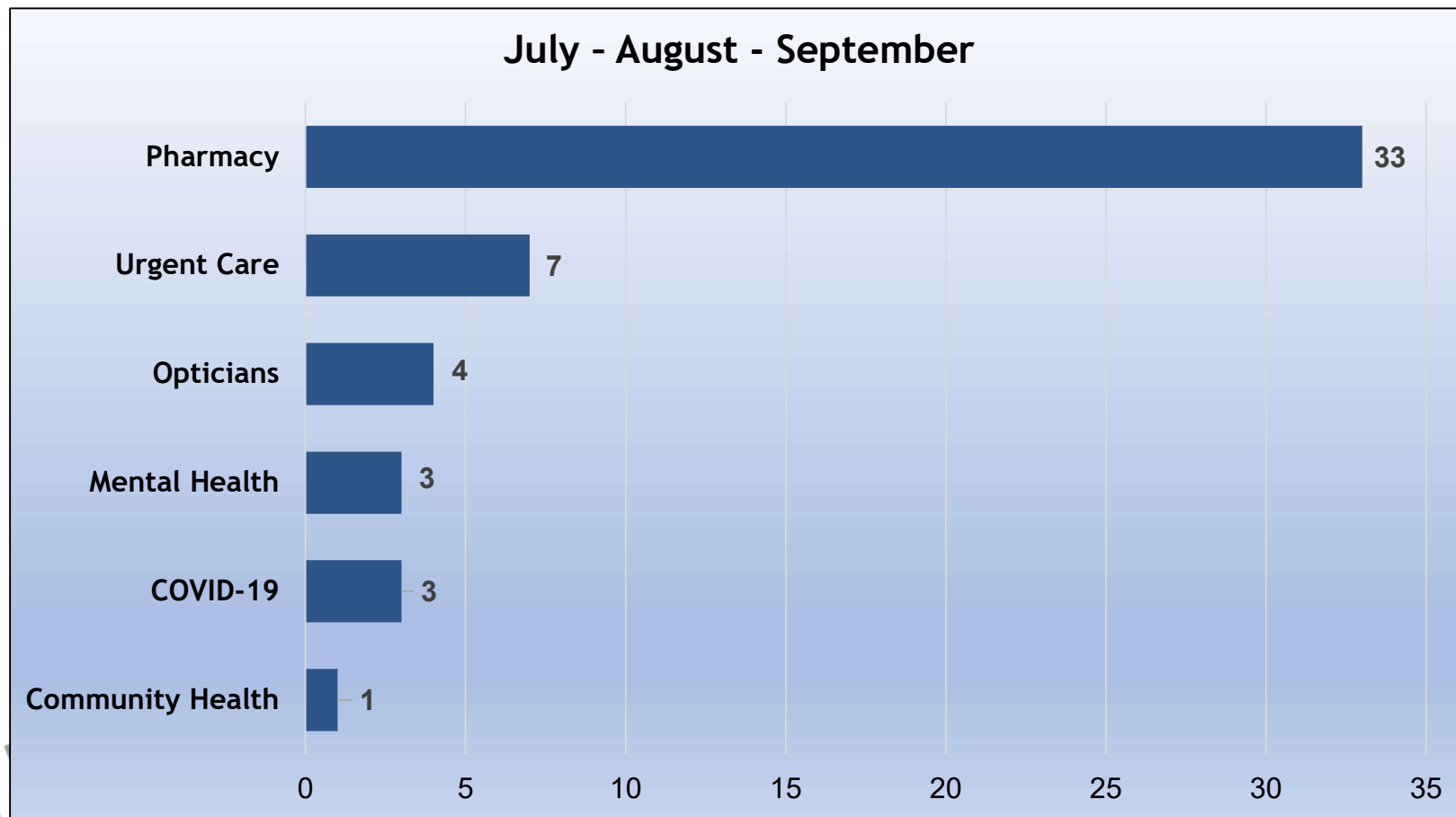
*Opticians*

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# Other Negative Reviews

This section provides an overview of the number of negative reviews by service area and goes on to give some example of comments received. By looking at the negative reviews received, we can better understand where a service needs to improve in order to provide a better experience.







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## Pharmacy

“Staff at counter were not wearing their masks correctly.”

*Pharmacy*

“The service is just so poor.”

*Pharmacy*

“Made me wait 30 minutes for my urgent prescription.”

*Pharmacy*

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## Urgent Care

“Was sent home due to low capacity.”

*Urgent Care*

“5hrs of waiting to be told to go to A&E.”

*Urgent Care*

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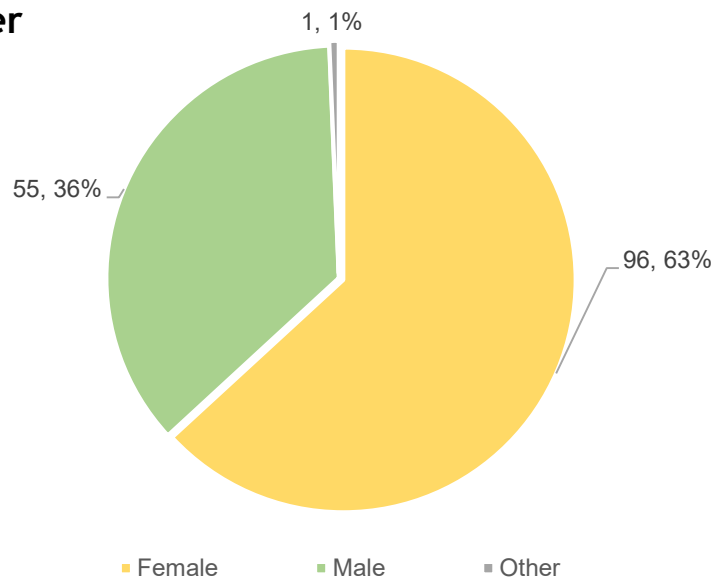
# Demographic Information

This section looks at the demographic information we have gathered this quarter. 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 February 2022 and have been able to visit 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.

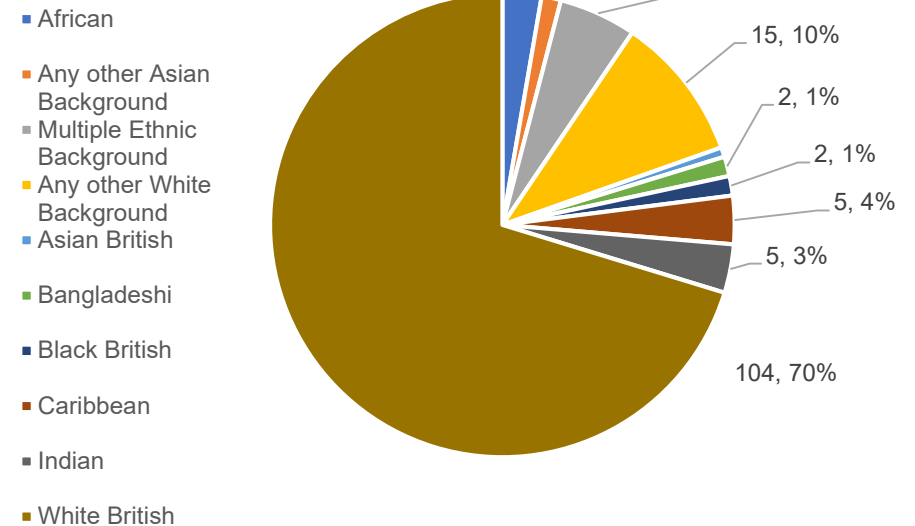
The pie chart below shows the number of reviews received this quarter from gender groups. Excluding the 448 that are left blank, the majority of the reviews received this quarter are from females, with 96 (63%).

The pie chart below shows the number of reviews received this quarter from different ethnicity groups. In terms of ethnicity, excluding the 452 who did not complete this section, the largest proportion of feedback received this quarter was from people who identified as 'White British' with 104 (70%).

**Gender**



**Ethnicity**

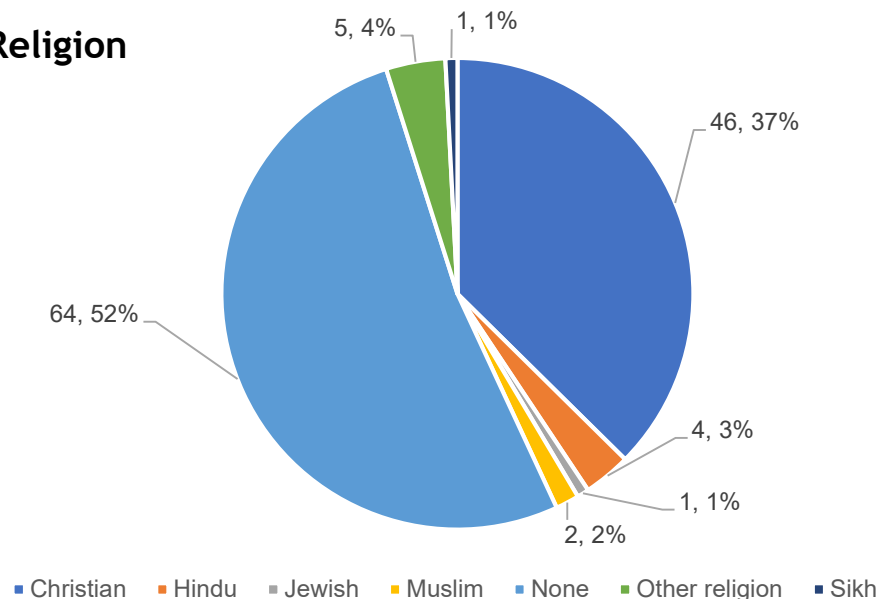


# Demographic Information

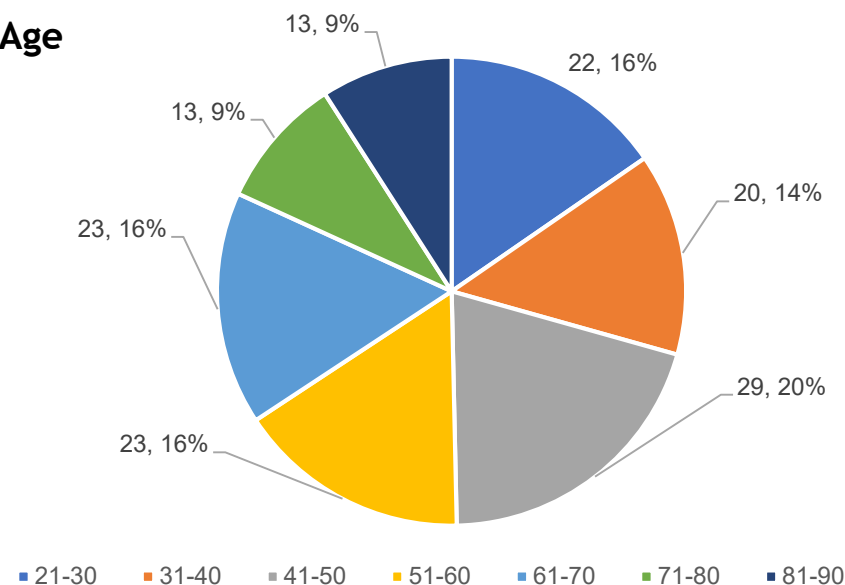
The pie chart below shows the number of reviews received this quarter from different religious groups. Excluding the 477 that are left blank, for the direct engagement reviews, 64 (52%) as None, 46 (37%) identified as Christian, 5 (4%) as Other Religion, 4 (3%) as Hindu, 2 (2%) as Muslim and 1 (1%) as Jewish or Sikh.

The pie chart below shows the number of reviews received this quarter from different age groups. Excluding the 457 that are left blank, most of the feedback received was from the 41-50 age group with a total of 29 (20%), followed by 51-60 and 61-70 with 23 (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



For the Q2 report, we successfully carried out 36 face-to-face visits. 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.

During this time, 600 reviews were collected. Of the 600 reviews collected this quarter, 422 (70%) were positive with star rating 4-5, 31 (5%) neutral with star rating 3 and 147 (25%) negative with star rating 1-2. Overall, for this quarter, positive patient experiences outweigh negative patient ones, and this is very similar to our reviews analysed in the previous Q1 report, April - June 2022. If we look beyond this overall picture at specific service areas, findings indicate the following:

## Hospital

- Hospitals received the largest number of reviews this quarter (173) and feedback we gathered from patients was overall very good. We also received a significantly larger number of reviews this quarter in comparison to Q1 (88).
- Of the 173 reviews gathered, 26% (45) were negative, 7% (12) were neutral, and 67% (116) were positive. In comparison to Q1, the positive reviews have gone down marginally (61%).
- The feedback reveals a high satisfaction with **Staff Attitudes, Quality of Care/Treatment, Cleanliness, Hygiene & Infection Control and Appointments**.
- The main concern identified is long **Waiting Times**, which was also identified in the Q1 report (April - June 2022) and the Q4 report (January - March 2021), so there is still room for improvement. We also received feedback that indicates a number of people are dissatisfied with **Parking** facilities at hospitals.

## GP Services

- GP services received the second highest number of reviews this quarter (159). Of these 23% (36) were negative, 8% (13) were neutral, and 69% (110) were positive. In comparison to Q1, the positive reviews have gone up by over 10% (58%). This indicates people have been more satisfied with their experience visiting a GP practice over the past three months.
- The majority of service users were satisfied with **Staff Attitudes, Quality of Care/Treatment, and Cleanliness, Hygiene and Infection Control and Waiting Times**.
- **Appointments and Waiting Times** have improved since the previous quarterly report which shows signs of improvement.
- The main area that suggests room for improvement is **Communication**, with only 40% of reviews being positive.

# Conclusion

## Dentist

- Dentists received the third highest number of reviews this quarter (123). Of these 11% (13) were negative, and 89% (110) were positive. These figures are very similar to the previous quarter, which received 14% negative, 1% neutral and 85% positive reviews.
- The majority of service users found dentists to be excellent. Feedback showed high satisfaction across all themes; **Quality of Care/Treatment, Staff Attitudes, Communication, Appointments, Information, Advice & Guidance, Service Co-Ordination, and Cleanliness, Hygiene & Infection Control**. This reflects our findings in the Q1 (April - June 2022) and Q4 (January - March 2021) reports.
- 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 **Appointments, Communication and Staff Attitudes**.

We also received a high number of positive reviews for Pharmacy, COVID-19, and Opticians. We were able to speak to multiple residents and hear about their experience of having vaccinations. We also visited mental health services in September and managed to gather patient experience feedback that was equally positive and negative. We aim to carry out more face-to-face engagement visits over the next quarter and share further intelligence regarding this particular service.

Healthwatch Bromley places great importance on understanding the needs of Bromley communities and ensuring all groups are heard. Due to staff capacity, we were unable to collect a large amount of demographic information (pg.17-18). However, we continue to train all staff on diversity and inclusion. We always seek to improve the completion of monitoring data for every quarterly report. 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:

- One Bromley Local Care Partnership Board
- South East London Integrated Care Partnership Board
- 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 to share key information and work together to improve patients' feedback. We also use our social media platforms, Twitter, Instagram, 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, and 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, 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			
Patient Choice	Prescription		
Patient Records		Wider Outcomes	Independence Development
Patient Transport		Wider Outcomes	Ability to Enjoy Social Activities
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@healthwatchealing.org.uk](mailto:info@healthwatchealing.org.uk))

I accept the [Terms and conditions](#)

Subscribe to the newsletter?

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

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

[Submit feedback >](#)

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

# Appendix II: Paper Feedback Form



**Share Your Experience with Us.**

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

Name of Service: .....

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

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

2. How do you rate your overall experience?

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

3. Tell us more about your experience

.....

.....

.....

.....

4. Your ratings (select and circle if applicable)

- Ease of getting a appointment  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Convenience of appointment  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Cleanliness  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Staff Attitude  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Waiting Time  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Treatment explanation  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Quality of care  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Quality of food  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible
- Generally, how easy is it to get through to someone on the phone?  
 5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

5. Are you a:

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

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

**About you**

Name.....

Email.....

( ) Leave feedback anonymously

# Appendix II: Paper Feedback Form



## Monitoring Information

What gender do you identify yourself as:

- Female
- Male
- Other
- Prefer not to say

Which age group are you in?

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

What is your ethnicity?

- White**
- English
- Welsh
- Scottish
- Northern Irish
- British
- Gypsy or the Irish Traveller
- Any other white background
  
- Asian/ Asian British**
- Bangladeshi
- Chinese
- Indian
- Pakistani
  
- Black, African, Caribbean, Black British**
- African
- Caribbean
- Any other Black, African, Caribbean background
  
- Mixed, Multiple**
- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed/multiple background

- Other Ethnic Group**
- Arab
- Any other ethnic group

What is your religion?

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

Which area of the borough do you live in?

Thank you for sharing your experience!

Please Return the survey to us by email to [info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

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

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Report No.  
CSD23002

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Tuesday 17<sup>th</sup> January 2023

**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

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1. Reason for report

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

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2. **RECOMMENDATION**

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

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

## Impact on Vulnerable Adults and Children

1. Summary of Impact: None

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## 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 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload, and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2022/23 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 8<sup>th</sup> February 2022 are as follows:
- 4.00pm, Tuesday 5<sup>th</sup> July 2022
  - 4.00pm, Tuesday 11<sup>th</sup> October 2022
  - 4.00pm, Tuesday 17<sup>th</sup> January 2023
  - 4.00pm, Thursday 20<sup>th</sup> April 2023
- 3.4 The work programme is set out in [Appendix 2](#) below.

<b>Non-Applicable Sections:</b>	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 MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 17 11 <sup>th</sup> October 2022  <b>Update From King's College Hospital NHS Foundation Trust</b>	Information relating to endoscopy performance to be provided to Members following the meeting.  An update on postpartum haemorrhage (PPH) data to be provided at a future meeting of the Sub-Committee.  Data on multiple births, and feedback on the outcome of the CQC inspection of maternity services to be provided at a future meeting of the Sub-Committee.	Site Chief Executive – PRUH and South Sites / Site Director of Nursing – PRUH and South Sites	Information to be provided.  Information circulated to Members on 9 <sup>th</sup> January 2023.  Multiple births data circulated to Members on 9 <sup>th</sup> January 2023.	<b>In progress</b>  <b>In progress</b>  <b>In progress</b>
Minute 20 11 <sup>th</sup> October 2022  <b>Winter Planning</b>	A glossary of terms to be provided.	Bromley Executive Lead – SEL ICB	Attached to the minutes of 11 <sup>th</sup> October 2022 meeting as Appendix A.	<b>Completed</b>



## Health Scrutiny Sub-Committee Work Programme 2022/23

Health Scrutiny Sub-Committee		17 <sup>th</sup> January 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust <i>To include update on the London Ambulance Service (LAS)</i>		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
Winter Planning		
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
Health Scrutiny Sub-Committee		20 <sup>th</sup> 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
Update on review of joint working arrangements between Oxleas and LBB		
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Dental appointments ( <i>TBC</i> )		
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		

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