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## HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

**Meeting to be held on Thursday 9 June 2022**

- 1 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE UPDATE (Pages 3 - 14)**
- 2 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT Q4 2021/22 (Pages 15 - 46)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

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

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Report No  
ACH22-016

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 9<sup>th</sup> June 2022

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

**Title:** **Better Care Fund (BCF) and Improved Better Care Fund (iBCF)  
21-22 Quarter 4 Performance Report**

**Contact Officer:** Ola Akinlade, Integrated Strategic Commissioner Early Intervention, Prevention and Community Services Commissioning, Programmes Division.

**Chief Officer:** Kim Carey, Interim Director of Adult Social Care, London Borough of Bromley  
Angela Bhan, Managing Director, Bromley Clinical Commissioning Group

**Ward:** All Wards

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## 1. Summary

This report provides an overview of the Better Care Fund and the Improved Better Care Fund 2020/21 on expenditure and activity for Quarter 4 (referred to as Q4 in this report) which is the period January to March 2022.

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## 2. Reason for the report going to Health and Wellbeing Board)

To provide the Health & Wellbeing Board with an overview of Q4 (21-22) performance for the Better Care Fund and the Improved Better Care Fund.

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## 3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS:**

That the Health & Wellbeing Board notes the achievement of outcomes against partnership targets as well as the latest financial position for Q4 2021.

Note local performance against the revised BCF metrics and mitigating actions where applicable to address any issues of non-performance.

## Health & Wellbeing Strategy

1. Related priority: Not Applicable

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## Financial

1. Cost of proposal: BCF: £26,614k for 2021/22; iBCF: £7,985k in 2021/22

2. Ongoing costs: BCF: £26,614k ; iBCF: £5,826k

3. Total savings: N/A

4. Budget host organisation: LBB

5. Source of funding: Section 31 Grant, Ministry of Housing, Communities & Local Government (MHCLG)

6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and Bromley CCG

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## Supporting Public Health Outcome Indicator(s)

Not Applicable

## 4. COMMENTARY

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The BCF grant is ring fenced for the purpose of pooling budgets and integrating services between South East London Clinical Commissioning Group (Bromley) (SELCCG) and London Borough of Bromley (LBB). The Improved Better Care Fund (iBCF) was a new funding element added to the Better Care Fund from 2017-18 which is paid to local government as a direct Local Authority grant for spending on adult social care.

**4.1** The success of BCF programmes is measured by partnership performance against five national metrics which are detailed below in section 4.3. of this Q4 report. All five metrics are reported against in line with reporting arrangements.

### 4.2 Purpose of Report:

This report provides the Health & Wellbeing Board with a summary of BCF/iBCF Q4 (21-22) outcomes and performance.

### 4.3 Better Care Fund – Bromley Q4 Metric Outcomes

The health and care partnership's performance against the five national metrics forms part of Bromleys BCF return. A description of Q4 metric outcomes (and end of year) are detailed below:

**Metric 1 description: Avoidable Admissions: *Unplanned hospitalisation for chronic ambulatory care sensitive conditions*<sup>1</sup> for Q4**

	19/20	20/21	21/22 up to end of Q4 Planned	21/22 up to end of Q4 Actual
Avoidable Admissions: unplanned hospitalisation for chronic ambulatory care sensitive conditions	402.4	314.0	591.2	385.9

The aim of this metric is for Bromley partnership performance to be below the end of year planned target (591.2). Bromley are below the end of year target (actual performance is 385.9) which demonstrates that Bromley continues to perform well against this metric. While there has been some fluctuation in the number of avoidable admissions over this year, overall partnership performance against this metric has been positive.

<sup>1</sup> [2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital](#)

**Metric 2 description: Length of stay<sup>2</sup>: Percentage of patients' resident in HWB area, who have been an inpatient in an acute hospital Q4**

	19/20	20/21	21/22 Q4 Planned %	21/22 Q4 Actual %
Length of stay <sup>3</sup> : Percentage of patients' resident in HWB area, who have been an inpatient in an acute hospital for:				
14 days +	12.6	11.3	11.0	11.9
21 days +	7.5	5.8	5.3	6.6

The aim of this metric is for Bromley partnership performance to be below planned target for both 14 day and 21-day length of stay in an acute setting. Partnership performance against both measures are above target for Q4 21-22 as detailed in the table above due to a range of complex, Covid related system issues. This includes, but is not limited to, an increase in patient acuity and impact of covid related absence which impacts on patients flow. The Local A&E Delivery Board is continuing to lead a range of partnership responses to address the range of factors that contribute to this challenge.

**Metric 3 description: Discharge to normal place of residence for Q4**

	19/20	20/21	21/22 Q4 Planned	21/22 Q4 Actual
Discharge to normal place of residence	92%	93%	93%	93%

The aim of this metric is for Bromley partnership performance to meet or be above the planned target of 93% and Bromley partnership performance is on target. Discharging people to their normal place of residence is a key policy aim of the BCF programme and in line with good practice<sup>4</sup>. Bromley's metric target for 21-22 is set at 93% of those discharged, outlining national and local expectations that most people will be discharged from hospital to their home.

<sup>2</sup> [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](#)

<sup>3</sup> [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](#)

<sup>4</sup> [Hospital Discharge and Community Support: Policy and Operating Model \(publishing.service.gov.uk\)](#)

As detailed in the table above, performance continues to be positive and partnership targets for Q4 21-22 have been met, supported through the partnership approach for an exemplary Home First offer enabling high numbers of clients to be discharged.

**Metric 4 Rate of permanent admissions to residential care per 100,000 populations**

	21-22 Planned	Q3 (October only) Actual
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population (57,626 in Bromley)	425	192.5 per 100,000

This aim of this metric is for partnership performance to be below 425 for the year or 247.9 up to the end of October 2021. Currently, Bromley’s performance stands at 195 up to the end of October 2021 which is good. There is a data time lag for this target which is why the data is only up to October 2021 rather than up to March 2022. More work is being done to capture end of year data by June 2022.

**Metric 5 description: Proportion of older people (65 and over) who were still at home 91 days after discharge into reablement/rehabilitation**

		Planned 21-22	Q2 and Q3 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	92.1%	96.9%
	Number	446/495	94/97 ( July-December 2021)

The aim of this metric is for partnership performance to meet or be above the planned target. The partnership continues to exceed targets for Q2 and Q3 96.9 compared to planned target of 92.1 reflecting all the positive work being delivered by Reablement services. There is a data lag due to the measurement of impact after 90 days which is why data is up to December 2021.

## Update on BCF Funded Schemes (Q4)

### 4.4 Bromley Well Q4 (21/22) performance is as detailed below:

Bromley Well currently delivers a range of prevention and early Intervention services comprising nine pathways. Service performance for Q4 21-22 has been mostly in line with anticipated activity and service outcomes.

KPI	Target (annual)	Q4 21-22	Year to date 21-22
<b>Single Point of Access</b>			
Completed by SPA (No onward referral)	5000	1532	5521
<b>LTHC.</b>			
Number of New clients reporting overall satisfaction following engagement with the LTHC team	100%	100%	100%
Number of self-management courses attended	50	16	56
<b>Elderly Frail</b>			
Numbers of new clients referred to service	1000	714	3439
Numbers receiving take home and settle service	500	149	634
Number receiving 24-hour Discharge sitting service	365	4	41 Sitting service numbers have been significantly below target due to a combination of low referrals and staff sickness. This is being addressed within the current and new contract
<b>Employment and Education</b>			
Numbers of clients securing paid employment	40	8	50
Number accessing job club	80	48	177
<b>Learning Disability</b>			
Numbers using self-management techniques	50	45	211
<b>Physical Disabilities</b>			
Numbers using self-management techniques	50	48	175
<b>Adult Carers</b>			
Numbers supported by pathway	800	532	2310
<b>Young Carers</b>			
Leisure activities offered	12	7	22



<b>Mental Health</b>			
Number of clients accessing IAG	500	136	619

Detailed below is further narrative on each of the pathways:

### **Bromley Well Single Point of Access**

The Bromley Well Single Point of Access continues to triage clients at the front end of the service, activity is above anticipated service targets for Q4 and there continues to be a high demand for the form completion and income maximisation service as well as an increase in welfare benefits related enquiries.

### **Adults with Long-Term Health Conditions (LTHC)**

The number of new referrals to the Long-Term Health Conditions pathway has decreased slightly but referrals in overall demand for this service remains high.

### **Elderly Frail Pathway (EFP)**

Referrals to the Elderly Frail Pathway continue to exceed anticipated activity. The Service also continues to see an increase in the number of clients being referred for ongoing support. Commissioners are currently working to improve step down options for all these services.

### **Employment and Education (E&E)**

Referrals to the E&E pathway have increased with the service facing more challenges in terms of sourcing vacancies. Commissioners have begun discussions with Jobcentre Plus around support that could be provided.

### **Learning Disability (LD) Pathway**

This Pathway continues to see high levels of referrals and the service provider continues to work with commissioners to address demand. This service provision will be expanded in the new contract.

### **Physical Disabilities (PD)**

Referrals to the service continue to exceed planned activity and the service continues to work with commissioners to address this and ensure effective and planned discharges as appropriate from the service.

### **Mental Health Pathway (MH)**

Commissioners are continuing the work within the Mental Health Pathway to align this Pathway to the wider mental health hub transformation work that forms part of the delivery of the mental health strategy. This Pathway is being removed from the contract and BCF funding and being picked up through the Mental Health Community Hub.

## **Carers Pathway**

The service runs drop-in services for carers to provide a safe and confidential space to talk to their advisors, as well as continue to publish the Carers Bulletin. Referrals to the service continue to be high with high numbers of carers requiring information, advice and guidance as well as emotional / face to face support.

### **4.5 Transfer of Care Bureau and Hospital Discharge-pending**

In April 2020 in response to the pandemic, the Partnership put in place the award-winning Single Point of Access including multiagency triage processes with clear multi-agency pathways and resources for supported discharge. This has enhanced the Transfer of Care (ToC) Bureau arrangements supporting the PRUH and showed resilience in the winter months (Q3 and Q4). The SPA continues to perform well with over 80% of discharges taking place on the same day as the patient becoming medically fit for discharge. This ensures clients do not need to remain in an acute setting any longer than necessary and are able to be discharged as soon as possible, as per the wishes of the overwhelming majority of patients

### **4.6 Red Bag Scheme**

The Red Bag Scheme is designed to enhance communication and information sharing when residents move between care settings and hospitals. This project has been on hold as a result of other Covid/winter priorities but will be revisited in early 2022/23, and the use of digital e-red bag explored, linking into the care homes Digital First Programme. Efforts have continued to be made to return missing bags to homes during this time.

### **4.7 Care Homes**

#### **Market**

- Market and provider oversight with focus on quality & sustainability (including intensive work with providers with Requires Improvement/Inadequate CQC rating)
- Winter placements strategy, including commissioning capacity, and the management of, interim step-down beds to support hospital discharge

#### **Enhanced Health in Care Homes**

- Continued to work in partnership with primary care and community health services to improve care home access to urgent community response services reducing the need for London Ambulance Service and utilising more appropriate, local services.
- Continued to support and promote Covid-19 and flu vaccination programmes. Supported Bromleag Care Practice to prepare for Spring Boosters for residents, through communications re consent forms etc.
- Successful monitoring and co-ordination of Covid outbreaks. Preparation for “Living with Covid” webinar following guidance updates.
- Conducted analysis of Urgent and Emergency Care data to identify trends, themes and high user homes for proactive and tailored clinical support and scoping regular reporting requirements
- Launched RESTORE2 deterioration management tool project. Successfully rolled out training to first care homes and developed wider training plan.
- Recruited Falls Lead/Therapist to lead on the falls prevention project in care homes

## **4.8 Dementia Hub**

A total of 710 people accessed services across the Hub this quarter, this is an increase over the last quarter. There has been an increase in the number of enquiries about the service and quite a few re-referrals to the service. The referrals coming in are being dealt with quickly, and the Dementia Advisor (DA) cases were all allocated within 10 days. Case management has improved significantly with the DA's capturing a higher number of outcomes. Home visits continue to be conducted based on needs.

## **Update on IBCF Schemes**

### **4.9 Continuing Healthcare (CHC)**

This project involves managing CHC case work and strategy in the context of the National Framework and working with the Council to support the training of practitioners. The funding supports a senior practitioner to be the first point of call and dealing with disputes.

### **4.10 Integrated Care Networks (ICN)**

ICN Hubs have resumed activity and Care Managers continue to respond to requests for assessments/support to promote independence, assist adults to remain safe at home and contribute to the reduction of social admissions.

## **5. Disabled Facilities Capital Grant**

**5.1** Following the disruptions during the peak period of the pandemic, activity has returned to normal. In the year ending 31/03/22, the Housing Improvement Team completed 241 schemes through Disabled Facilities Grants, a spend of some £1.8 million. These works allowed 241 households containing a disabled child or adult to make changes to their homes, which allowed them to live more comfortably and gain greater independence.

The Team also completed 10 Safer Home Grant schemes in the year ending 31/03/22, a spend of some £42,000. This enabled older and disabled residents to live in a home free from disrepair, preventing slips, trips and falls, as well as avoiding ill health by ensuring homes are warm and damp free

## **6. Market Development and Support**

**6.1** Care market development and support is managed and coordinated through the Integrated Commissioning Service. The focus in Q4 has been on supporting the local health and care provider market in meeting high demand over the winter.

## **7 IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

**7.1** All services are designed to avoid people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission.

**7.2** The Improved Better Care Fund is for investment into adult services and will have a positive impact on vulnerable people through investment into safeguarding and adult social care.

## 8 FINANCIAL IMPLICATIONS

8.1 The 2021/22 budget and provisional outturn for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below.

8.2 There was a total underspend of £1,785k on BCF (£1,627k revenue and £131k capital) and £50k underspend on IBCF. These amounts will be carried forward to 2022/23.

Responsibility	BCF Heading	Description	2021/22 budget	2021/22 provisional outturn	2021/22 variation
LBB	Reablement services	Reablement capacity	896	765	-131
CCG	Intermediate care services	Winter Pressures Discharge (CCG)	679	679	0
LBB	Intermediate care services	Winter Pressures Discharge (LBB)	1,080	992	-88
CCG	Assistive Technologies	Integrated care record	397	397	0
LBB	Assistive Technologies	Integrated care record - staffing	56	42	-14
CCG	Intermediate care services	Intermediate care cost pressures	658	658	0
LBB	Assistive Technologies	Community Equipment cost pressures	444	440	-4
LBB	Personalised support/ care at home	Dementia universal support service	547	490	-57
CCG	Personalised support/ care at home	Dementia diagnosis	652	652	0
LBB	Improving healthcare services to care homes	Extra Care Housing cost pressures	439	439	0
CCG	Improving healthcare services to care homes	Health support into care homes/ECH	330	330	0
LBB	Support for carers/Assistive Technology	PSIS Contract	1,766	1,524	-242
CCG	Risk Pool	Risk against acute performance	1,416	1,416	0
CCG	Risk Pool	Transfer of Care Bureau	593	593	0
LBB	Risk Pool	Transfer of Care Bureau - staffing	52	53	1
LBB	Personalised support/care at home	Protecting Social Care	10,433	10,431	-2
LBB	Personalised support/care at home	Disabled Facilities Grants - CAPITAL	2,443	2,312	-131
CCG	Support for carers	Carers Funding	554	554	0
CCG	Reablement services	Reablement Funds	1,000	1,000	0
LBB	Reablement services	Reablement Funds	331	331	0
LBB	Intermediate care services	Contract reduction	157	150	-7
LBB	BCF post	Programmes Team	40	44	4
CCG	Assistive Technologies	Community Equipment cost pressures	163	163	0
LBB	Learning Disabilities	Strategic Board support	25	1	-24
CCG	Assistive Technologies	Discharge therapies support	400	400	0
LBB	Community and Social Care Develop	Integrated assessments	1,062	0	-1,062
		<b>Total Recurrent Budget</b>	<b>26,614</b>	<b>24,856</b>	<b>-1,758</b>

**2021/22 IMPROVED BETTER CARE FUND  
POOLED BUDGET STATEMENT**

<b>2020/21 OUTTURN £000</b>		<b>2021/22 PROVISIONAL £000</b>
	<b>Income</b>	
4,636	Revenue grant funding - recurrent	4,636
1,677	Revenue grant funding - additional *	1,677
1,190	Winter Pressures Grant **	1,190
<u>2,766</u>	Carry forward from 2020/21	<u>2,547</u>
<b>10,269</b>	<b>Gross Income</b>	<b>10,050</b>
	<b>Expenditure</b>	
<u>7,722</u>	Revenue expenditure	<u>7,453</u>
<b>7,722</b>	<b>Gross Expenditure</b>	<b>7,453</b>
	<b>Deficit / (Surplus) for the Year</b>	
<u>(2,547)</u>	Revenue	<u>(2,597)</u>
<b>(2,547)</b>		<b>(2,597)</b>

\* Additional (non-recurrent) funding of £1,677k has continued for a 5th year in 2021/22

\*\* Winter Pressures Grant funding is required to be pooled into the Better Care Fund via the Improved Better Care Fund from 2019/20.

Any underspends or unallocated amounts on each project can be carried forward into the next financial year. Quarterly reports are required by government to show the progress of the BCF/IBCF schemes.

## **9 LEGAL IMPLICATIONS**

- 9.1** The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment, and use of, an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.
- 9.2** The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:
- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
  - The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- 9.3** Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 9.4** For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed.
  - NHS contribution to adult social care is maintained in line with inflation.

- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care; and
- Managing Transfers of Care

**9.5** The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.

**9.6** The Council is required to:

- Pool the grant funding into the local Better Care Fund, unless the Authority has written ministerial exemption
- Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
- Provide quarterly reports as required by the Secretary of State.

<b>Non-Applicable Sections:</b>	
Background Documents:	None



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



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# Introduction & Executive Summary

This is the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January - March 2022. Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Bromley has a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty, a comprehensive patient experience data collection programme is operated. Annually this yields approximately 2,400 patient experiences.

Normally, our Patient Experience Officer, supported by a team of volunteers, visits health and social care services weekly to talk to and hear from patients, service users, carers and relatives about their experiences of local services. These patient experience comments and reviews are gathered using a standard form (see appendix II p29-31). The form asks patients for simple star ratings on their overall experience, likelihood to recommend a service, treatment, booking and a number of other areas. In addition, there is a free text box where patients are asked to leave a review or feedback comments. We approach every patient, capture their experience in their own words and seek consent for their feedback to be published on the Healthwatch Bromley website using our Digital Feedback Centre. People can leave their name or comment anonymously. At the end of each service visit, the Patient Experience Officer will relay any urgent matters requiring attention to the service manager.

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

# Introduction & Executive Summary cont.

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

Healthwatch Bromley's website continues to be available for the public to visit and independently provide service feedback and comments through our Digital Feedback Centre. Our questions are uniform across the Digital Feedback Centre and the physically collected forms.

This report covers the Quarter 4 period, January - March 2022. During this time, **602** reviews were collected. Of the 602 reviews collected this quarter, 410 (68%) were positive with star rating 4-5, 24 (4%) neutral with star rating 3 and 168 (28%) negative with star rating 1-2. The information presented within this report reflects the individual patient experience of health and social care services. Healthwatch Bromley presents this information for consideration and anticipates that it will be used to highlight good practice and areas for improvement.

# Our Data Explained

Healthwatch Bromley use a Digital Feedback Centre (on our website) and Informatics system (software sitting behind the Digital Feedback Centre) to capture and analyse patient experience feedback. The Informatics system is currently used by approximately 1/3 of the Healthwatch Network across England and it captures feedback in a number of ways:

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

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

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

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

▫ In the first instance, our informatics system creates a 'sentiment score' by using a sophisticated algorithm to analyse comments and categorise them as positive, negative or neutral. This is an automatic process. Where overall sentiment is highlighted in the report, it relates to this aspect of the process.

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

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

# Overall Star Ratings

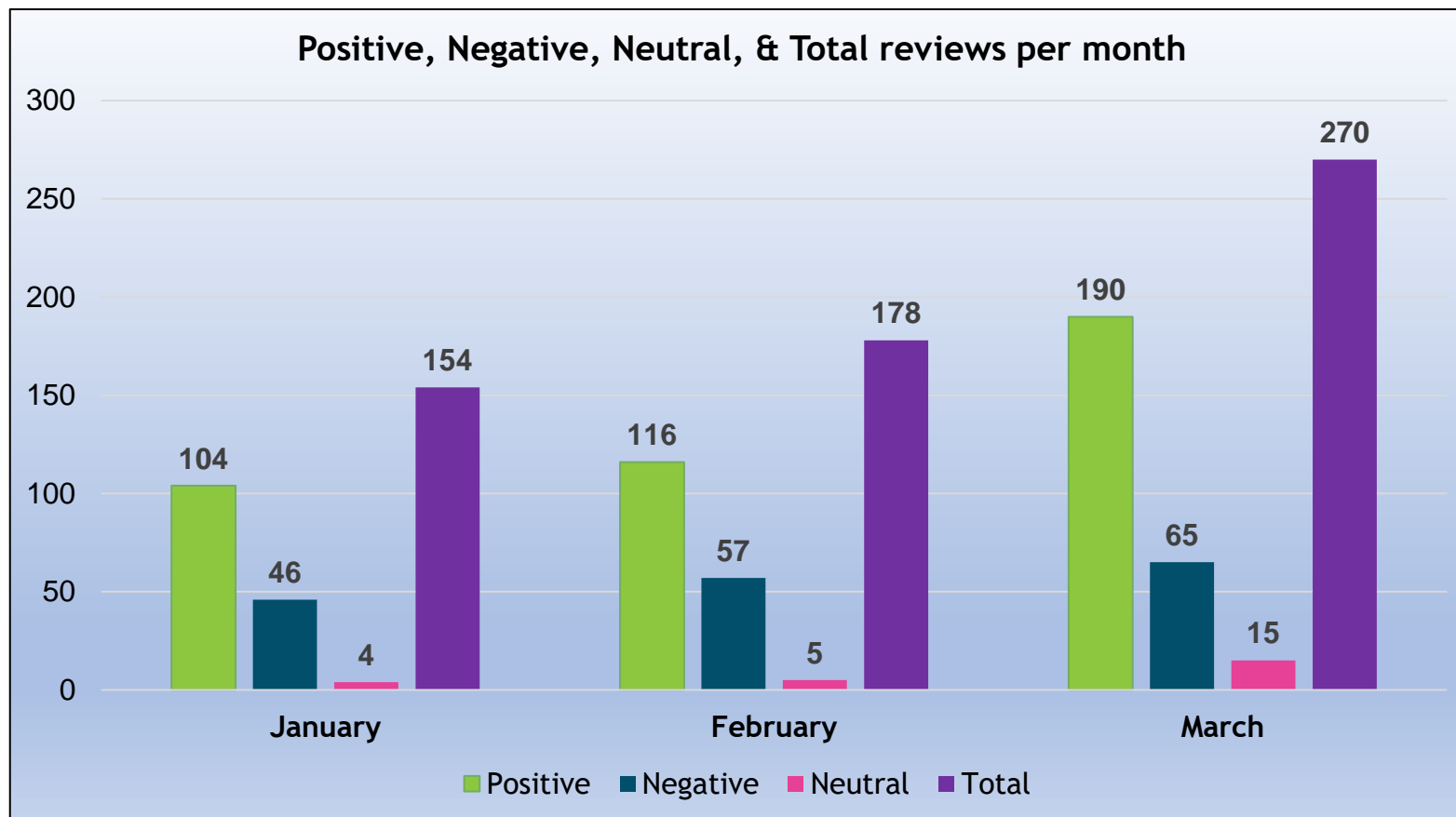
The number of patient reviews received for this quarter was **602**. The table below shows the distribution of the negative, neutral and positive patient reviews by each month and for the quarter as a whole. Please see the appendices (pg.28-29) for examples of our physical and online questionnaires.

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

Month	4-5 Star Reviews (Positive) ★ ★ ★ ★ ★	1-2 Star Reviews (Negative) ★ ★ ☆ ☆ ☆	3 Star Reviews (Neutral) ★ ★ ★ ☆ ☆
January	104	46	4
February	116	57	5
March	190	65	15
Total	410	168	24

# Overall Star Ratings continued

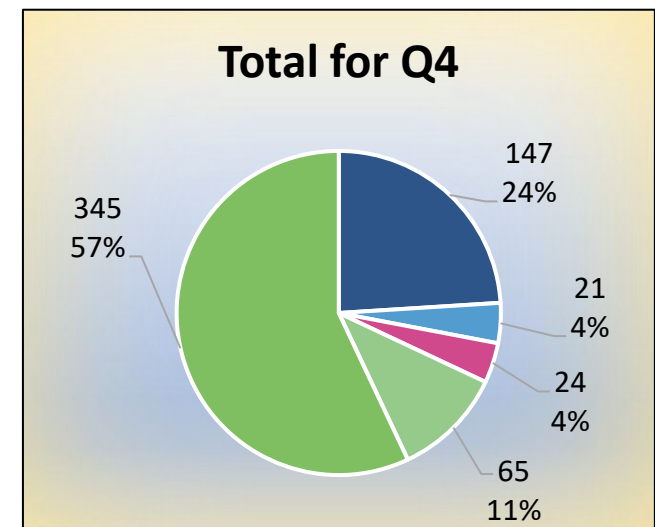
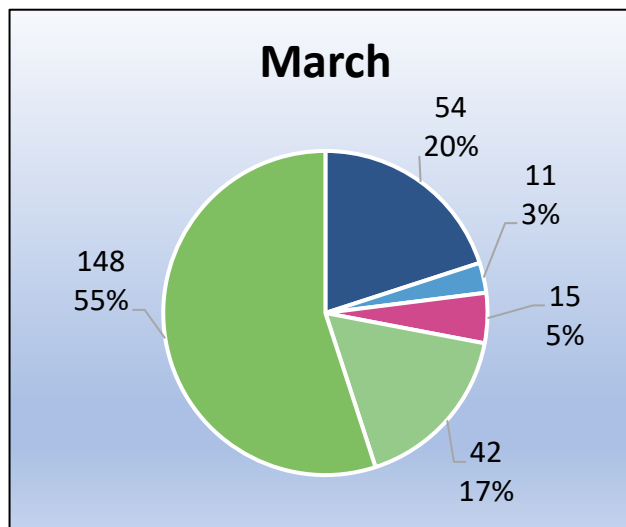
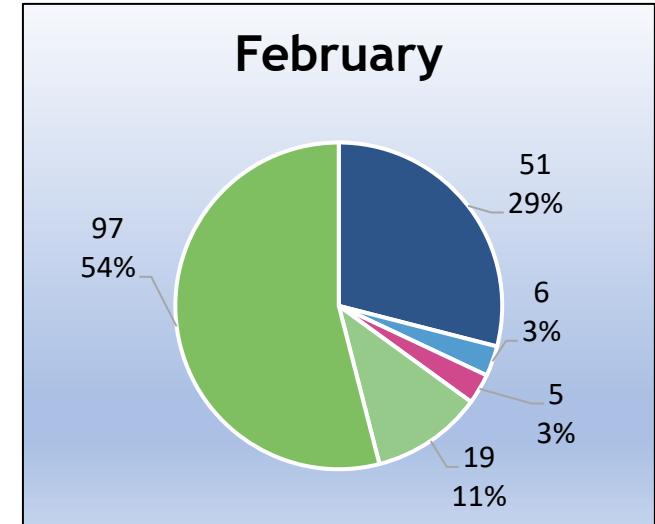
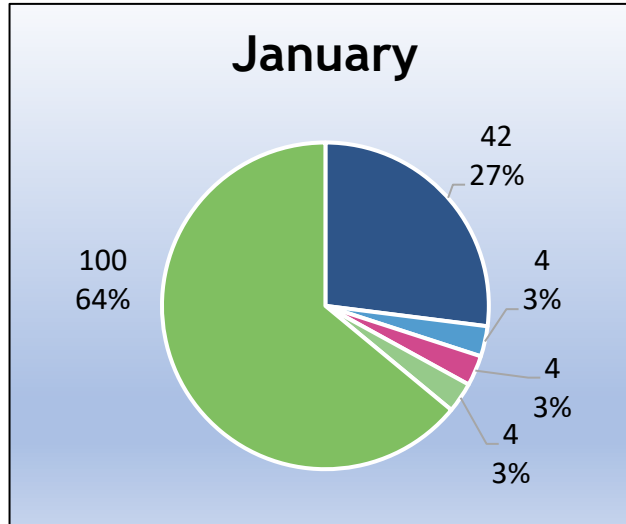
This chart provides a further breakdown of positive, negative, neutral and an overall total number of reviews for each month. We are very pleased we reached our target number of 600 reviews. However, we recognise that in March we collected more reviews in comparison to January and March. This was due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



# Overall Star Ratings continued

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

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

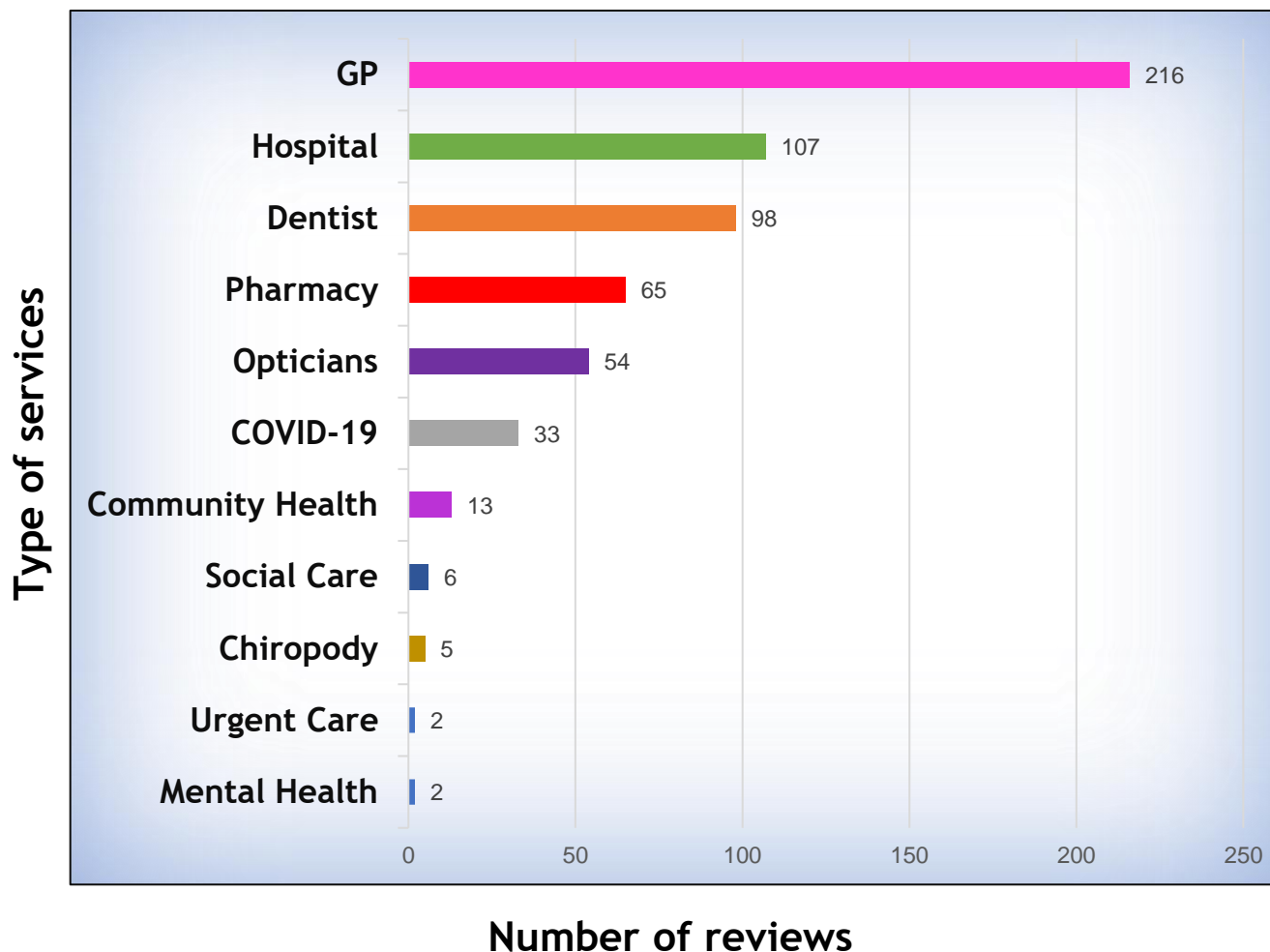


# Total Reviews per Service Category

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

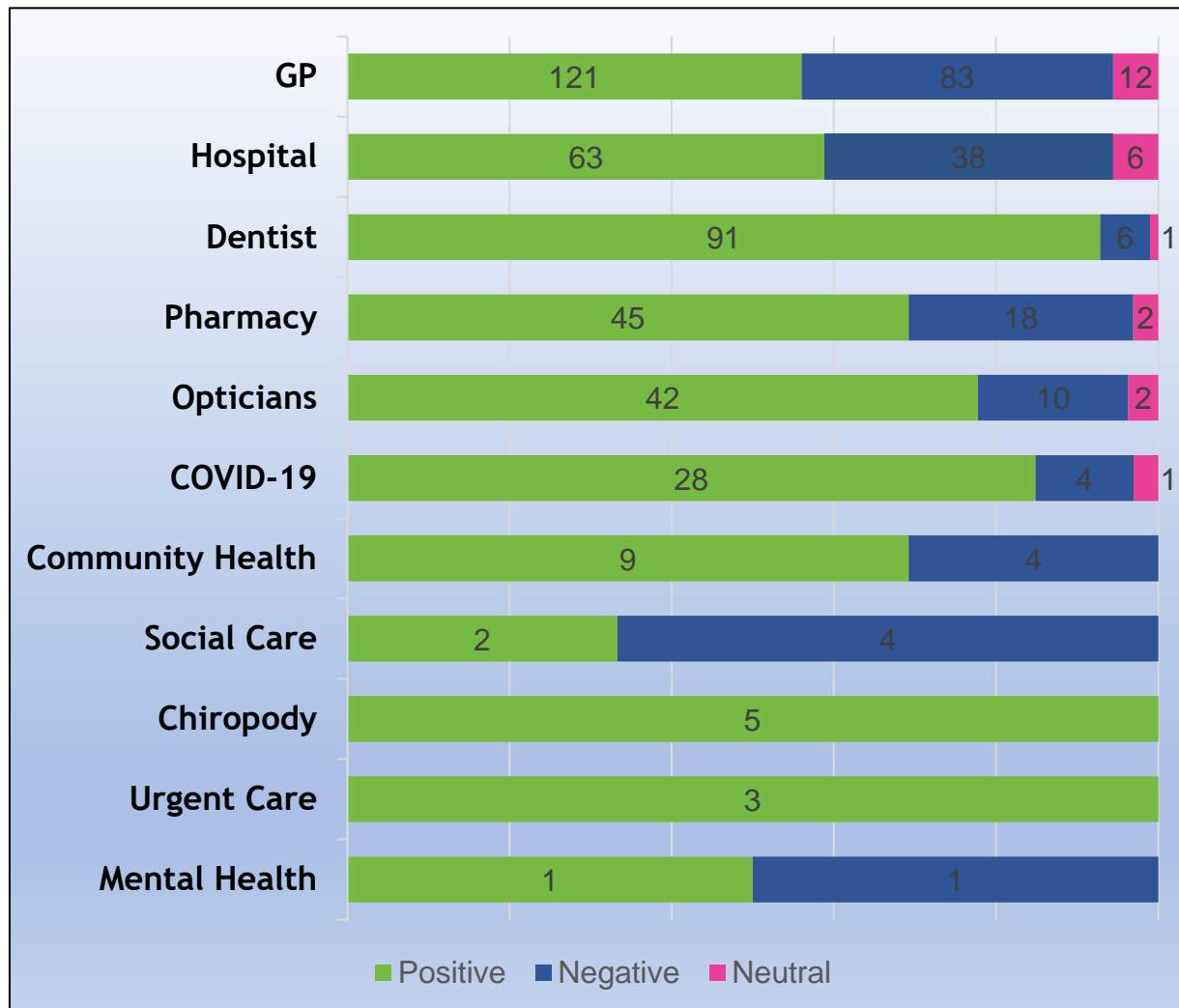
The category with the highest number of reviews recorded is GP services (216), followed by Hospital (107), Dentist (98) and Pharmacy (65).

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



# Distribution of Positive, Negative & Neutral

Type of services  
Page 24



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

GP services received the most reviews this quarter (216). Of these, 38% (83) were negative, 6% (12) were neutral, and 56% (121) were positive.

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

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

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

Number of reviews



# Themes and Sub-Themes

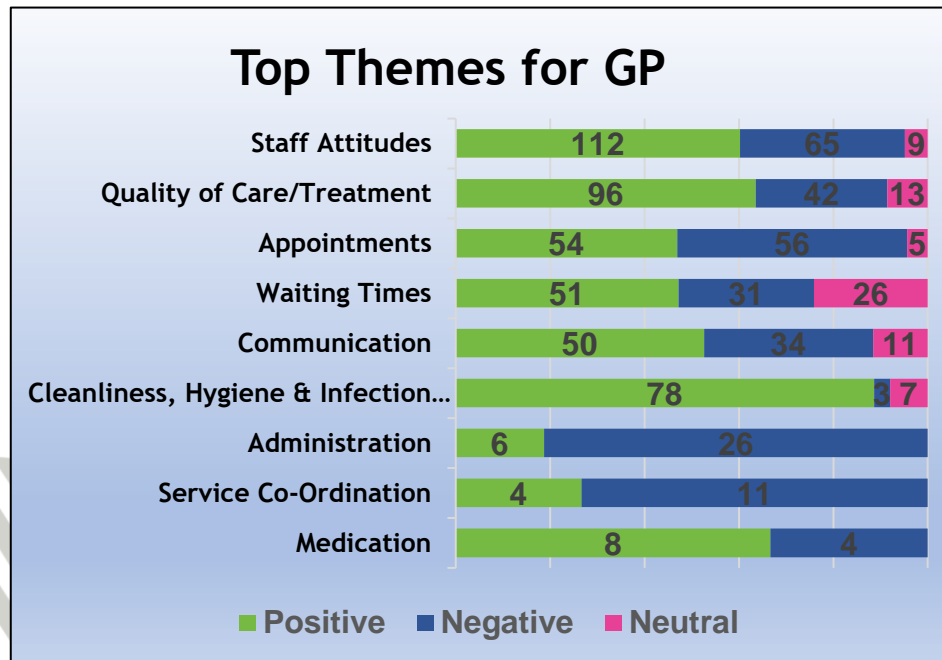
This section shows a breakdown of the main themes and sub-themes for service areas where we received a significant number of reviews. In Q4 these areas were: GP, Hospital, and Dentist. After asking patients for an overall star rating of the service we ask them to "tell us more about your experience".

Each comment is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see appendix I p29-31). For this reason, the total number of theme counts will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, negative, or neutral 'sentiment' is allocated. The application of themes, sub-themes and sentiment is a manual process and differs from the star rating patients provide.

# GP Themes and Sub-Themes

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

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



Number of reviews

#### Positive reviews

“Excellent staff, very helpful and efficient team.”

*GP surgery*

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

*GP surgery*

“Unfailingly kind, responsive and helpful.”

*GP surgery*

#### Negative reviews

“The receptionist was unprofessional.”

*GP surgery*

“Never answer the phone.”

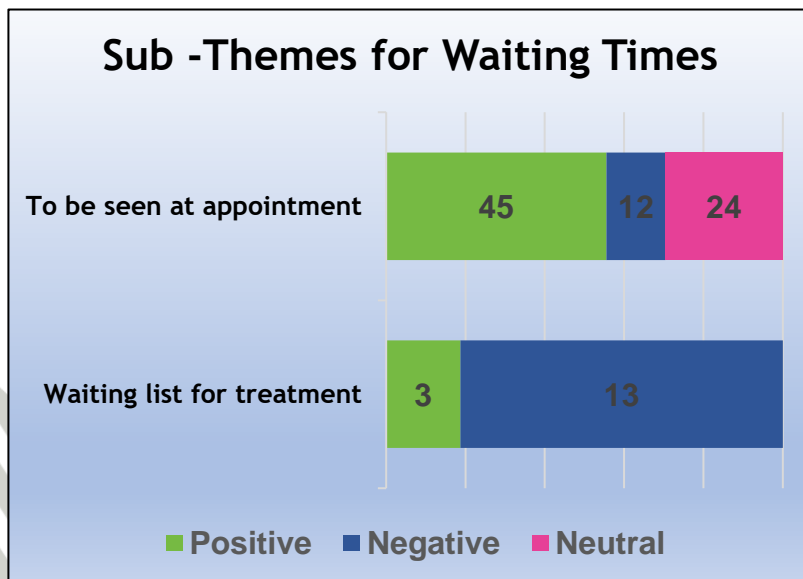
*GP surgery*

# GP Themes and Sub-Themes

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

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

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



Number of reviews

## Positive reviews

“Very happy with the service there.”

*GP surgery*

“Excellent and efficient service”

*GP surgery*

## Negative reviews

“Reception is the most unhelpful.”

*GP surgery*

“Appointment wait time is 3 weeks.”

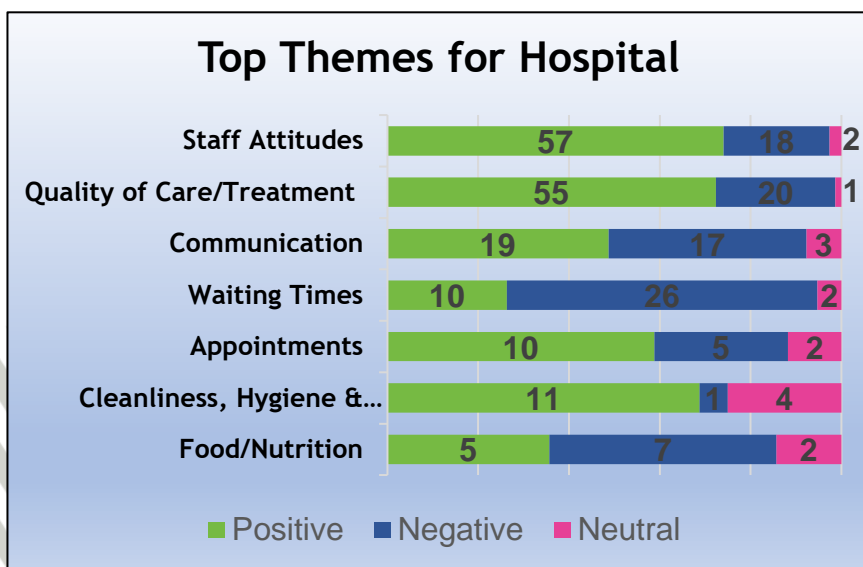
*GP surgery*

# Hospital Themes and Sub-Themes

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

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

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



Number of reviews

## Positive reviews

“Efficient and well organised.”

*Hospital*

“Your care, time and support meant everything.”

*Hospital*

## Negative reviews

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

*Hospital*

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

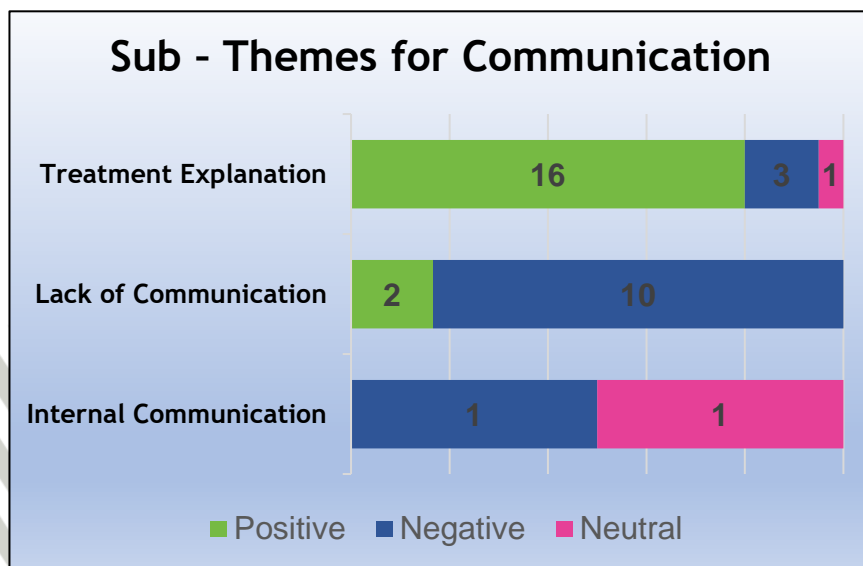
*Hospital*

# Hospital Themes and Sub-Themes

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

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

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



Number of reviews

## Positive reviews

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

*Hospital*

“I had great service from all the staff.”

*Hospital*

## Negative reviews

“Communication is non existent.”

*Hospital*

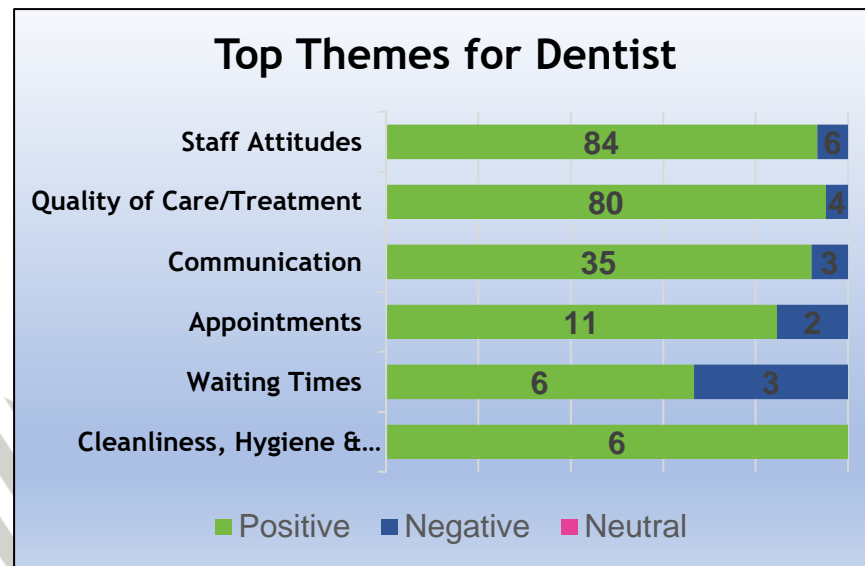
“Waited 5 hours and still not seen by a doctor.”

*Hospital*

# Dentist Themes and Sub-Themes

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

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



## Positive reviews

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

*Dentist*

“Thank you again to the whole team.”

*Dentist*

“Highly recommend the practice.”

*Dentist*

## Negative reviews

“Nightmare trying to find a dentist.”

*Dentist*

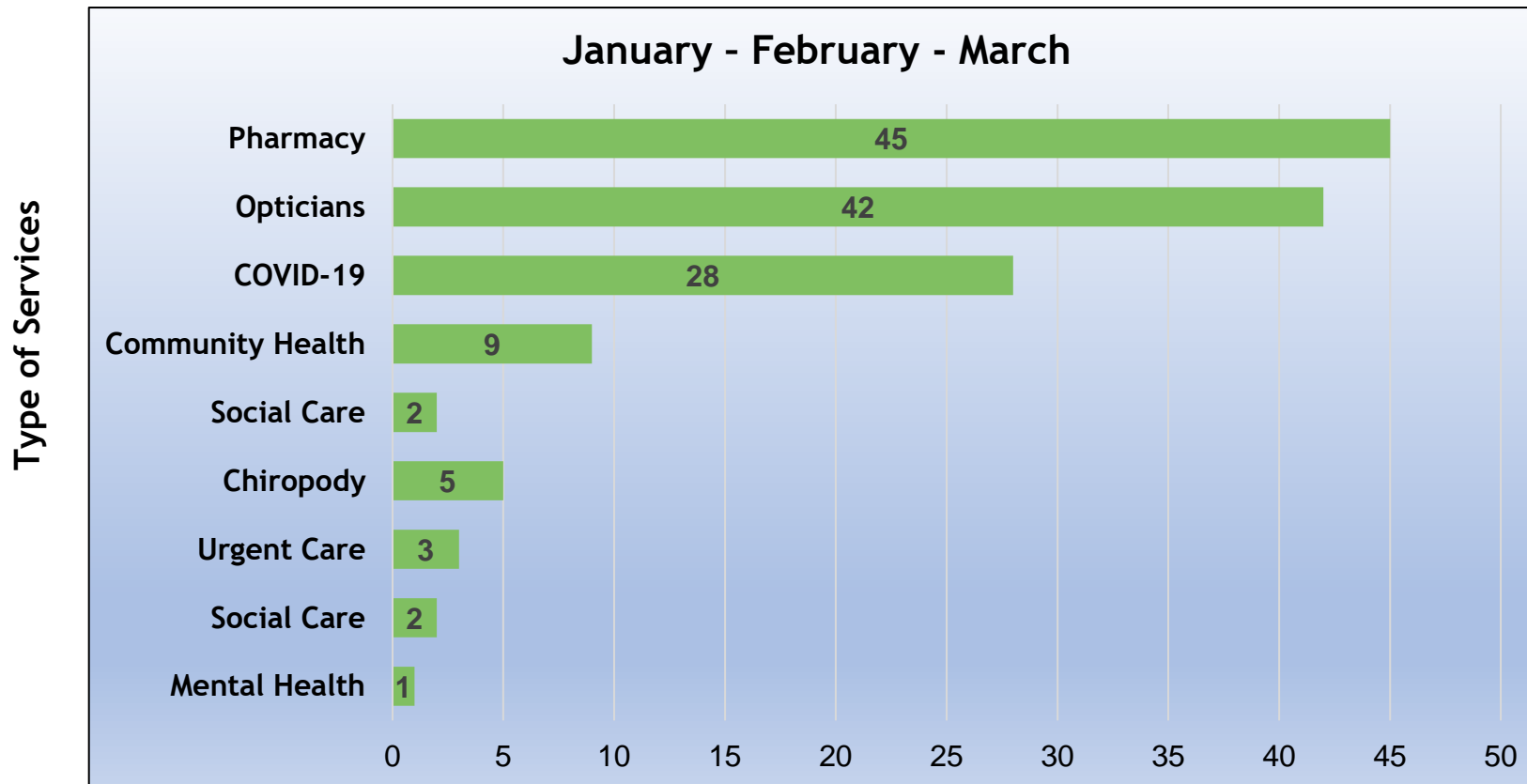
“I’ve spent a fortune there but will never go back.”

*Dentist*

Number of reviews

# Other Positive Reviews

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





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## Pharmacy

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

*Pharmacy*

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

*Pharmacy*

“All staff so helpful, kind and caring.”

*Pharmacy*

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## Opticians

“Can't fault the staff .”

*Opticians*

“Super customer service from start to finish.”

*Opticians*

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

*Opticians*

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**COVID-19**

**“They were quick and organised. Fabulous service.”**

***COVID-19***

**“They are brilliant and very well organised.”**

***COVID-19***

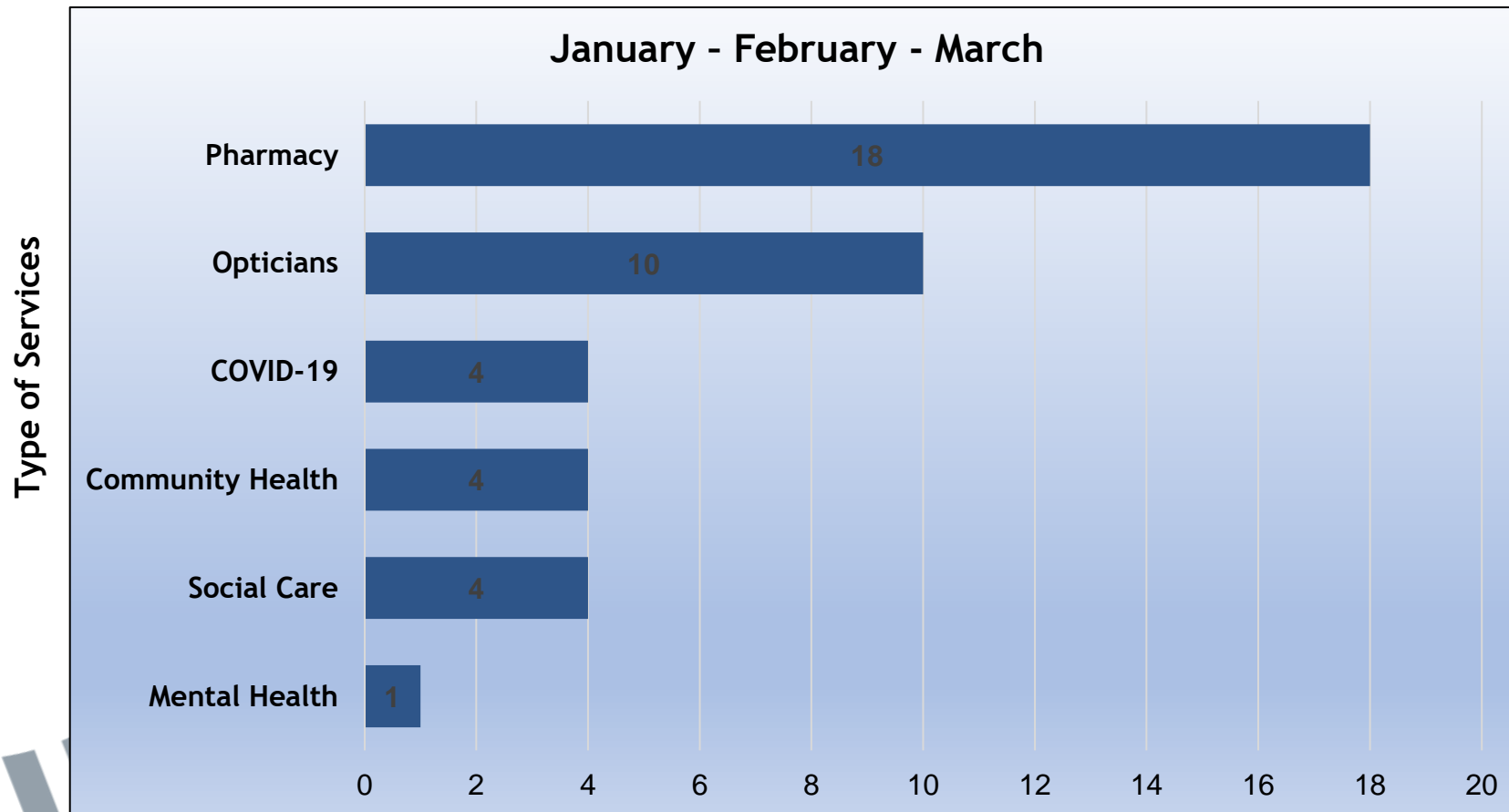
**“Excellent service - friendly staff.”**

***COVID-19***

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





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## Pharmacy

“Management needs changing.”

*Pharmacy*

“Awful customer service.”

*Pharmacy*

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

*Pharmacy*

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## Opticians

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

*Opticians*

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

*Opticians*

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

*Opticians*

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**COVID-19**

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

**COVID-19**

“Nurse very unhelpful, negative attitude.”

**COVID-19**

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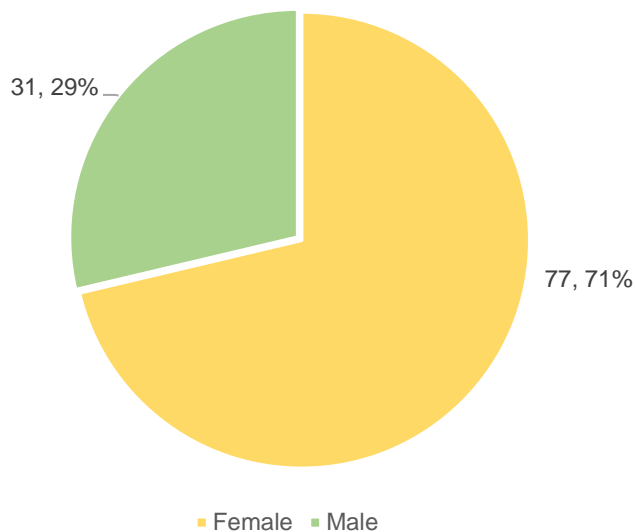
# Demographic Information

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

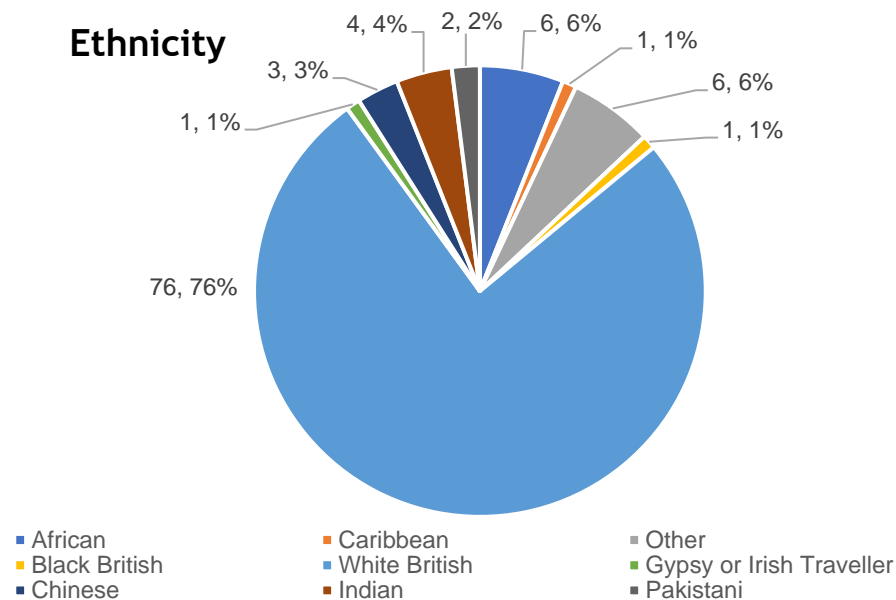
The pie chart below shows the number of reviews received this quarter from gender groups. Excluding the 494 that are left blank, the majority of the reviews received this quarter are from females, with 77 (71%), followed by male with 31 (29%).

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

Gender



Ethnicity

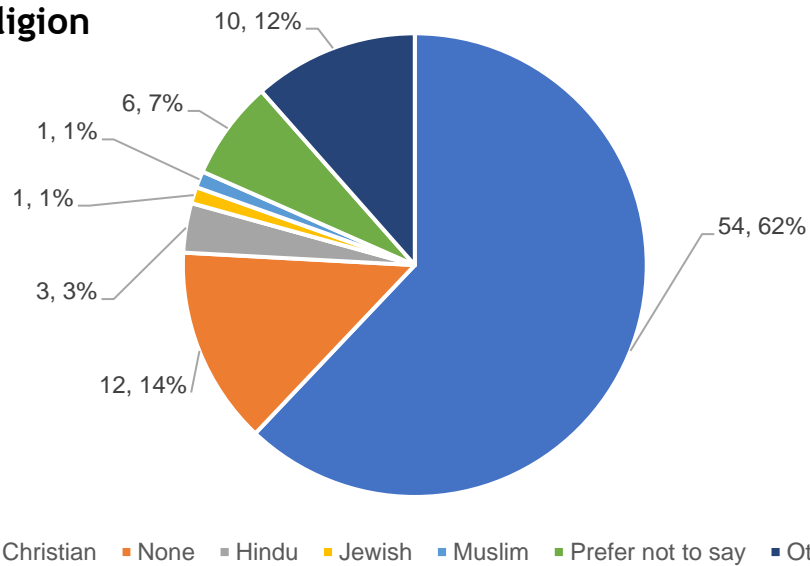


# Demographic Information

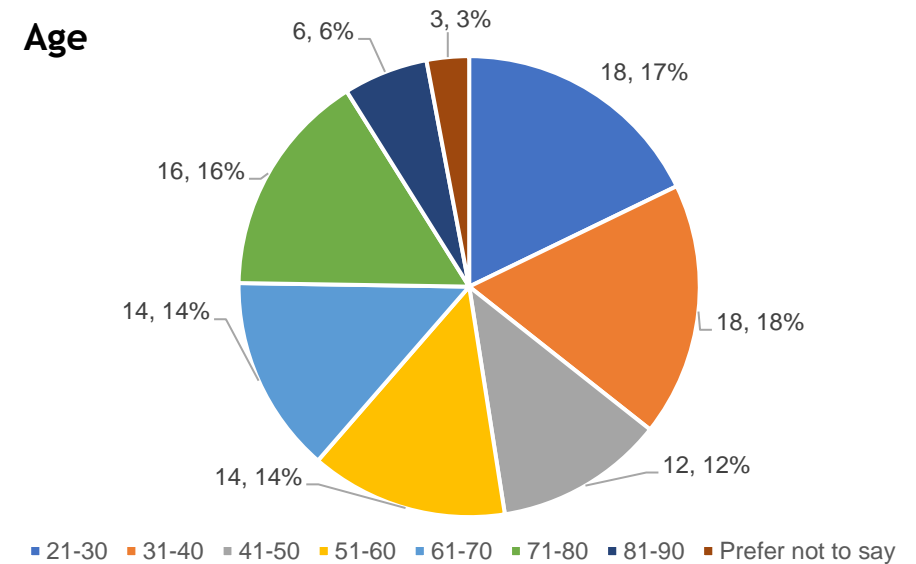
The pie chart below shows the number of reviews received this quarter from different religious groups. Excluding the 515 that are left blank, for the direct engagement reviews, 54 (62%) identified as Christian, 12 (14%) as None, 10 (12%) as Other Religion, 6 (7%) as Prefer Not To Say, 3 (3%) as Hindu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

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

Religion



Age



# Conclusion

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

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

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

## GP Services

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

## Hospital

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

# Conclusion

## Dentist

- The majority of service users found dentists to be excellent. Feedback showed high satisfaction across all themes; **Staff Attitudes, Quality of Care/Treatment, Communication, Appointments, Waiting Times and Cleanliness, Hygiene & Infection Control**. This reflects our findings in the Q3 report.
- 6 positive reviews (100%) were directly related to **Cleanliness, Hygiene and Infection Control**. The COVID-19 pandemic increased the need for infection prevention measures in the general population. Dental services are unique in this context as certain areas, such as oral activity, cannot be changed and still pose a potential infection risk. Despite this, it is promising to see that Bromley dentists have prioritised patient safety by implementing high levels of infection prevention measures, which is reflected in the positive feedback.
- The negative feedback received was low. This indicates that the majority of dental practices met the needs of their service users with a small scope for improvement in **Staff Attitudes** and **Waiting Times**.

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

Healthwatch Bromley places great importance on understanding the needs of Bromley communities and ensuring all groups are heard. Due to the pandemic, we were unable to collect a large amount of demographic information (pg.22-23). However, we began in-person patient engagement again in February 2022. This allowed us to speak to service users face-to-face in the London Borough of Bromley. We always seek to improve the completion of monitoring data for every quarterly report. Further training and guidance has been provided to staff and volunteers to better support this. We recognise the importance of capturing feedback from diverse local communities.



# Actions, impact and next steps

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

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

As well as formal meetings, informal meetings take place with partners to discuss issues of concern and identify actions to address them. For example, we hold regular meetings with the Acting Head of Primary Care in Bromley, SEL CCG, to share key information and work together to improve patients' feedback in the London Borough of Bromley. We also use our social media platforms, Twitter, Next Door and Facebook, to raise awareness of our organisation and the work that we do.

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

- Working with volunteers to visit health and social care services on a weekly basis to talk to and hear from patients, service users, carers & relatives about their experiences of local services.
- Extracting reviews from external online review platforms e.g. NHS, Care Home, Care Opinion, Google reviews and others
- Promoting our service through health and social care service providers
- Working with key partners such as Bromley Council, SEL CCG, voluntary and community organisations
- Working with volunteers to support the patient experience programme, to achieve our quarterly targets

# Appendix I: Themes & Sub-Themes

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

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

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

# Appendix II: Online Feedback Form

## Leave feedback

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

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

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



Summary of your experience\* (max 45 characters)

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

Tell us more about your experience\*

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

Where do you live? (town/city)

e.g. Biggin Hill, Chislehurst and Orpington

Which department did you visit?

Department

### Your ratings (select if applicable)

- Cleanliness
- Staff Attitude
- Waiting Time
- Treatment explanation
- Quality of care/treatment
- Quality of food
- Access to appointments
- Quality of Service
- Communication

In relation to your comments are you a:

Select one

When did this happen

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

If applicable, describe your overall experience of making an appointment

Have you shared your experience with any of the following?

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

If other, please specify

Where did you hear about us?

Select one

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

- No
- Yes

Would you like to speak to Healthwatch directly?\*

- No
- Yes

## About you

Name

Leave feedback anonymously?

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

I accept the [Terms and conditions](#)

Subscribe to the newsletter?

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

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

[Submit feedback >](#)

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

# Appendix II: Paper Feedback Form



**Share Your Experience with Us.**

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

Name of Service: .....

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

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

2. How do you rate your overall experience?

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

3. Tell us more about your experience

.....

.....

.....

4. Your ratings (select and circle if applicable)

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

5. Are you a:

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

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

**About you**

Name.....

Email.....

( ) Leave feedback anonymously

# Appendix II: Paper Feedback Form



## Monitoring Information

What gender do you identify yourself as:

- Female
- Male
- Other
- Prefer not to say

Which age group are you in?

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

What is your ethnicity?

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

Other Ethnic Group

- Arab
- Any other ethnic group

What is your religion?

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

Which area of the borough do you live in?

Thank you for sharing your experience!

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

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