HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

Meeting to be held on Thursday 29 June 2023

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 ACH23-029	**London Borough of Bromley**

Decision Maker:	**HEALTH AND WELLBEING BOARD**		
Date:			
Decision Type:	Non-Urgent	Non-Executive	Non-Key

Title:	**Better Care Fund (BCF) and Improved Better Care Fund (iBCF) Q4 (January to March 2022/23) Performance Report**

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

Chief Officer:	Kim Carey, 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. Purpose of report

This report provides the Health and Wellbeing Board with an overview of Bromley's performance against the Better Care Fund and the Improved Better Care Fund metrics and an update on expenditure and activity up to and including the period January to March 2022-23 (Quarter 4).

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

This report provides an update to the Health and Wellbeing Board on progress made against BCF targets up to and including the period January to March 2022-23 (Quarter 4)

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

Health & Wellbeing Strategy

1. Related priority: Not Applicable

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Financial

1. Cost of proposal: BCF: £30,296k; iBCF: £7,730k

2. Ongoing costs: BCF: £30,296k; iBCF: £7,730k

3. Total savings: N/A

4. Budget host organisation: LBB

5. Source of funding: NHS Southeast London ICB (revenue element of BCF) and Department of Levelling Up, Housing and Communities (DLUHC) (BCF capital element (DFG) and iBCF)

6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and NHS Southeast London ICB (Bromley)

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Supporting Public Health Outcome Indicator(s)

Not Applicable

4. EXECUTIVE SUMMARY

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.

In Bromley, the BCF grant is ring fenced for the purpose of pooling budgets and integrating services between Southeast London Integrated Care Board (Bromley) (SELICB) and London Borough of Bromley (LBB). The Improved Better Care Fund (iBCF) was a funding element added to the Better Care Fund from 2017-18 paid to the Council as a direct Local Authority grant for spending on adult social care.

4.1 Purpose of this Report

The purpose of this report to update Bromley's Health and Wellbeing Board on the progress made against the 2022-23 Plan, including an update on performance against BCF metrics up to and including the period January to March 2022-23 (Quarter 4)

4.2 BCF PERFORMANCE METRICS

The delivery of the Better Care Fund Metrics is a key requirement of BCF funding and a key way of measuring local partnership programme performance and delivery of BCF aims and objectives. Bromleys BCF 2022 -23 plan includes a requirement to deliver against four metric targets (targets and performance is detailed in the table below and in section 4.2.1)

Metric	Bromley BCF 22-23 Target	Performance up to Q4 22-23
Avoidable Admissions: unplanned hospitalisation	529	453
Discharge to normal place of residence	93.3%	93.5%
Rate of permanent admissions to residential care	410	355
Proportion of older adults (65 and over) who were still at home 91 days after discharge into reablement	93%	93.%

Quarter 4 performance has seen Bromley continue to achieve performance targets against these metrics. Performance against each of these metrics is provided in more detail under section 4.2.1 below:

4.2.1 *Update on Quarter 4 (22-23) performance against Metric Targets*

Metric 1 Performance

Metric 1:	Target for Reporting period (April 22 to March 23)	Actual for Reporting period (April 22 to March 23)
Avoidable Admissions: *Unplanned hospitalisation for chronic ambulatory care sensitive conditions[1] per 100,000*	*529[2]*	*453[3]*

The aim of this metric is for unplanned admissions in Bromley to be less than 529 for Month 1-12 cumulative. Bromley has performed better than the planned target thus 76 fewer patients had unplanned hospital admissions than were predicted (453 unplanned admissions for the same period.)

This demonstrates that Bromley continues to perform well against this metric and follows a long-term trend of positive performance against our unplanned admissions target.

Risks to performance against this metric: No current risk to performance identified.

Metric 2 Performance

Metric 2	Target for Reporting period (April 22 to Feb 23)	Actual for Reporting period (April 22 to Feb 23)
Discharge to normal place of residence [4]	93.3%	93.5%

The aim of this metric is for patient discharges to normal place of residence in Bromley to be no less than 93.3%. Bromley has met this target with 93.5% being discharged to place of residence. (For M1-11)

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Risks to performance against this metric: No risks identified

Metric 3 Performance

Metric 3	Target for Reporting period (April 22 to March 23)	Actual for Reporting period (April 22 to March 2023)
Rate of permanent admissions (65 and over) to residential care per 100,000 populations [5]	*410[6]*	*355 [7]*

This aim of this metric is for the rate of permanent admissions for adults aged 65 and over in Bromley to be less than at 410 per 100,000 for M1-12 (April 22 to March 23). Bromley has exceeded this target thus 20 fewer patients were permanently admitted to residential care

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[1] 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital
[2] Agreed Metric Target for Bromley BCF 22-23 plan (M1-M12 cumulative 22-23)
[3] Actual Bromley performance (M1-M12 cumulative 22-23)
[4] 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital
[5] 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital
[6] Based on planned target of 410 target for 22-23
[7] Reported through Bromley Digest

hospital than predicted (355 against a target of 375 for Month 1-11, permanent admissions to residential care)

Risks to performance against this metric No risks identified

Metric 4 Performance

Metric 4	Target for Reporting period (April 22 to March 23)	Actual for Reporting period (April 22 to March 23)
Proportion of older people (65 and over) who were still at home 91 Days after discharge into reablement/rehabilitation	93%	98%

The aim of this metric is for the percentage of older people still at home 90 days after discharge to be no less than the target of 93%. Bromley continues to perform well on this metric with 98% achieved.

Reablement continues to build on its successful outcomes in offering an enabling service for all residents in the community, both supporting those patients being discharged from hospital and those requiring assistance to regain function already in their homes. Further scoping, planning and exploratory work is ongoing to develop work to expand the resource required to offer the service to more clients by increasing the daily capacity of the service to support the increased need, particularly in supporting hospital discharges. This ongoing work is also developing an Assistive Technology offer that incorporates the issuing of wearable digital devices for appropriate patients leaving hospital as part of the reablement package

Risks to performance against this metric No performance risks identified.

4.3 UPDATE ON BCF POLICY PRIORITIES

4.3.1 **Increasing system capacity**. There are a number of initiatives that the Bromley Partnership are delivering to increase system capacity. These include:
- o Investing in additional care management social work and brokerage capacity during the winter period.
- o Recruiting a dedicated Extra Care Housing Stepdown Care Manager to support admission avoidance.
- o Facilitate social work presence at the emergency department within the hospital to support admission avoidance and ensuring where possible people get the right support earlier and return home to maximise their independence.
- o Providing an admission avoidance offer within the local authorities "front door" with the Initial Response Team being maintained through the use of winter scheme monies.
- o Plans have been set up to facilitate Social Work/Care Management and Brokerage mobilisation into the Single Point of Access. Multidisciplinary working will continue to aid and support Hospital discharge and any increase in demand.
- o Additional occupational therapy budget has been identified to provide additional therapy support during the winter period.

4.3.2 **Meeting seasonal demand-** There are a number of initiatives that the Bromley Partnership are delivering to meet seasonal demand. These include:

o The identification of resource to meet any increase in demand around the broader domiciliary care offered to support systems to return or remain at home preventing admission to hospital or a care home.
o Sourcing additional nursing beds to support additional admission avoidance capacity and /or carer breakdown during the winter period
o Securing domiciliary care cover to deliver care packages over holidays including bank holidays and weekends

4.3.3 Supporting Unpaid Carers

o The new Carers Initial Assessment form has been used to conduct an initial assessment of carers needs for every new carer being referred into the service across the carer pathways in Age UK Bromley & Greenwich. For Q 3 & 4 of the new contract, there has been an 18% increase in referrals following the launch of the new form (114 compared to 94 for previous contract.) This has enabled a more coherent approach to identifying and assessing the needs of carers and arranging interventions to support Carers. A new Carers Plan for Bromley will be agreed in June 2023.

4.3.4 Prevention and Early Intervention
o In Q4, the service continues to see queries around the cost of living and queries related to benefit and income support and the service continues to provide support through income maximisation interventions as well as information, advice and guidance on managing debt
o The service is also collaborating with commissioners to develop a client led outcomes framework designed to increase the focus on feedback from clients in terms of their outcomes as evidence of the effectiveness of the service. Further information will be provided in subsequent updates

4.3.5 Home First
The integrated health and care discharge triage and care pathways for our most complex and end of life people are well established and embedded and supported by system partners. The pathways provide timely hospital discharge and post discharge care and support to enable people to safely transition out of hospital and back to the community.

Since December 2022, the home first approach and huddles have significantly cut the number of patients entering care homes directly from hospital. This is a significant success from an integrated team with all providers inputting into the success and positive outcomes for these service users.

4.4 DFG and Adaptations

Developments continue to include:
o Planning with a view to putting in place a local Housing Assistance Policy as allowed for under the Regulatory Reform (Housing assistance) Order with a plan to include a Discretionary DFG scheme.
o Piloting Landlord Applications for DFG which will allow the speeding up of processes and eliminate the need for time consuming means testing of personal applicants.
o Exploring the possibility of employing one or more additional Grants Officers to shorten the waiting time for applicants and increase the quantity of work done by the team.

5 IMPACT ON VULNERABLE PEOPLE AND CHILDREN

All services are targeted at vulnerable adults with a focus on avoiding people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission. Funds also support the supported discharge of patients from hospital into the community.

6 FINANCIAL IMPLICATIONS

6.1 The 2022/23 budget and provisional outturn for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:

	Scheme Type	Scheme Name	2022/23 Budget	2022/23 Provisional Outturn	2022/23 Variation
BCF Minimum ICB Contribution					
ICB	Assistive Technologies and Equipment	Assistive Technologies	585	585	0
LBB	Assistive Technologies and Equipment	Assistive Technologies	461	461	0
ICB	Bed based intermediate Care Services	Intermediate Care Services	1,390	1,390	0
LBB	Bed based intermediate Care Services	Intermediate Care Services	1,286	1,170	-116
ICB	Carers Services	Support for carers	576	576	0
ICB	Community Based Schemes	Risk pool	1,472	1,472	0
Joint	Enablers for Integration	Community and Social Care Development Fund	1,046	1,046	0
LBB	Enablers for Integration	BCF Post	44	46	2
LBB	Enablers for Integration	Learning Disabilities	27	1	-26
ICB	High Impact Change Model for Managing Transfer of Care	Risk pool	617	617	0
LBB	High Impact Change Model for Managing Transfer of Care	Risk pool	56	55	-1
ICB	Home Care or Domiciliary Care	Improving healthcare services to Care Homes	343	343	0
LBB	Housing Related Schemes	Improving healthcare services to Care Homes	457	457	0
ICB	Integrated Care Planning and Navigation	Assistive Technologies	413	413	0
LBB	Integrated Care Planning and Navigation	Assistive Technologies	58	56	-2
ICB	Personalised Care at Home	Personalised Support/care at home	678	678	0
ICB	Personalised Care at Home	Reablement services	1,040	1,040	0
LBB	Personalised Care at Home	Protecting Social Care	10,850	10,850	0
LBB	Personalised Care at Home	Dementia Universal support service	569	490	-79
LBB	Prevention / Early Intervention	Support for carers/assistive technology	1,837	1,837	0
LBB	Reablement in a persons own home	Reablement services	1,276	1,276	0
LBB	Home Care or Domiciliary Care	Discharge to Assess	458	458	0
LBB	ASC Discharge Fund	Discharge to Assess	992	894	-98
ICB	ASC Discharge Fund	Discharge to Assess	1,322	1,322	0
			27,853	**27,533**	**-320**
DFG					
LBB	DFG Related Schemes	Disabled Facilities Grants	2,443	2,131	-312
			2,443	**2,131**	**-312**
iBCF					
LBB	Assistive Technologies and Equipment	Equipment	214	214	0
ICB	Enablers for Integration	D2A staffing	95	95	0
LBB	Home Care or Domiciliary Care	D2A DomCare	321	321	0
LBB	Home Care or Domiciliary Care	DomCare	72	72	0
LBB	Home Care or Domiciliary Care	Whole system reserve	1,677	1,677	0
LBB	Personalised Budgeting and Commissioning	Reducing pressures	4,863	4,863	0
LBB	Residential Placements	D2A Placements	83	83	0
LBB	Residential Placements	Placements	405	405	0
			7,730	**7,730**	**0**
Grand Total			**38,026**	**37,394**	**-632**

6.2 Funding for the BCF is from NHS Southeast London ICB (£27,853k, including the £2,314k ASC Discharge Fund) and the Department for Levelling Up, Housing and Communities (£7,730k for iBCF and £2,443k for DFG).

6.3 There was a total underspend of £632k on BCF (£320k revenue and £312k capital) and £50k underspend on IBCF. These amounts will be carried forward to 2023/24.

7 LEGAL IMPLICATIONS

7.1 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.

7.2 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).

7.3 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.

7.4 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

7.5 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.

7.6 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

Non-Applicable Sections:	
Background Documents:	None

Report No. ACH23-028	**London Borough of Bromley**
	PART ONE - PUBLIC

Decision Maker:	**N/A - Information Item (HWB)**
Date:	**June 2023**
Decision Type:	Non-Urgent
Title:	**CDAP (Combatting Drugs and Alcohol Partnership) Update**
Contact Officer:	Mimi Morris-Cotterill and Finola O'Driscoll Tel: 020 8461 7772 E-mail: finola.odriscoll@bromley.gov.uk
Chief Officer:	Dr Nada Lemic
Ward:	N/A

1. Reason for decision/report and options

1.1 Bromley's CDAP was established in September 2022. The purpose of this paper is to provide an overview of CDAP and an update on the partnership.

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2. **RECOMMENDATION(S)**

   Not Applicable

Impact on Vulnerable Adults and Children
1.   Not Applicable

Transformation Policy
    1.   Policy Status: Not Applicable

2.   Making Bromley Even Better Priority *(delete as appropriate)*:
    (1) For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
    (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
    (3) For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
    (4) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
    (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

Financial
1.   Cost of proposal: Not Applicable
2.   Ongoing costs: Not Applicable
3.   Budget head/performance centre:
4.   Total current budget for this head: £
5.   Source of funding:

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

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

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:

Impact on the Local Economy
1. Summary of Local Economy Implications:

Impact on Health and Wellbeing
1. Summary of Health and Wellbeing Implications:

Customer Impact
1. Estimated number of users or customers *(current and projected)*:

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

3.   COMMENTARY

CDAP was established to strategically manage the challenge of substance misuse and its impact. It is formed of senior membership from a wide range of partners including Bromley Local Authority, Bromley Drug and Alcohol Service, NHS SEL ICB, Metropolitan Police BCU, Probation Services, and the Community and Voluntary Sector. Its aim is to provide borough-wide oversight in delivery of the national ten-year drug strategy with an ambition to strategically oversee a comprehensive approach to meeting the three objectives set out in the national strategy.

- Break drug supply chains
- Delivery a world class and treatment recovery system
- Achieve a generational shift in demand for drugs

Year 1 priorities

1. Establishing the partnership and identifying roles that were mandated by OHID. These include a system leadership role referred to as an SRO (Senior Responsible Officer), Dr Nada Lemic occupies this position. The Vice Chair role is shared between Mimi Morris-Cotterill (Assistant Director, Public Health) and Lucien Spencer (Head of Probation Bromley and Lewisham). Earlier this year Public Health appointed Project Officer Adam Denny as the Public Involvement Lead.

2. CDAP members agreed to progress delivery of objectives and to implement several key recommendations set out in Bromley's Drug and Alcohol Needs Assessments through a small number of dynamic sub-groups. The sub-groups included:

2.1 Local Drug Information System (LDIS): Established to ensure a systematic, robust and effective alert system for harmful illicit drugs identified in the local market. CDAP has enabled excellent buy-in from a variety of partners and LDIS process has been reviewed with new partners invited to be involved in the process. All partners have been reminded of the 'system' and their function within the process. Partners understand the need to both raise concerns when necessary and share information effectively throughout their organisation in a timely manner to protect as many people within our community as possible. A key positive development is that alerts will now also feature harm reduction messages as they are generated.

2.2 Criminal Justice System & Substance Misuse Sub-group: This sub-group serves as a practitioner level group bringing together the various partners who support service users leaving prison with substance and alcohol addiction. The purpose of the group is to identify blockages within the system to ensure needs can be effectively met, and that people leaving prison can continue their recovery and transition into the community with ease. One key national measure is the 'Continuity of Care' rate, this illustrates numbers engaging in structured treatment after prison release, Bromley rates have risen from around 20% in 2021 to closer to 40% in 2023. Key achievements of this group over the past 18 months include, regular co-location of the drug service within the Probation Service, ensuring referrals and alerts from prison to the community drug service are being issued, generating improvements based on best practice and introducing prison in-reach groups into our main referring prison. The group has plans for further improvements, such as increasing co-location and maximising good use of information sharing to best support this client group.

2.3 Data and intelligence Sub-group: Led by the Public Health Intelligence Team, a Local Outcome's Framework has been developed based on objectives from the National Drug Strategy and local priorities. CDAP members are collaborating in identifying data sets there are available locally that can be shared to support the delivery of a local plan with a whole-system approach and going forward the group will monitor the partnership's performance and delivery.

2.4 Drug and Alcohol Related Deaths (DARD) Sub-group: The main aim is to minimise the risk of further drug and/or alcohol related deaths occurring in the London Borough of Bromley through better understanding the factors contributing to drug and/or alcohol related deaths, resulting in improved

practice and care across the system. A key ambition of the ten-year drug strategy 'From Harm to Hope' is for strong local partnerships to be formed in order to work together as a joint approach to reducing & preventing deaths.

2.5 Prevention sub-group: Achieving a generational shift in the demand for drugs is one of the three key objectives set out in the national drug strategy. The subgroup has not yet formally met but CDAP's members are supporting collaborative work progressing the prevention agenda. Public Health and Bromley Changes recently had a successful meeting with secondary head teachers who are increasingly willing to engage well with the prevention offer for their school communities. Bromley's Safer Neighbourhood Board has provided funded for a County Lines Drama Production to be offered to ten schools.

3. Going forward: Other than LDIS, as all objectives have now been met for that project sub-group, the remaining four subgroups will remain under the leadership of CDAP. The partnership will continue to receive updates on the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant that is being used to support delivery of objectives, particularly in relation to the criminal justice substance misuse pathway. An area for development is engaging wider partners, particularly those with lived experience. This is a key focus for the Public Involvement lead who is working to establish effective and meaningful connections between the partnership and people with lived experience.

IMPACT ON VULNERABLE ADULTS AND CHILDREN

Achieving a generational shift in the use of substances is a key priority set out in the national strategy 'From Harm to Hope' and is an area of focus at the local level. Delivering school-based prevention and early intervention – a clear expectation that students will learn about the dangers of drugs and alcohol during their time at school. Supporting young people and families most at risk of substance misuse – investing in and promoting a range of programmes that provide early, targeted support including parenting programmes.

4. TRANSFORMATION/POLICY IMPLICATIONS

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5. FINANCIAL IMPLICATIONS

In part, CDAP's ambitions are supported through the SSMTR Grant (Supplemental Substance Misuse Treatment and Recovery Grant). In particular in relation to the Criminal Justice pathway collaboration and development in Bromley. This is an annual grant distributed through OHID to support meeting the objectives set out in the national strategy. 2023-24 is the second year of SSMTR Grant funding and there is an indicative commitment to further funding for 2024-25.

6. PERSONNEL IMPLICATIONS

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7. LEGAL IMPLICATIONS

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8. PROCUREMENT IMPLICATIONS

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9. PROPERTY IMPLICATIONS

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10. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

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

12. IMPACT ON THE LOCAL ECONOMY

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13. IMPACT ON HEALTH AND WELLBEING

The partnership is delivering system-wide improvements in the support and rehabilitation of some of our most vulnerable residents through reducing unmet need and increasing numbers successfully engaging in community treatment. The focus on continuity of treatment from prison to community substance misuse care fundamentally impacts the health and wellbeing of those released from prison to the community and significantly contributes to the chances of breaking the cycle of criminality that can be closely linked to addiction issues for these individuals.

14. CUSTOMER IMPACT

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15. WARD COUNCILLOR VIEWS

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Non-Applicable Headings:	Outlined above in relevant fields.
Background Documents: (Access via Contact Officer)	From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk) Bromley's Drugs and Alcohol Needs Assessments

healthwatch
Bromley

Q4 Patient Experience Report

Healthwatch Bromley
January-March 2023

Contents

Layout of the report

This report is broken down into five key sections:
- Quarterly snapshot
- Experiences of GP Practices
- Experiences of Hospital Services
- Experiences of Dental Services
- Experiences of 'Other' Services

GPs, Hospitals and Dental Services have been given dedicated sections as we ask tailored questions about these services when carrying out engagement. These are the top 3 services we receive most feedback about. Each of these sections highlight good practice, areas of improvement and recommendations.

This report functions as a standardised general overview of what London borough of Bromley residents have told us within the last three months. Additional deep dives relating to the different sections are dependent on additional capacity.

Please note that this is a new report design which was developed as part of our review of the Patient Experience Programme. Therefore, there will be gaps in data for Q1 and Q2 of the 2022/23 financial year.

Introduction

Patient Experience Programme

Healthwatch Bromley is your local health and social care champion. Through our Patient Experience Programme, we hear the experiences of residents and people who have used health and care services in our borough.

They tell us what is working well and what could be improved allowing us to share local issues with decision makers who have the power to make changes.

Every three months we produce this report in order to raise awareness about patient experience and share recommendations on how services could be improved.

Methodology

Carrying out engagement at local community hotspots such as GPs, hospitals and libraries

Encouraging conversations on social media and gathering online reviews

Providing promotional materials and surveys in accessible formats

Training volunteers to support engagement across the borough allowing us to reach a wider range of people and communities

Being independent helps people to trust our organisation and give honest feedback which they might not always share with local services.

Between January and March, we continued to develop our PEP by :

• Engaging more with the community and visiting more local health and social care services.

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Q4 Snapshot

This section provides a summary of the number of experiences we collected during January to March 2023 as well as a breakdown of positive, negative reviews per service. We analysed residents rating of their overall experience to get this data (1* and 2* = negative, 3* = neutral, 4* and 5* = positive)

Engagement

642 reviews

of health and care services were shared with us, helping to raise awareness of issues and improve care.
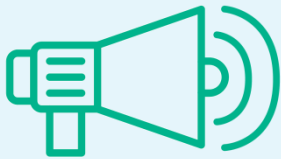
60 face-to-face visits

were carried out to different local venues across the borough to reach as many as people as possible

Top 5 Service Types	No of Reviews	Percentage of total reviews
Hospital	207	32%
GP	167	26%
Dental	121	19%
Pharmacy	60	9%
Community Health	37	6%

Service Type by Sentiment

Hospital — Neutral: 14, Negative: 55, Positive: 138

GP — Neutral: 25, Negative: 47, Positive: 95

Dental — Neutral: 1, Negative: 11, Positive: 109

Pharmacy — Neutral: 5, Negative: 17, Positive: 38

Community Health — Neutral: 1, Negative: 5, Positive: 31

■ Neutral ■ Negative ■ Positive

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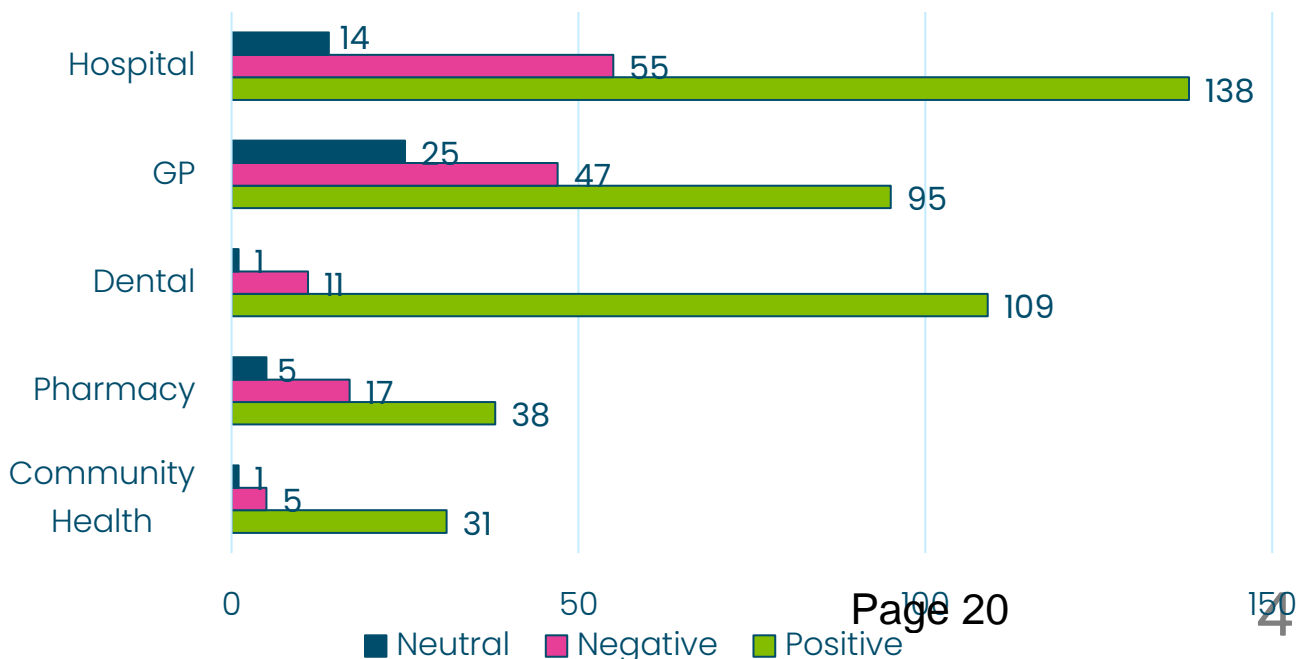
Yearly Comparison

In order for us to understand whether experiences of health and care services are improving we compare our data throughout the year. The chart below highlights positive (green) and negative (blue) experiences. Neutral experiences have been omitted.

Service Type by sentiment

Top 5 Services	Q4 (Jan-Mar 23)		Q3 (Oct-Dec 22)		Q2 (Jul-Sep 22)		Q1 (Apr-Jun 22)	
Hospital	67%	7%	83%	9%	%	%	%	%
GP	57%	28%	46%	43%	%	%	%	%
Dental	90%	9%	94%	4%	%	%	%	%
Pharmacy	63%	28%	70%	21%	%	%	%	%
Community Health	84%	14%	74%	21%	%	%	%	%

What does this tell us?

- We have seen an increase in the percentage of people sharing positive feedback about GPs over the year

- Negative experiences of hospital services increased when compared to the previous quarter

- Experiences of Dental services continues to be extremely positive

- Positive experiences of pharmacy services have slightly decreased as the year has progressed

- Positive experiences of community health services increased when compared to the previous quarter

Experiences of Hospital Services

What people told us about Hospitals

""They are understanding, supportive and treat me with respect."

"Very confusing signage took me ages to work out if I needed to take a ticket or not. So many signs with different information on. Website has not been updated."

"My daughter and her partner received the most fantastic care when she went to the Maternity Unit, every member of staff were caring, kind and extremely professional."

"A&E is absolutely filthy, waiting room including toilet was full of dirty paper."

"Despite all bad publicity, for log waiting times, our experience with the children A&E department was great."

"We have always experienced some issues and long waiting times, every time we would go there seeking for help for our child."

"Thank you to all the nurses and doctors who today went above and beyond."

"The reception staff are extremely rude and have absolutely no customer service skills at all."

Hospital Services

No. of Reviews	207
Positive	67%
Negative	27%
Neutral	7%

Questions we asked residents

As part of our new patient experience approach, we asked residents a series of questions which would help us better understand experiences of access and quality.

The questions we asked were:

Q1) How did you find getting a referral/appointment at the hospital?

Q2) How do you find getting through to someone on the phone?

Q3) How do you find the waiting times at the hospital?

Q4) How do you find the attitudes of staff at the service?

Q5) How do you think the communication is between your hospital and GP practice?
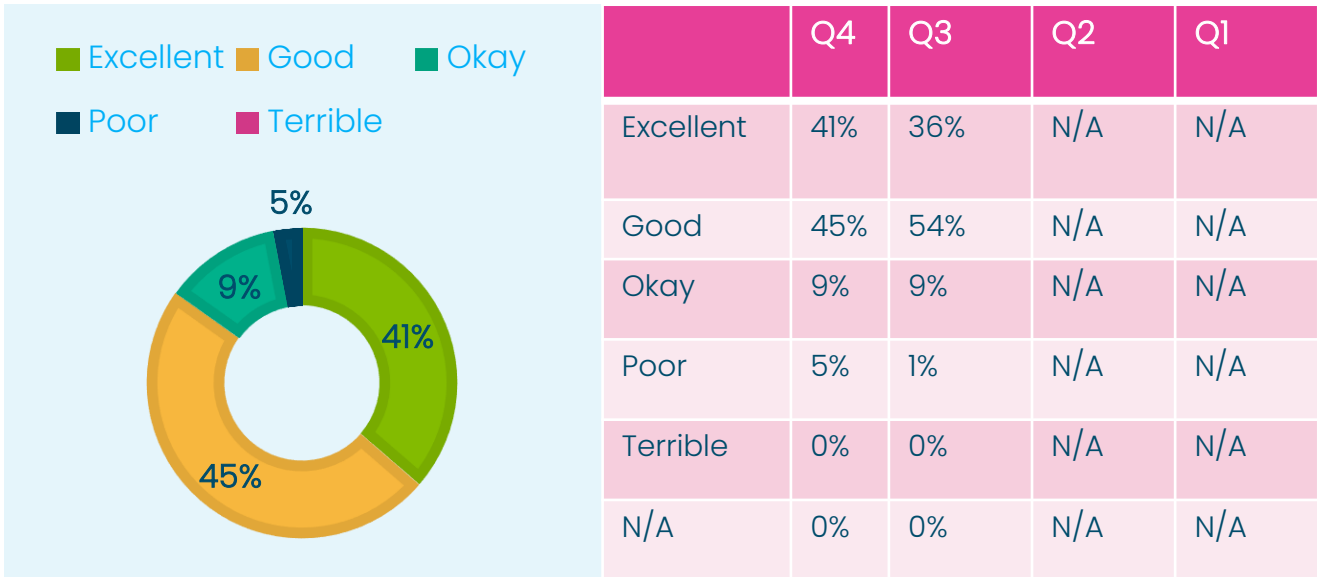
Q6) How would you rate the quality of treatment and care received?

Participants were asked to choose between 1-5* (Terrible – Excellent) for all questions.
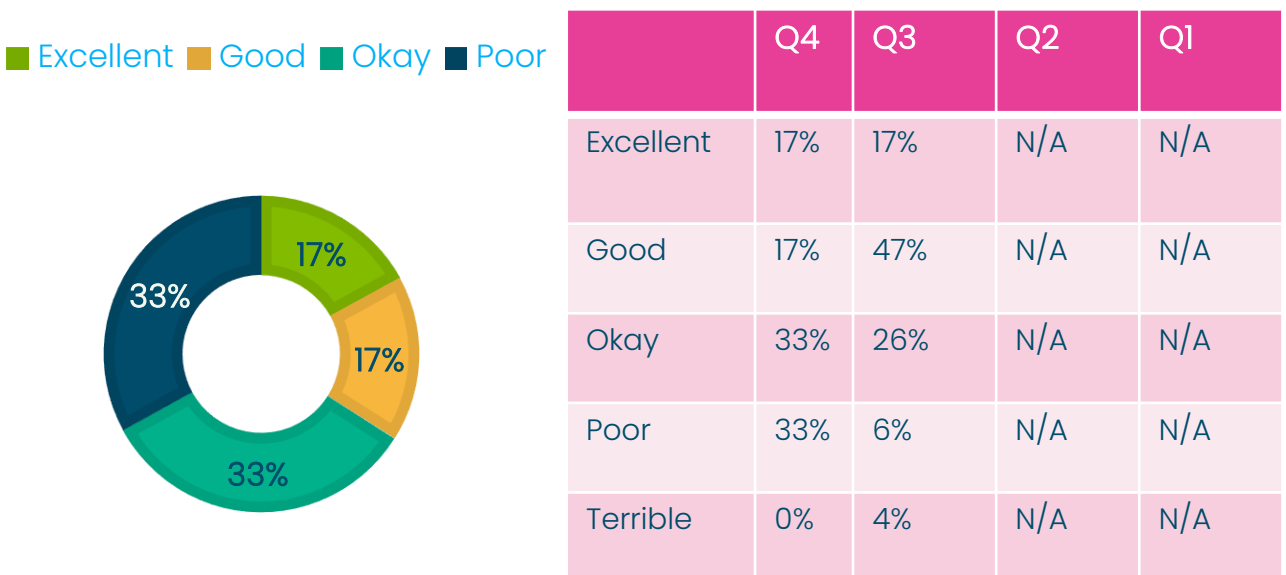
Access and Quality Questions

Q1) How did you find getting a referral/appointment at the hospital?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

- 41%
- 45%
- 9%
- 5%

	Q4	Q3	Q2	Q1
Excellent	41%	36%	N/A	N/A
Good	45%	54%	N/A	N/A
Okay	9%	9%	N/A	N/A
Poor	5%	1%	N/A	N/A
Terrible	0%	0%	N/A	N/A
N/A	0%	0%	N/A	N/A

During this quarter , we found that the majority of residents had a positive experience when getting a referral/appointment at the hospital. Whilst the review ratings are similar to the previous Q3, we can see an increase in 'Excellent' reviews , 5%, a 9% drop for 'Good' and 'Poor' reviews have increased by 4%.

Q2) How do you find getting through to someone on the phone?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor

- 17%
- 17%
- 33%
- 33%

	Q4	Q3	Q2	Q1
Excellent	17%	17%	N/A	N/A
Good	17%	47%	N/A	N/A
Okay	33%	26%	N/A	N/A
Poor	33%	6%	N/A	N/A
Terrible	0%	4%	N/A	N/A

The majority of patients rated their experience as either 'Okay' or 'Poor' when trying to get through to someone on the phone. The figures have changed quite substantially since the previous quarter. 'Excellent' reviews have remained the same. However, 'Good' reviews have significantly dropped, and 'Poor' reviews have increased by more than 20%..

Access and Quality Questions

### Q3) How do you find the waiting times at the hospital?
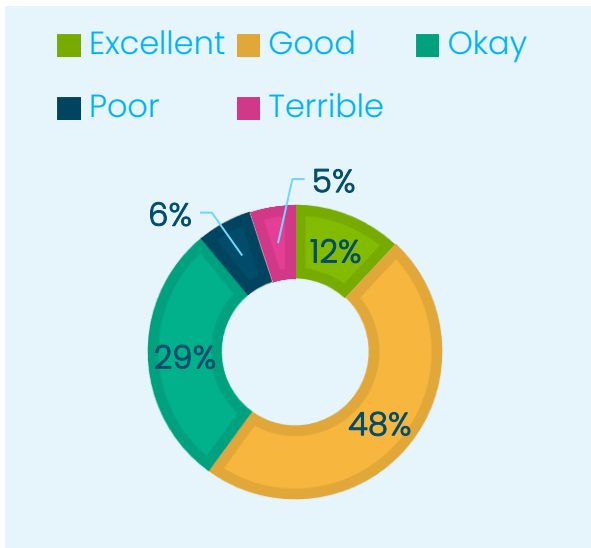
	Q4	Q3	Q2	Q1
Excellent	12%	12%	N/A	N/A
Good	48%	39%	N/A	N/A
Okay	29%	45%	N/A	N/A
Poor	6%	3%	N/A	N/A
Terrible	5%	1%	N/A	N/A

During January – March, we found that 'Excellent' reviews remained the same. 'Good' reviews went up by 9%. However, 'Okay' reviews decreased this quarter, and 'Poor' reviews increased.

Q4) How do you find the attitudes of staff at the service?
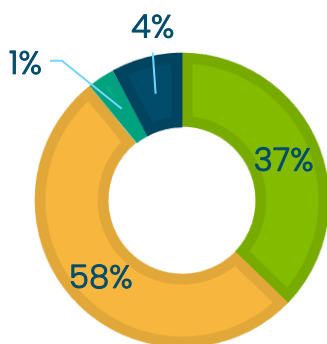
	Q4	Q3	Q2	Q1
Excellent	37%	40%	36%	35%
Good	58%	57%	30%	32%
Okay	1%	2%	15%	20%
Poor	4%	1%	8%	8%
Terrible	0%	6%	11%	5%

The figures for this quarter are similar to the previous quarter, October – December, with the majority of people rating their experience with staff as either 'Good', 58%, or 'Excellent', 37%.
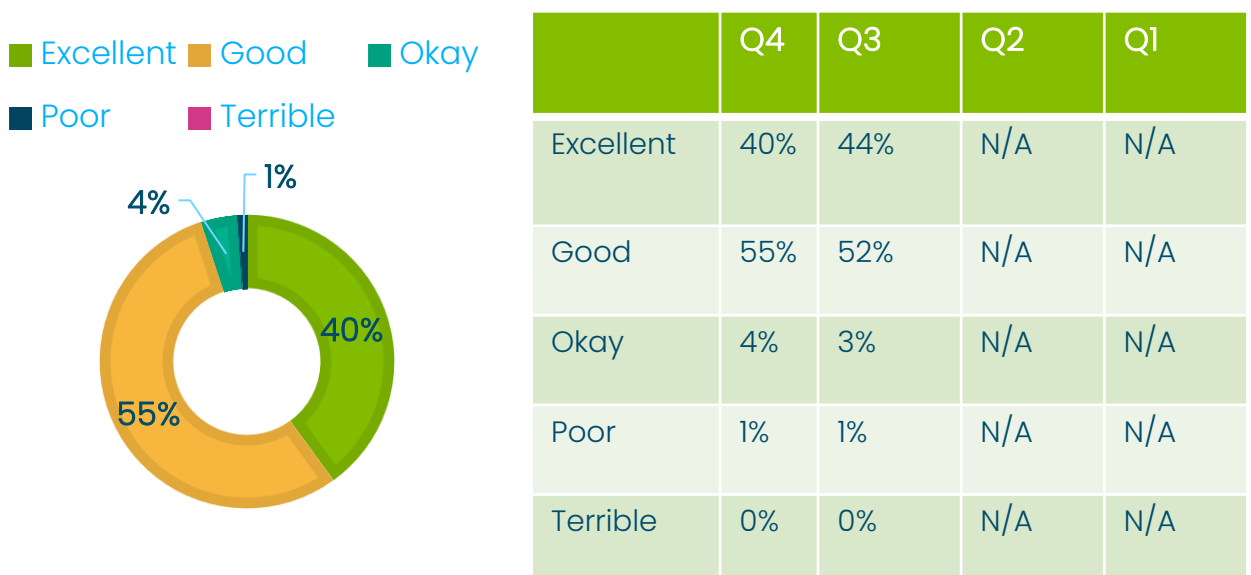
Access and Quality Questions

Q5) How do you think the communication is between your hospital and GP practice?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart values: 5%, 1%, 22%, 19%, 53%

	Q4	Q3	Q2	Q1
Excellent	22%	13%	N/A	N/A
Good	53%	70%	N/A	N/A
Okay	19%	13%	N/A	N/A
Poor	5%	4%	N/A	N/A
Terrible	1%	0%	N/A	N/A
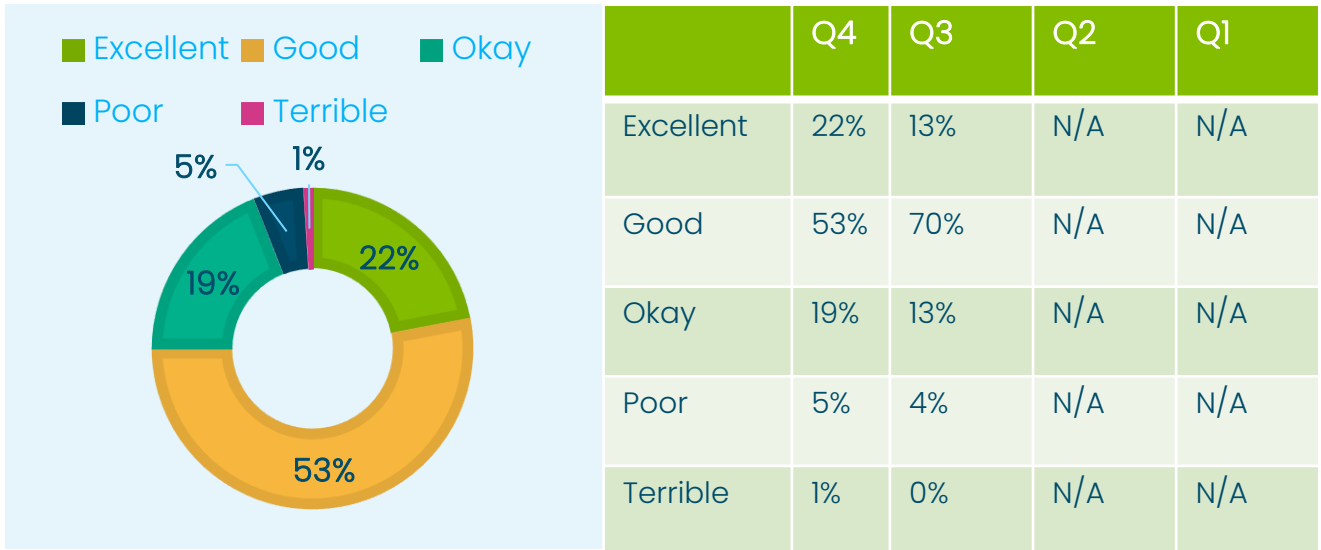
The majority of patients rated their experience of communication between their hospital and GP practice as 'Good'. However, this % has dropped 17% since the previous quarter. The 'Okay' and 'Excellent' reviews have increased.

Q6) How would you rate the quality of treatment and care received?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart values: 4%, 1%, 40%, 55%

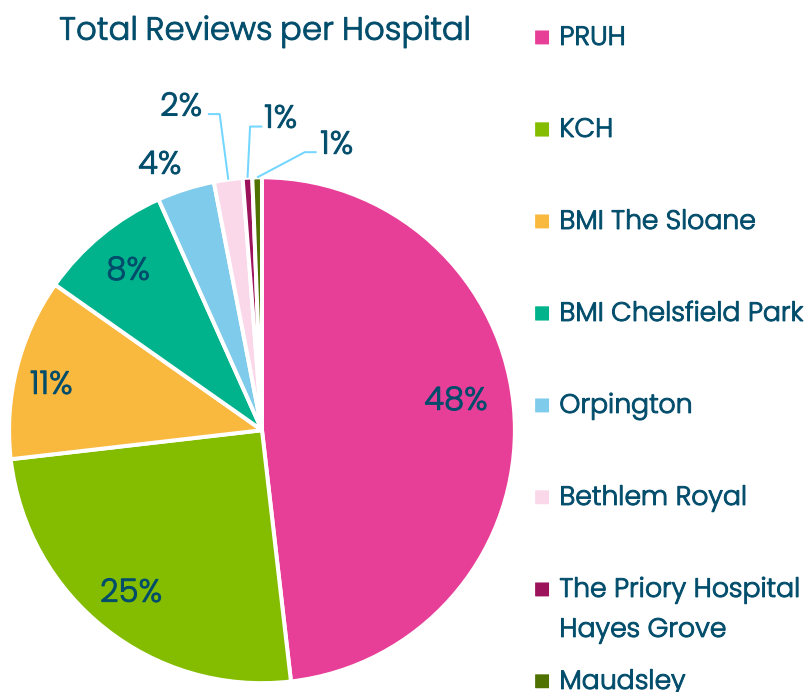|	Q4	Q3	Q2	Q1
Excellent	40%	44%	N/A	N/A
Good	55%	52%	N/A	N/A
Okay	4%	3%	N/A	N/A
Poor	1%	1%	N/A	N/A
Terrible	0%	0%	N/A	N/A

During January-March, the reviews are mostly positive when people rate the quality of treatment and care they received. These figures are very similar to the previous quarter, October – December.

Hospital Trusts

London borough of Bromley residents access a variety of different hospitals depending on factors such as choice, locality and specialist requirements. During the last three months we heard experiences about the following hospitals:

- Princess Royal University Hospital (PRUH)
- King's College Hospital (KCH)
- BMI The Sloane Hospital
- BMI Chelsfield Park Hospital
- Orpington Hospital
- Bethlem Royal Hospital
- The Priory Hospital Hayes Grove
- Maudlsey Hospital

Total Reviews per Hospital

Legend:
- PRUH
- KCH
- BMI The Sloane
- BMI Chelsfield Park
- Orpington
- Bethlem Royal
- The Priory Hospital Hayes Grove
- Maudsley

Pie chart values: 48%, 25%, 11%, 8%, 4%, 2%, 1%, 1%

Between January - March, the services which received the most reviews were PRUH and KCH. We collect patient experience through a variety of different methods including face-to-face and online engagement. Reviews relating to King's College Hospital in the last three months were predominately gathered through online sources which meant limited responses to the access and quality questions. As a result, the King's data has not been included in the 'Average Ratings' table below. Please note that each question has been rated out of 5 (1 – Terrible – 5 Excellent)

Name of Hospital	ACCESS (out of 5)			QUALITY (out of 5)		
	To a referral/ appointment	Getting through on the phone	Waiting Times	Of Communication between GP and Hospital	Of Staff attitudes	Of Treatment and Care
PRUH	4.2	N/A	3.6	3.9	4.3	4.3

Thematic analysis

In addition to the specifically tailored questions, we ask about Hospital services we also ask two further questions (What is working well? and What could be improved?) to help get a more detailed picture.

Each experience we collect is reviewed and up to 5 themes and sub-themes are applied. The charts below show the top 5 positive and negative themes received between January – March 2023.

Top 5 Positive Issues	Total count
Quality of treatment	66
Staff attitudes	55
Communication with patients	46
Experience	44
Quality of staff – health professionals	11

Top 5 Negative Issues	Total count
Waiting times	37
Experience	33
Communication with patients	19
Communication between services	15
Quality of treatment	15

What has worked well?

Below is a list of the key positive aspects relating to hospitals between January – March 2023.

Quality of treatment
Regarding the quality of treatment that people received at the hospital, 80% of the reviews were positive. People were very happy with the level of treatment that they received from hospital staff.

Staff attitudes
The majority of people, 79%, shared positive feedback about staff attitudes. People were happy with the service provided by clinical and non-clinical staff when they accessed a hospital.

Communication with patients
69% of reviews, related to communication with patients, were positive. The feedback that was shared was related to verbal advice and treatment explanations that were provided by hospital staff.

Treatment and care - experience
Regarding the experience of treatment and care, 54% of the reviews left were positive. People, in general had a positive experience when visiting the hospital for treatment and care.

Quality of staff – health professionals
Regarding the quality of staff, the majority of people, 80%, said that health professionals were excellent when they used their local hospital. They were happy with the communication and treatment provided by staff.

What could be improved?

Below is a list of the key areas for improvement relating to hospitals between January – March 2023.

Waiting times

The majority of feedback, 82%, related to waiting times was negative. Many people were unhappy with the long waiting times for referrals as well as to be seen by a health care professional when visiting a hospital.

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Treatment and care - experience

41% of reviews that mentioned people's experience of treatment and care at the hospital were negative. Some residents were unhappy with the care that they received, and they did not enjoy the experience of visiting their local hospital for treatment.

Communication with patients

28% of reviews, related to communication with patients, were negative. Whilst the majority of feedback shared was positive, some service users were unhappy with hospital communication with patients, for example treatment explanation and verbal advice.

Communication between services

15 reviews left feedback related to communication between services and 100% of the reviews were negative. People commented on the lack of communication around referrals.

Quality of treatment

Whilst the majority of patients left positive feedback regarding the quality of treatment they received at hospital, 18% of the experiences that we gathered were negative. Some residents were unhappy with safety of care, treatment explanation and support available whilst they were in hospital.

Emerging or Ongoing Issues

In order for us to understand ongoing or emerging issues in the borough we compare the top positive and negative issues throughout the year. We have highlighted any issues which have repeated in three financial quarters.

Positive Issues

Q4	Q3
Quality of treatment	Communication with patients
Staff attitudes	Quality of staff – health professionals
Communication with patients	Staff attitudes
Experience	Quality of treatment
Quality of staff – health professionals	Waiting times

Negative issues

Q4	Q3
Waiting times	Getting through on the telephone
Experience	Communication between services
Communication with patients	Car parking
Communication between services	Administration – management of service
Quality of treatment	Waiting times

Equalities Snapshot

During our engagement we also ask residents to voluntarily share with us information about themselves such as gender, age, ethnicity etc. This allows us to understand whether there are differences in experience provided to people based on their personal characteristics.

This section pulls out interesting statistics when we analysed overall experience ratings. A full demographics breakdown can be found in the appendix.
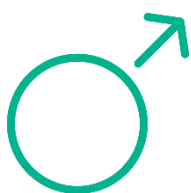
Gender
The majority of feedback that was shared for Hospital services was provided by women (53). 31 of the respondents identified as a man and only 1 person said they 'Prefer Not To Say'. Overall, the feedback from men (77%) and women (89%) was positive.

Age
84 people shared their age on our feedback form. The majority of patients were 65-74 (21) or 75-84 (17). The lowest number of responses said they were 25 - 34 or 85+ (14 total). Positive feedback was left by the majority. Only 2 negative reviews were left and they from by 35-44 year olds.
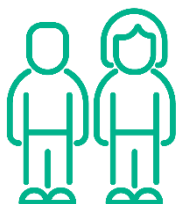
Ethnicity
82 people shared their ethnicity. The majority were White British (69), followed by Any other White background (5), Black British (4), Asian British (2) and Any other Mixed/Multiple ethnic groups (2). The majority of feedback shared was positive. Only 2 people left negative feedback and they identified as White British or Any other White background.

Disability
17 respondents said they had a disability and 44 said they had a long-term condition (LTC). The majority of feedback shared was positive about accessing a hospital. 2 people with a disability left negative feedback, whilst 10 left neutral comments. 4 people with a LTC left neutral feedback.

Experiences of GP Practices

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What people told us about GP Practices

"They are understanding, supportive and treat me with respect."

"Can I respectfully suggest that the practice manager try to call the surgery, see if you think the service being delivered is up to scratch."

"I just wanted to say thank you for listening to me and being so understanding."

"V difficult to get appointments. Getting prescriptions done is a mission."

"I used this surgery for 4 years and never had a bad experience. Receptionists are efficient and helpful, every doctor I saw was good."

"Long waits to get through to someone, not enough staff, e consultation form is hard to use."

"The repeat prescriptions on the NHS app makes things easier."

"You will hold on for an hour listening to the same recorded message over and over again to try to tell them that the meds you went to your pharmacy to collect were not there and then be cut off."

GP Services

No. of Reviews	167
Positive	57%
Negative	28%
Neutral	15%

Questions we asked residents

As part of our new patient experience approach, we asked residents a series of questions which would help us better understand experiences of access and quality.

The questions we asked were:

Q1) How do you find getting an appointment?

Q2) How do you find getting through to someone at your GP practice on the phone?

Q3) How do you find the quality of online consultations?

Q4) How do you find the quality of telephone consultations?

Q5) How did you find the attitudes of staff at the service?

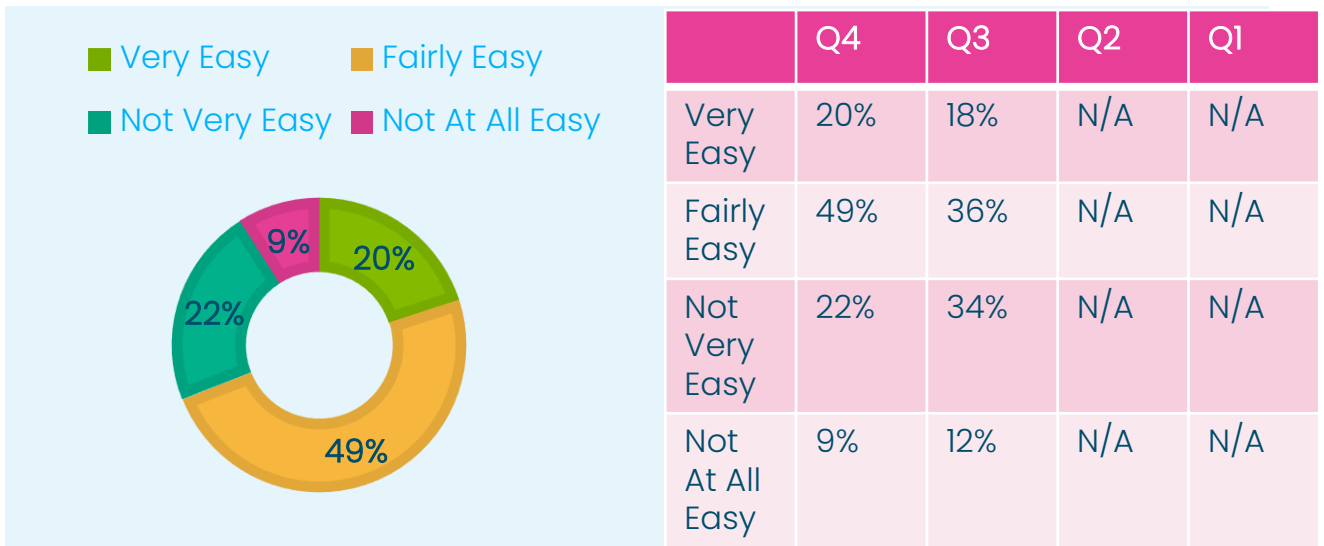Q6) How would you rate the quality of treatment and care received?

Please note that for Question 1 and 2 the options we provided matched those of the national GP Patient Survey (Very Easy – Not at All Easy to allow our data to be comparable with the NHS'.

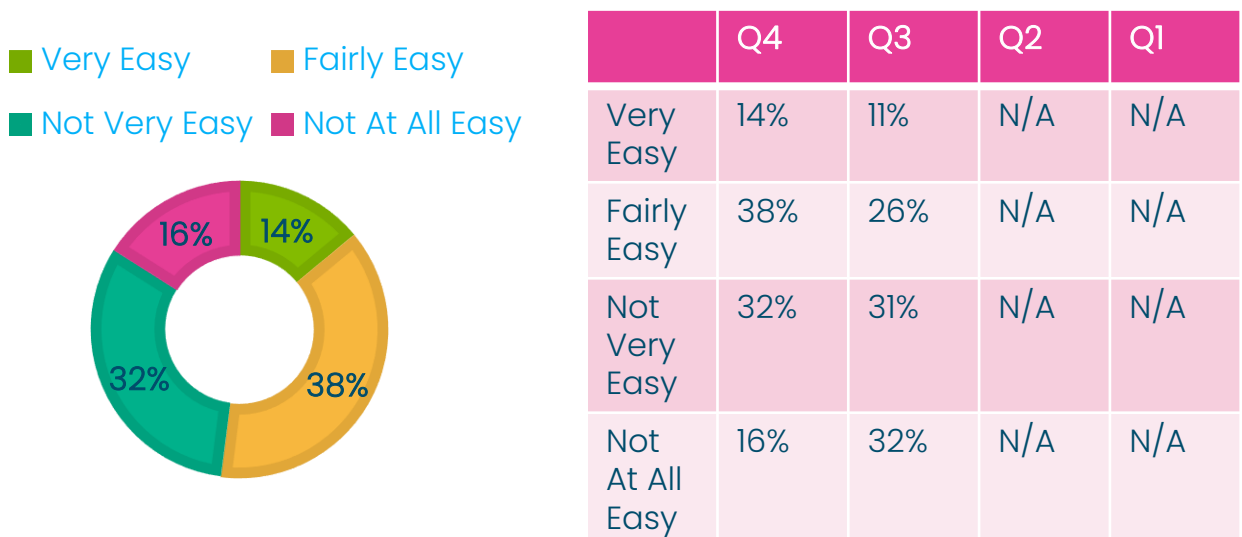Participants were asked to choose between 1-5* (Terrible – Excellent)

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Access and Quality Questions

Q1) How do you find getting an appointment?

Legend: ■ Very Easy   ■ Fairly Easy   ■ Not Very Easy   ■ Not At All Easy

Donut chart values: 9%, 20%, 22%, 49%

	Q4	Q3	Q2	Q1
Very Easy	20%	18%	N/A	N/A
Fairly Easy	49%	36%	N/A	N/A
Not Very Easy	22%	34%	N/A	N/A
Not At All Easy	9%	12%	N/A	N/A

During January-March residents told us that they found it either 'Fairly Easy' (49%) or 'Very Easy' (20%) to get an appointment from their GP Practice'. This is an increase of 15% when compared to October-December 2022.

Q2) How do you find getting through to someone at your GP practice on the phone?

Legend: ■ Very Easy   ■ Fairly Easy   ■ Not Very Easy   ■ Not At All Easy

Donut chart values: 16%, 14%, 32%, 38%

	Q4	Q3	Q2	Q1
Very Easy	14%	11%	N/A	N/A
Fairly Easy	38%	26%	N/A	N/A
Not Very Easy	32%	31%	N/A	N/A
Not At All Easy	16%	32%	N/A	N/A

The percentage of positive and negative reviews is similar when residents told us how they found getting an appointment for their GP practice. We can also see that the positive reviews have significantly increased when compared to October-December 2022. 'Not At All Easy' has halved from 32% to 16%.

Access and Quality Questions

Q3) How do you find the quality of online consultations?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart: 14%, 45%, 30%, 8%, 3%

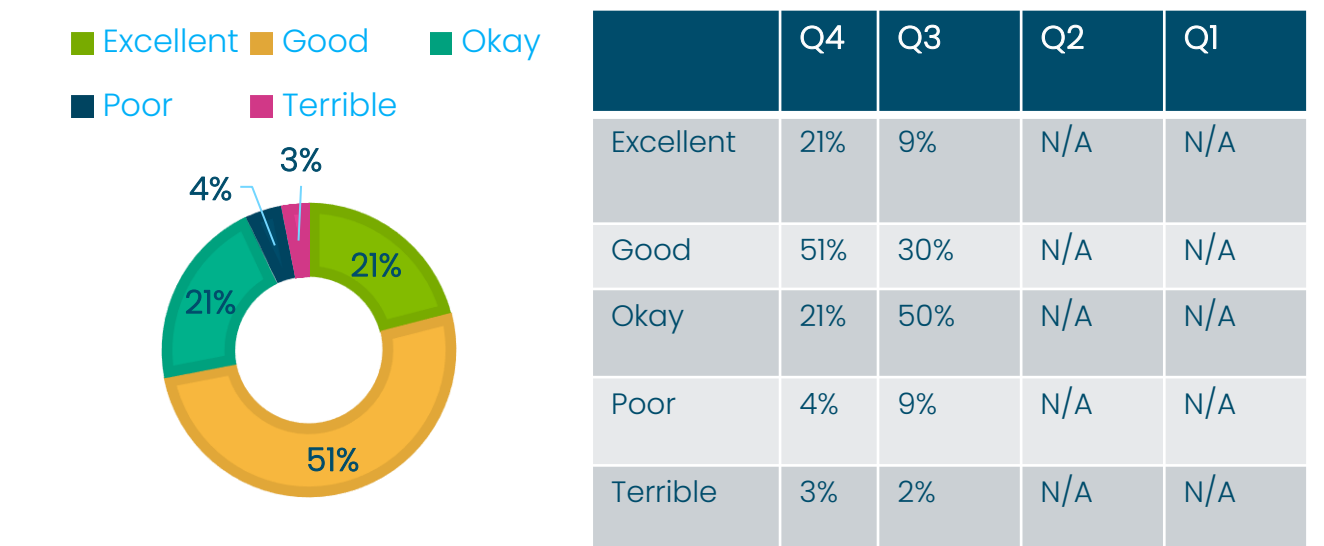|	Q4	Q3	Q2	Q1
Excellent	14%	2%	N/A	N/A
Good	45%	17%	N/A	N/A
Okay	30%	38%	N/A	N/A
Poor	8%	15%	N/A	N/A
Terrible	3%	9%	N/A	N/A
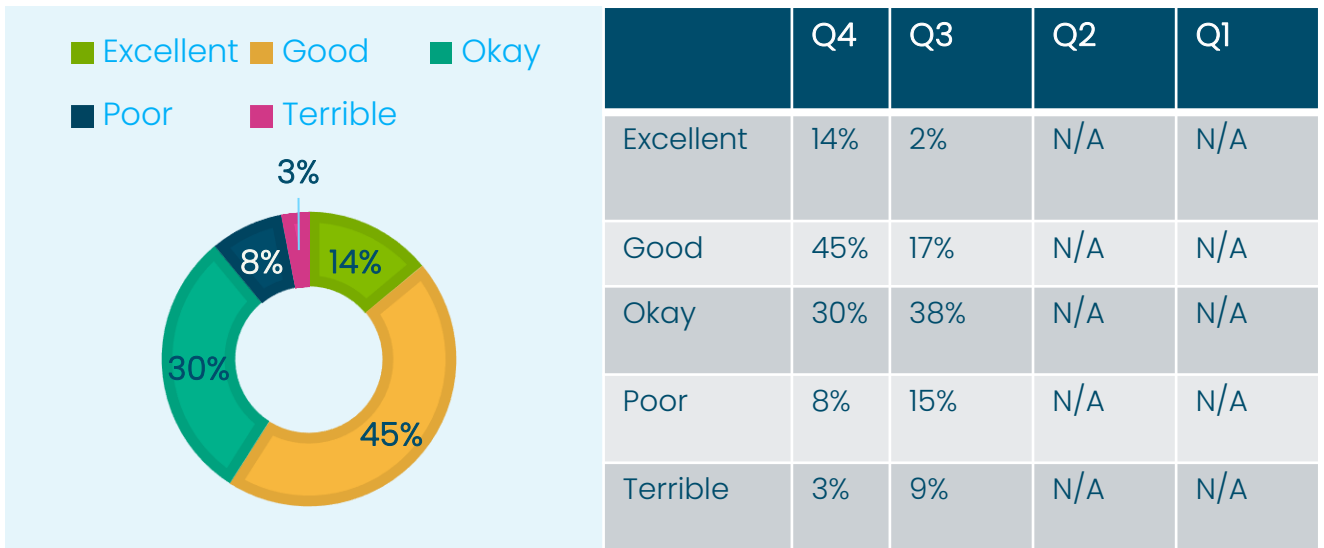
During January - March, we found that positive reviews had increased this quarter when compared with October–December. 'Excellent' is 14% and 'Good' is 45%. The negative responses have significantly decreased.

Q4) How do you find the quality of telephone consultations?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart: 21%, 51%, 21%, 4%, 3%

	Q4	Q3	Q2	Q1
Excellent	21%	9%	N/A	N/A
Good	51%	30%	N/A	N/A
Okay	21%	50%	N/A	N/A
Poor	4%	9%	N/A	N/A
Terrible	3%	2%	N/A	N/A

We have seen a significant increase in the amount of 'Excellent' and 'Good' reviews about telephone consultations in the last three months if we compare to the last quarter. The amount of 'Okay' and 'Poor' reviews have dropped by more than 50%. 'Terrible' reviews have stayed about the same.
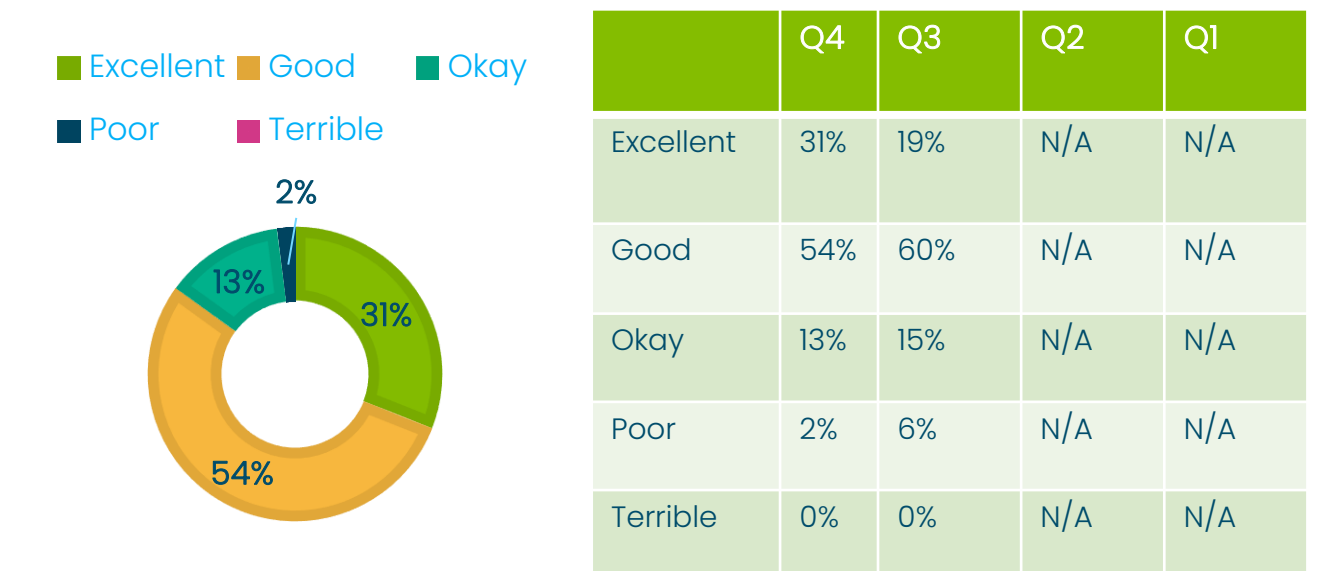
Access and Quality Questions

Q5) How did you find the attitudes of staff at the service?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart values: 33%, 20%, 15%, 1%

	Q4	Q3	Q2	Q1
Excellent	33%	20%	N/A	N/A
Good	51%	61%	N/A	N/A
Okay	15%	16%	N/A	N/A
Poor	1%	3%	N/A	N/A
Terrible	0%	2%	N/A	N/A
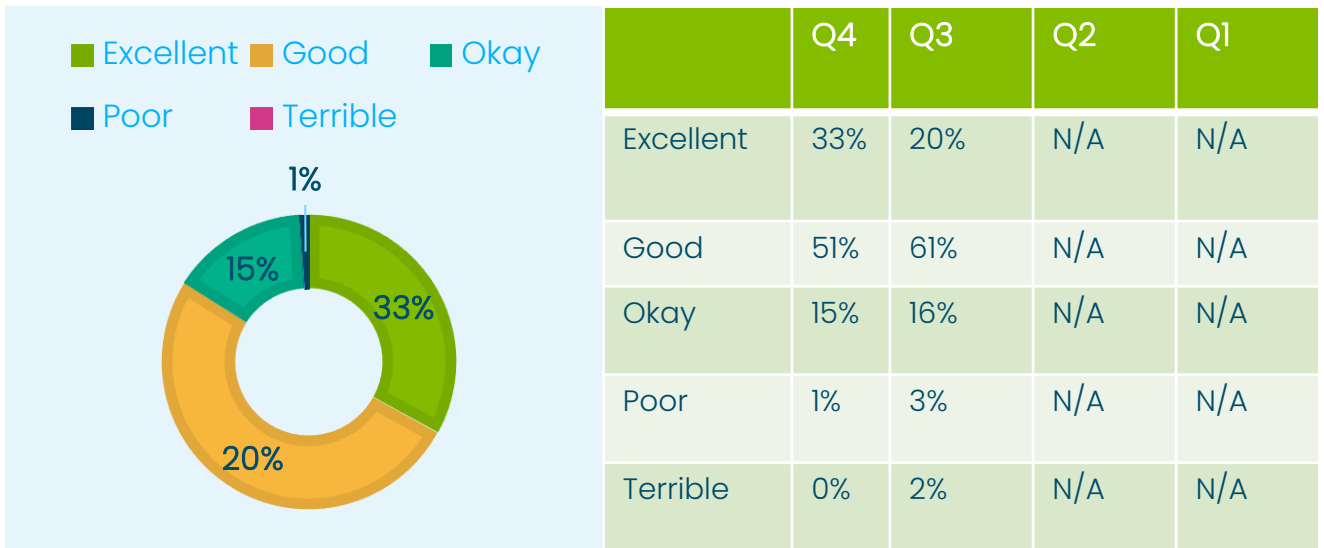
Most residents we spoke to over the last three months continue to praise the quality of GP staff with 84% either considering them 'Excellent' or 'Good.' We should note that the number of 'poor' and 'terrible' experiences has decreased when compared to the previous quarter.

Q6) How would you rate the quality of treatment and care received?

Legend: ■ Excellent ■ Good ■ Okay ■ Poor ■ Terrible

Donut chart values: 31%, 54%, 13%, 2%

	Q4	Q3	Q2	Q1
Excellent	31%	19%	N/A	N/A
Good	54%	60%	N/A	N/A
Okay	13%	15%	N/A	N/A
Poor	2%	6%	N/A	N/A
Terrible	0%	0%	N/A	N/A

The quality of treatment and care provided by GP practices is primarily considered either 'Excellent' or 'Good' with these ratings making up 85% of all reviews during January-March. Looking at the data from the previous quarter, this opinion was very similar, and 'Poor' has decreased by 4%.

Primary Care Networks

Primary care networks (PCNs) are groups of GP practices within the same area which work together to support patients. Within Bromley there are 8 PCN'S covering the borough. These are:

- Beckenham
- Bromley Connect
- Crays Collaboration
- Five Elms
- Hayes Wick
- MDC
- Orpington
- Penge

Between January – March the service which received the most reviews was Bromley Connect.

In order to understand the variance of experience across the borough we have compared the PCNs by the ratings given for access and quality covered in the previous section.

Please note that Access has been rated out of 4 (1 - Not at All Easy – 4 Very Easy) and Quality is out of 5 (1 – Terrible, 5 - Excellent)

Each average rating has been colour coded to indicate positive, negative or neutral sentiment.

Total Reviews per PCN

- Beckenham
- Bromley Connect
- Crays Collaboration
- Five Elms
- Hayes Wick
- MDC
- Orpington
- Penge
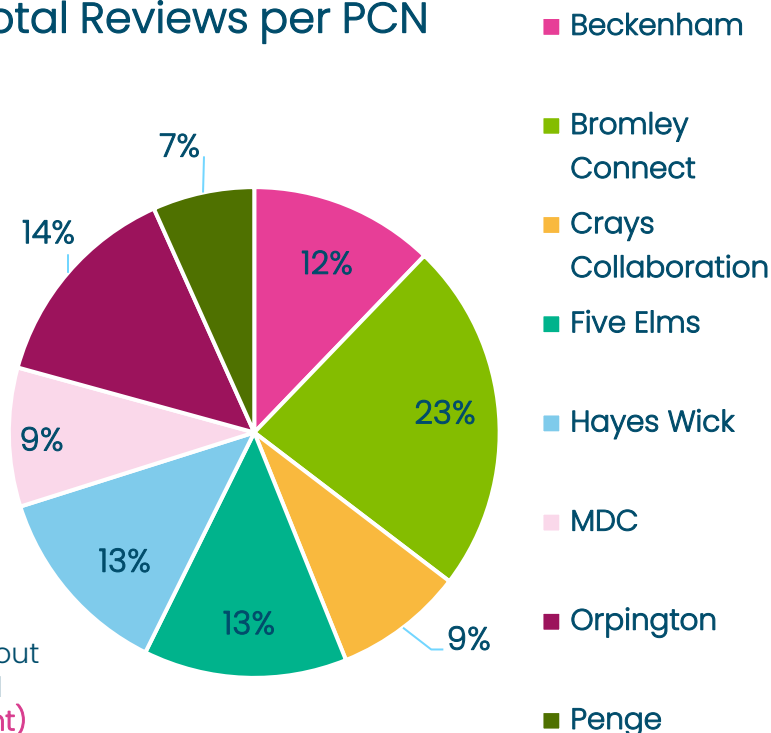
PCN NAME	ACCESS (out of 4)		QUALITY (out of 5)			
	To an appointment	Getting through on the phone	Of Telephone consultations	Of Online consultations	Of Staff attitudes	Of Treatment and Care
Beckenham	2.9	2.5	4.2	4.2	4.5	4.3
Bromley Connect	2.7	2.3	3.8	3.2	4.2	4.3
Crays Collaboration	3.2	3.0	3.6	4.0	3.9	3.8
Five Elms	2.7	2.1	3.7	2.9	4.1	3.9
Hayes Wick	2.7	2.4	3.9	3.9	4.2	4.2
MDC	3.0	2.9	4.3	4.00	4.4	4.4
Orpington	2.3	2.4	3.4	3.1	3.7	3.8
Penge	3.3	3.0	5.0	4.3	4.7	4.5

Thematic analysis

In addition to the specifically tailored questions, we ask about GP practices we also ask two further questions **(What is working well? and What could be improved?)** to help get a more detailed picture.

Each experience we collect is reviewed and up to 5 themes and sub-themes are applied. The charts below show the top 5 positive and negative themes received between January – March 2023.

We have also identified the top 3 positive and negative themes for the 3 PCNS that received the most reviews this quarter. A list of the themes can be found on the Healthwatch Bromley website

Top 5 Positive Themes	Total count
Quality of treatment	48
Communication with patients	28
Treatment and care – experience	22
Staff attitudes	15
Appointment availability	15

Top 5 Negative Themes	Total count
Appointment availability	37
Getting through on the telephone	36
Booking appointments	13
Communication with patients	12
Treatment and care – experience	12

Primary Care Network	Overall Rating (out of 5)	Top 3 Positive Themes	Top 3 Negative Themes
Bromley Connect	3.0	1. Quality of treatment	1. Appointment availability
		2. Staff attitudes	2. Getting through on the telephone
		3. Communication with patients	3. Management of service
Orpington	3.1	1. Staff attitudes	1. Appointment availability
		2. Treatment and care - experience	2. Booking appointments
		3. Appointment availability	3. Waiting times
Five Elms	3.3	1. Staff attitudes	1. Getting through on the telephone
		2. Quality of treatment	2. Appointment availability
		3. Quality of appointment - telephone	3. Remote appointments – online consultation

What has worked well?

Below is a list of the key positive aspects relating to GP practices between January – March 2023.

Staff attitudes
15 respondents left positive feedback about staff attitudes, both administrative and clinical. Residents found health professionals were 'kind' and caring when listening to their concerns.

Treatment and care
22 respondents highlighted the positive level of treatment and care that they experienced when accessing their GP practice.

Quality of treatment: face – to - face
48 respondents shared positive feedback regarding the quality of appointments they had received, especially those that were face-to-face.

Access – appointment availability
15 respondents left positive comments related to access and being able to book an appointment easily with their GP practice.

Communication with patients
28 respondents were exceedingly pleased with the care they have received from their GP practices and commented on good communication as well as clear treatment explanation.

What could be improved?

Below is a list of the key areas for improvement relating to GP practices between January – March 2023.

Access – appointment availability
37 respondents shared negative feedback on the challenges they faced when accessing appointments. Residents felt that some receptionists were not always sympathetic to their situations and found it hard trying to book an appointment
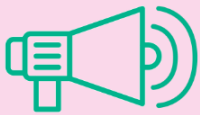
Getting through on the telephone
36 respondents said getting through on the telephone was difficult. People shared their frustrations at being unable to get through to a receptionist when trying to book an appointment

Booking appointments
13 respondents commented that it can be difficult when they try to book an appointment over the telephone or online. Residents found waiting times could be very long, when calling their practice, and it can be challenging booking it on a digital platform.

Communication with patients
This quarter we had 12 negative comments related to communication with patients. Some people felt that they weren't being listened to or that their doctor didn't provide clear information related to a diagnosis or treatment.

Treatment and care
During January – March, 12 respondents left negative feedback that was related to the treatment and care they received when accessing their GP practice.

Emerging or Ongoing Issues

In order for us to understand ongoing or emerging issues in the borough we compare the top positive and negative issues across the past two quarters, 3 (October – December 2022) and 4 (January – March 2023).

Positive Issues

| Q4	Q3
Staff attitudes	Communication with patients
Quality of treatment	Staff attitudes
Communication with patients	Quality of treatment
Treatment and care - experience	Experience
Appointment availability	Quality of staff

Negative issues

Q4	Q3
Appointment availability	Appointment availability
Getting through on the telephone	Booking appointments
Booking appointments	Getting through on the telephone
Communication with patients	Communication with patients
Treatment and care - experience	Staff attitudes

Equalities snapshot

During our engagement we also ask residents to voluntarily share with us information about themselves such as gender, age, ethnicity etc. This allows us to understand whether there are differences in experience based on personal characteristics.

This section pulls out interesting statistics when we analysed overall experience ratings. A full demographics breakdown can be found in the appendix.
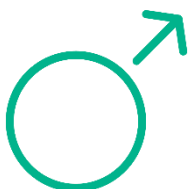
Gender
During January - March, the majority of people that completed the demographic section of our feedback form were women (74%), with 26% of responses from men. The majority of feedback from both men and women was positive, with 8% being negative.

Age
91 people shared their age when completing our feedback form. The largest number of reviews came from 35-44 year olds (20) which was followed by 65-74 year olds (17). Most reviews across all ages were positive. The largest number of negative reviews came from 55-64 and 65-74 year olds.
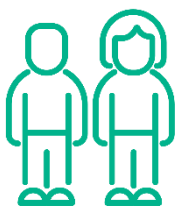
Ethnicity
89 people provided their ethnicity on our feedback forms. The majority of patients that completed the demographic section of our feedback form said that they are White British (51). We also had people that said they were Irish, Asian British, Indian, Chinese, African, and any other white or black background.

Disability
87 people responded to the disability question on our feedback form. Of the respondents, 9 said they had a disability. Of the 89 respondents to our question asking if they had a long-term health condition, 34 people said yes. For both categories, the majority of people said they had a positive experience (72%) accessing their GP practice.

Experiences of Dental Services

30

Dental Services

No. of Reviews	121
Positive	90%
Negative	9%
Neutral	1%

Thematic analysis

In addition to the specifically tailored questions we ask about Dental services we also ask two further questions (What is working well? and What could be improved?) to help get a more detailed picture.

Each experience we collect is reviewed and up to 5 themes and subsidiary themes are applied. The charts below show the top 5 positive and negative issues received between January – March 2023.

Top 5 Positive Issues	Total reviews
Treatment and care – experience	67
Staff attitudes	46
Quality of treatment	40
Quality of staff – health professionals	38
Treatment	18

Top 5 Negative Issues	Total reviews
Management of service	5
Staff attitudes – health professionals	4
Clarity about service cost	3
Communication with patients	3
Access – booking appointments	3

We've produced a list of good practice, areas of improvement and recommendations relating to dentists between January – March 2023.

What has worked well?

Treatment and care
67 respondents who shared their dental experience left positive feedback and said that they received excellent treatment and care from both non-clinical and clinical staff.

Staff
46 respondents said that staff who had supported their visit were professional and provided excellent customer care when they access the service.

What could be improved?

Management and clarity about service cost
A few respondents (5), left negative feedback regarding the management of the service. Clarity of the change of costs at their dental practice and affordability would have been beneficial to have known more about. They would have valued more communication prior to their appointment.

Staff attitudes
Most of the responses we received were very positive about staff attitudes and the level of professionalismm they experienced when visiting their dental practice. However, a few comments(4) were left that related to rudeness and poor customer service skills.
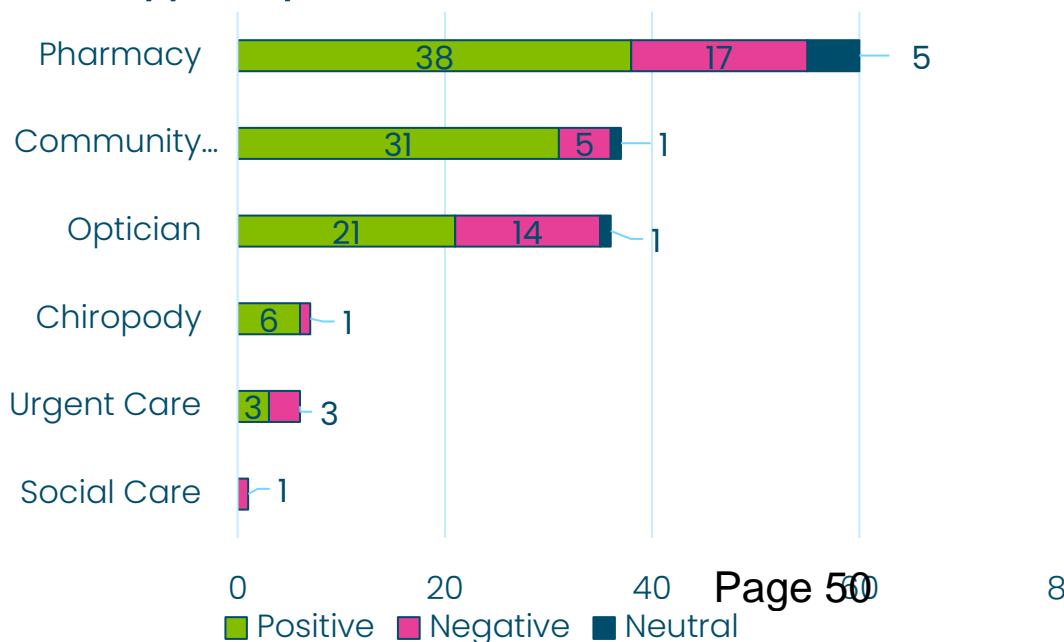
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Experiences of 'Other' services

Experiences of 'Other' services

In addition to asking specifically about GPs, Hospitals and Dentists we also give the opportunity for people to share experiences about any other public health or care service asking them what is working well and what could be improved.

This section provides of positive, negative reviews per service. We analysed residents rating of their overall experience to get this data (1* and 2* = negative, 3* = neutral, 4* and 5* = positive)

Service Type	No of Reviews
Pharmacy	60
Community Health	37
Optician	36
Chiropody	7
Urgent Care	6
Social Care	1

Service Type by Sentiment

Pharmacy: 38, 17, 5
Community...: 31, 5, 1
Optician: 21, 14, 1
Chiropody: 6, 1
Urgent Care: 3, 3
Social Care: 1

0   20   40   60   80

■ Positive ■ Negative ■ Neutral

34

What has worked well?

Below is a list of the key positive aspects relating to 'Other' services between January – March 2023.

Pharmacy – staff attitudes
77% of reviews that covered staff attitudes were positive. The majority of people that shared pharmacy feedback said that staff were very helpful and friendly towards them.

Pharmacy – service coordination
65% of reviews were positive regarding service co-ordination. Residents were exceedingly pleased with the delivery of the service and how organised staff were.

Community Health – staff attitudes
91% of reviews that were related to community health services left positive feedback about staff attitudes. Residents were happy with the friendly customer service and the support staff offered in terms of treatment explanation.

Optician – staff attitudes and treatment
62% of reviews for opticians left positive feedback about staff attitudes, and 61% of reviews mentioned how positive their experience had been with the treatment and care they had received when accessing the service.

What could be improved?

Below is a list of the key areas of improvement relating to 'Other' services between January – March 2023.

Pharmacy – staffing levels
A small percentage of reviews (5), mentioned a shortage of staffing which meant the pharmacy was unable to run as effectively as it should, meaning there were long waiting times and delays helping people with their needs.

Pharmacy – waiting times
Similar to the comments above, 4 respondents mentioned that there were long waiting times when visiting their local pharmacy. They had to queue to be seen and the service was less punctual than it had previously been,

Community Health – communication and access
A small number of negative reviews (5) were shared regarding communication with patients. Some people were unhappy with the information, or lack of, provided by staff regarding their treatment. There was also a small number of reviews (2) that were negative about long waiting times when accessing a service.

Optician– management of service
The majority of respondents, 60%, left negative reviews related to the management of the service. People were unhappy with the service co-ordination, particularly related to communication with patients about treatment and advice.

Appendix

Demographics

When engaging with residents we ask them to voluntarily share equalities information. This means the data for this section is less than the overall number of reviews. Below is a breakdown of responses for each demographic question.

Gender	Percentage %	No. of reviews
Man (inc trans man)	27%	60
Woman (inc trans woman)	71%	155
Non-binary		0
Other		0
Prefer not to say	2%	4
Not provided		0
Total		219

Age	Percentage %	No. of reviews
Under 18		
18-24	2%	5
25-34	15%	32
35-44	20%	44
45-54	11%	25
55-64	12%	26
65-74	19%	42
75-84	14%	30
85+	6%	14
Prefer not to say		
Not provided		
Total		218

Disability	Percentage %	No. of reviews
Yes	13%	17
No	87%	185
Prefer not to say		
Not known		
Not provided		
Total		212

Long term condtion	Percentage %	No. of reviews
Yes	43%	93
No	56%	121
Prefer not to say	0%	1
Not known		
Not provided		
Total		215

Ethnicity	Percentage %	No. of reviews
British / English / Northern Irish / Scottish / Welsh	78%	167
Any other White background	9%	19
Asian British	1%	3
Chinese	0%	1
Indian	1%	2
Any other Asian background/Asian British Background	2%	4
Black British	2%	5
African	1%	3
Any other Black/British Background	1%	3
Irish	1%	2
Any other Mixed / Multiple ethnic groups background	1%	2
Any other ethnic group	0%	1
Total		213

Religon	Percentage %	No. of reviews
Christian	48%	80
Hindu	1%	1
Jewish	4%	6
Muslim	1%	1
Muslim	2%	4
Spiritualism	1%	1
Spiritualism	1%	1
No religion	45%	75
Prefer not to say	2%	4
Not provided		
Total		168

Unpaid Carer	Percentage %	No. of reviews
Yes	9%	16
No	91%	164
Prefer not to say	0%	0
Not provided		
Total		180

Demographics

Sexual Orientation	Percentage %	No. of reviews
Asexual		
Bisexual		
Gay man	1%	1
Heterosexual / Straight	96%	186
Lesbian / Gay woman	1%	1
Pansexual		
Prefer not to say	3%	5
Not known	1%	1
Not provided		
Total		194

Employment Status	Percentage %	No. of reviews
In unpaid voluntary work only	1%	3
Not in Employment & Unable to Work	5%	11
Not in Employment / not actively seeking work – retired	37%	574
Not in Employment (seeking work)	4%	9
Not in Employment (student)	0%	0%
Paid: 16 or more hours/week	34%	68
Paid: Less than 16 hours/week	5%	10
Prefer not to say	0%	0%
On maternity leave	13%	27
Not provided		
Total		202

Pregnancy	Percentage %	No. of reviews
Currently pregnant	6%	4
Currently breastfeeding	26%	19
Given birth in the last 26 weeks	3%	2
Prefer not to say	1%	1
Not relevant	64%	46
Total		72

Area of the borough	Percentage %	No. of reviews
Beckenham Town & Copers Cape Ward	7%	15
Bickley & Sundridge Ward	2%	4
Biggin Hill Ward	5%	11
Bromley Common & Holwood Ward	18%	37
Bromley Town Ward	13%	22
Chelsfield Ward	1%	2
Chislehurst Ward	5%	11
Clock House Ward	3%	6
Crystal Palace & Anerley	1%	3
Farnborough & Crofton Ward	4%	8
Hayes & Coney Hall Ward	5%	10
Mottingham Ward	2%	4
Orpington Ward	21%	43
Penge & Cator Ward	5%	11
Plaistow Ward	0%	1
West Wickham Ward	5%	11
Out of Borough	1%	3
Total		204

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