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DATE: 25 August 2023

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mark Brock (Chairman)

Councillor Felicity Bainbridge (Vice-Chairman)

Councillors Will Connolly, Robert Evans, Dr Sunil Gupta FRCP FRCPath, Alisa Igoe, David Jefferys, Charles Joel, Tony McPartlan and Alison Stammers

Non-Voting Co-opted Members

Stacey Agius, Safeguarding and Special Educational Needs

Charlotte Bradford, Healthwatch Bromley

Jo Findlay, Lived Experience

Michelle Harvie, Carer

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre on **TUESDAY 5 SEPTEMBER 2023 AT 4.00 PM**

TASNIM SHAWKAT

Director of Corporate Services & Governance

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

A G E N D A

- 1 **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**
- 2 **DECLARATIONS OF INTEREST**
- 3 **QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

In accordance with the Council's Constitution, members of the public may submit one question each on matters relating to the work of the Committee. Questions must have been received in writing 10 working days before the date of the meeting – by **5pm** on **Monday 21st August 2023**.

Questions seeking clarification of the details of a report on the agenda may be accepted within two working days of the normal publication date of the agenda – by **5pm** on **Wednesday 30th August 2023**.

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 20TH APRIL 2023** (Pages 3 - 18)
- 5 **UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST** (Pages 19 - 36)
- 6 **GP ACCESS** (Pages 37 - 56)
- 7 **UPDATE FROM OXLEAS NHS FOUNDATION TRUST (VERBAL UPDATE)**
- 8 **WINTER PLANNING 2023-24**
To follow
- 9 **DENTAL APPOINTMENTS**
To follow
- 10 **SEL ICS/ICB UPDATE (VERBAL UPDATE)**
- 11 **HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT Q4 2022-23**
(Pages 57 - 96)
- 12 **SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**
- 13 **WORK PROGRAMME AND MATTERS OUTSTANDING** (Pages 97 - 102)
- 14 **ANY OTHER BUSINESS**
- 15 **FUTURE MEETING DATES**
4.00pm, Tuesday 21st November 2023
4.00pm, Tuesday 30th January 2024
4.00pm, Tuesday 12th March 2024

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 20 April 2023

Present:

Councillor David Jefferys (Chairman)

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

Vicki Pryde

Also Present:

Rona Topaz (*via conference call*)

Councillor Aisha Cuthbert (*via conference call*)

and Councillor Diane Smith, Portfolio Holder for Adult Care
and Health (*via conference call*)

40 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Mark Brock and
Councillor Aisha Cuthbert attended as substitute.

Apologies for absence were also received from Councillor Dr Sunil Gupta and
Roger Chant.

Apologies for lateness were received from Councillor Thomas Turrell.

41 DECLARATIONS OF INTEREST

Co-opted Member, Vicki Pryde declared that she had undertaken work for
Oxleas NHS Foundation Trust.

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

No questions had been received.

43 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 17TH JANUARY 2023

RESOLVED that the minutes of the meeting held on 17th January 2023 be
agreed.

44 GP ACCESS

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

With regards to the demand and capacity for appointments, the Associate Director highlighted that, as requested, data had been provided in relation to how long patients were waiting for appointments. This data, which was subject to quality improvements, indicated that the majority of appointments were within 1-14 days. There was a small percentage (10-15%) of appointments that passed this point – however this was expected as there would be patients that required routine care or follow up appointments, and would continue to be actively monitored. It was noted that there were data quality issues as practices recorded their data in different ways – national guidance had recently been issued in terms of coding, and it was anticipated that locally, and across the country, a standardised mechanism would be used for consistency and like-for-like comparison. A Member said that the challenges were acknowledged, but not as much granular data had been provided as hoped for – it was questioned if GP practices were performing well and if patients were getting appointments when they wanted them. The GP Clinical Lead said that the ask of GP practices was to respond to patients at the first request; offer patients an appointment within 2 weeks; or, where appropriate, see them on the same day. Some of these requests were based on ‘perceived need’, as opposed to ‘perceived want’. The Associate Director advised that, at the next meeting, they could provide data broken down into smaller periods of time. They could not provide data in terms of what a patient wanted, but the national GP patient survey data could provide a sense of whether patients were happy with the timing of the appointment offered. In response to a further question, the GP Clinical Lead noted there would be a limit to what could be demonstrated in terms of meeting accessible choice. The ‘Did Not Attend’ (DNA) deep dive indicated that most of these people were working age adults, and consideration may need to be given as to what options were available for appointments. In terms of more than 15 days, the GP Clinical Lead highlighted that patients had to be allowed to book appointments further ahead and some patients would require follow-up appointments. The Portfolio Holder for Adult Care and Health noted, that in terms of patients getting the appointment that they wanted, the expertise of the practice manager and clinicians needed to be taken into account to prioritise those with the most urgent needs.

The Associate Director informed Members that DNA rates had been published in February 2023 by NHS Digital, which was the first set of data available in recent months. Again, there were limitations in terms of data quality, but this was something that was expected to improve. In Bromley, the percentage of DNAs varied between practices, from the least at 1.35% to the most at 5.99% of all appointments available at the practice. Work was being undertaken to try and reduce avoidable DNAs and GP practices were trying to maximise the number of appointments utilised to the best effect. The GP Clinical Lead

advised Members that software had been purchased which acted as an analysis tool allowing practices to look at demand, capacity and appointments and drill down into specific areas. This highlighted particular 'hot-spots' for DNAs – some of the highest rates of DNAs were for same day appointments, which could be due to patients trying multiple routes to get access or using the Urgent Care Centres to avoid waiting for an appointment. The example provided showed data relating to long-term conditions and there were clear variations in DNAs – this could be impacted by vulnerabilities, for which consideration may need to be given as to how access was provided, or GP practices reaching out to patients who required safe monitoring. A Co-opted Member highlighted the benefits of using text reminders, particularly for people with long-term conditions. The GP Clinical Lead advised that at his practice they had been struggling with urine testing for patients with diabetes – since implementing text reminders for patients, asking them to bring urine samples to their appointments, this was nearly at 100%. The Associate Director said that text messaging was considered to be a good way of providing convenient reminders to patients, however it created a cost pressure which was no longer funded nationally. They were being encouraged to increase the use of the NHS app, which was much more cost effective.

The Associate Director advised that work had been undertaken in relation to messaging, and demystifying the ways in which patients could access their practices. A more positive messaging style had been built upon, thanking patients for attending their appointments which allowed the NHS to use its resources more wisely. In terms of health inclusion, it was clear that the new channels to access GP practices would remain in place. This was extremely popular in Bromley, and the borough had high levels of digital literacy, but they were trying to improve all the ways in which patients could access their GP practice. An important element was the practice websites, which were moving from basic to more sophisticated models, which were easier to adapt and navigate. In response to a question from a Co-opted Member, the Associate Director advised that the hosting service for the new websites allowed things such as colours to be changed to make them easier to read. They had not yet undertaken work to simplify the language used as it had been a huge task to transfer so many websites to the new platform – however they would work with patient groups to test the websites and gather feedback in terms of them being easy read. The new platform would allow any common information to be changed on all practice websites in one go.

A Member noted the upgrades to the telephony software and equipment that had been discussed at a previous meeting and enquired how this work had progressed. The Associate Director advised that not all GP practices were using a cloud-based system, but they were working with those that did to encourage them to use its functionality to its full potential. It was intended that all GP practices would be transferred to a cloud-based system as soon as possible. However there were some barriers, such as high costs for exiting current contracts and it being a more expensive system for smaller practices – they were working with providers to try and address these issues. Regarding the "8am rush", practices were looking at doing things differently to avoid unnecessary calls – such as repeat prescriptions requests, test results and

referrals via different routes. They were also looking to see how changing the distribution of clinics, and weighting them by demand, could help.

The GP Clinical Lead advised that another risk identified was the resilience of practices. In terms of workforce, they were still seeing more doctors and nurses leaving the profession than were joining. To try and address this locally, they were looking to expand the number of GP trainers in the borough – they were aware that if GPs were trained in a borough they were more likely to stay in that borough. They were also continuing to support a local GP flexible staffing bank and there was an education training hub which developed nurse facilitators, who created networks and provided training opportunities. It was acknowledged that a large proportion of the workforce were non-clinical staff, who needed technical skills and personal resilience to deal with patients and all practices needed good practice management. A recruitment campaign would be launched in May 2023, with One Bromley, to encourage people to come and work in the borough. Another risk identified related to premises. The GP Clinical Lead noted that this was a complex arrangement, with a mixed ownership model in place – 42% of premises were owned by GP partners; 16% by NHS property management organisations; and 42% by private landlords, including recently retired GPs where brokering arrangements for handover were in place. This was a big area of risk – there was a need to ensure that buildings were at the required standard and had the space to house the expanding clinical workforce.

In response to questions regarding avoiding the closure of GP practices, the Associate Director advised that work was being undertaken in anticipation of these risks. They did actively intervene if practices notified them of any difficulties with landlords, and would act as mediators. Following the changes in planning rules, which meant that there were fewer obstacles to change the use of premises, landlords were finding other uses more attractive. The GP Clinical Lead noted that they were engaging with practice managers and undertaking an estates survey – it was important that practices protected themselves, such as ensuring that practices agreements stated that ownership passed over to partners. In terms of recruitment and retention, and making Bromley an attractive place to work, the extended roles implemented required cross-working between practices at Primary Care Network (PCN) level.

The GP Clinical Lead advised that, in March 2023, they had started a process of engaging with GP practices – many of them shared the same concerns raised by Members in terms of capacity and demand, and they wanted to try and inform how health and care services were transformed. It was noted that the national Access Recovery Plan for General Practice would be used as a focus to progress discussions.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

RESOLVED that the update be noted.

45 UPDATE FROM THE LONDON AMBULANCE SERVICE

The Chairman welcomed Christine Masson, Bromley Group Manager – London Ambulance Service, Graeme Marsh, System Partnership Transformation Manager – London Ambulance Service and Darren Farmer, Director of Ambulance Operations – London Ambulance Service to the meeting to provide an update on the London Ambulance Service (LAS).

The Bromley Group Manager informed Members that the focus of the LAS in Bromley was moving towards ‘team-based working’, where a group of staff worked together all of the time. This allowed the staff to form a better bond and increased the face-to-face interaction with managers, which provided opportunities to communicate important information. At the sites where team-based working was already in place, there had been a reduction in sickness absence which impacted on better ambulance provision. It offered a robust opportunity to communicate local messaging in terms of the capacity available at hospitals. It also provided an increased opportunity to undertake operational workplace reviews where the team of managers were completing ride outs with ambulance crews. This helped to improve the quality of service provision, identifying best practice and areas of learning. The clinical supervision allowed the discussion of both failed and successful referrals and how they could be improved. They were currently participating in a feedback trial with Lewisham. The System Partnership Transformation Manager advised that this was a system to support crews, providing feedback on what had happened to a patient in order to aid their knowledge and learning. This trial would be rolled out much further, with the software implemented at multiple hospital sites across London.

In terms of recruitment, the Bromley Group Manager advised that there had been a pan-London focus on training and recruiting more clinicians, call handlers and dispatch staff. This would allow the patient waiting times for an ambulance to be kept as safe as possible, and the most urgent patients prioritised. As a service, the LAS had recruited more than 900 front line ambulance staff and 400 call handling staff (111 and 999 provisions) – an increased workforce meant that there were more people available to respond to patients. The vacancy rate in Bromley had reduced, from 18% at the end of 2022, to currently just over 6%. A number of trained paramedic staff had been lost to PCNs provisions as they provided an opportunity for staff to not work unsociable hours, which was particularly attractive to those staff with families. Looking ahead, they aimed to recruit more than 1,400 frontline staff as part of the 2023-24 improvement programme to meet the levels of demand across London. The LAS had continued to work with colleagues in other blue light services, and in November 2022 had participated in a live multi-agency major incident exercise – this allowed crews and managers to put their response to a major incident into practice.

In response to a question regarding recruitment of St John’s Ambulance Cadets, the Bromley Group Manager advised that the LAS did not have a programme whereby they asked staff to volunteer to help out with the Cadets – some staff did, however others volunteered their time in different areas. If

staff were able to give their time, they would actively support it. The LAS were recruiting a younger workforce, including recruiting directly from universities. Whether those recruited chose to stay within Bromley after they completed their course was a challenge, as they may request to be transferred to a more central location as there tended to be more of a variety in terms of ambulance call outs. The Director of Ambulance Operations advised that the LAS had a strong relationship and worked closely with the St John's Ambulance community, and this was an area of focus. It was noted that, nationally, levels of volunteering were quite low, and the King's Coronation was being used as a springboard to improve this.

The System Partnership Transformation Manager advised that work was being undertaken in relation to clinical safety, and ensuring that the right resources were provided, to the right patients, at the right time frame. This was an area that they were continuing to invest in and appoint additional staff to – they had looked at changing rotas, allowing staff to work half their time out on the road and the other half in the control room. The LAS were also working with partners to reduce pressures on the Accident and Emergency (A&E) department, as well as utilising the resources available – including maximising referrals into services such as same day emergency care services. Paramedics completed a mandatory training session which included a module based on referrals and what services were available. They were also promoting the MiDos system which provided access to a directory of services that patients may be suitable for. Other areas of work included:

- Clinical teams developing a frailty pathway with the PRUH – ambulance crews were directed to a geriatrician-led department, rather than going via A&E.
- Clinical teams producing a prompt sheet – this helped gather details that may not come readily, and reduced the need for conveyance.
- Care homes – maximising interactions and implementing the use of a universal care plan. This was a template providing information about a patients, including their wishes about going to hospital and treatment to be received. Engaging with care homes to encourage all patients to have a plan to provide a clear indication for ambulance crews.
- Gathering data to look at falls in the community – when falls were happening and the volume of cases, and looking to improve services.
- 3-month trial of GP notification – delivering incidental finding to GP practices.
- Community providers visiting LAS control rooms – observing call taking, despatch system and clinicians, which provided a greater idea of how the system operated and its limitations.
- Mental health response car – mental health clinicians riding out in ambulance cars to target specialist mental health cases, to try and avoid the use of acute services.

In response to questions regarding the work with care homes, the System Partnership Transformation Manager advised that the ICS were engaging with care homes to look at how they operated, and establish a model that could be delivered across the rest of the services. The culture of conveyance to hospital and interactions between care homes and the health care system

were changing positively, as they recognised their importance. The Director of Adult Social Care noted that the Local Authority had well-established relationships with care homes, and this was something that could be jointly promoted with care home managers. It was agreed that a list of the LAS initiatives mentioned would be circulated to Members following the meeting (attached at Appendix A).

The System Partnership Transformation Manager informed Members that hospital handovers had been a significant challenge during the winter period, but they had worked with the PRUH to deliver ways to alleviate some of these pressures. One element had been the use of 'cohorting' – having paramedic crews within the hospital environment to take patients off ambulance trolleys and help supervise their care while waiting for an A&E bed. This allowed the ambulances to be released back into the community and respond to emergency calls. Another initiative related to intelligence conveyance – the LAS control room looked at the pressures across the system, and could divert a crew to a different Trust if a hospital was struggling with capacity, and alleviate pressures in individual areas. It was noted that this resulted in better patient outcomes, but there were some limitations in terms of patients who required specialist treatment at a certain hospital.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") said that they were endeavouring to accommodate solutions for cohorting patients, but these were not yet sufficient. With regards to the long-term plan, it was noted that the PRUH had been recognised nationally as being 'under bedded' for the needs of the local population – it was therefore highly likely that additional bed spaces would be opening at the PRUH and Orpington Hospital sites by winter 2023. Thanks were extended to LAS colleagues for the work undertaken with hospital staff to manage cohorting, and highlighted that they were now starting to gain traction in providing a long-term and sustainable solution. It was noted that a further update could be provided at a future meeting of the Sub-Committee.

The Director of Ambulance Operations echoed the comments of the Site Chief Executive – they understood the nature of the current issue and the interim solution of cohorting. Their areas of focus were around using teams to improve clinical knowledge, moving patients appropriately and managing them in the community. Success had been seen in relation to the urgent community response and mental health cars, and safely managing patients away from A&E.

In response to questions regarding performance figures, the System Partnership Transformation Manager said that, anecdotally, the transportation times were likely to be impacted by peak periods of traffic and congestion – however it was noted that the most acute patients would be transported under blue lights. The Director of Ambulance Operations advised that there were variations in terms of traffic speed. The long-term position regarding the contribution that traffic made to respiratory conditions needed to be acknowledged, as these were a huge burden on the system. Some of the

traffic management processes being used across London had long-term health benefits that would reduce pressure on both the LAS and acute Trusts.

With regards to performance categories, the Director of Ambulance Operations advised that Category 1 related to a small group of highly acute patients with significant issues. Category 2 included strokes and heart attacks, but this also included a large group of other patients where it was not possible to gather enough details about them during the initial call to identify if they could be included in a lower category. The LAS was part of a national trial, currently looking at this group, to identify the higher acuity patients accurately and those who could safely sit in the lower acuity groups – more data would be provided from this throughout the year. It was acknowledged that the Category 2 figures were away from the national target of 18 minutes, however the agreed target for this year, and the level they were commissioned at, was 30 minutes. Their aim was to achieve the target of 18 minutes and it was considered that the trial mentioned would bring benefits and reduce this number.

The Chairman thanked the Bromley Group Manager, System Partnership Transformation Manager and Director of Ambulance Operations for their presentation. Thanks were also extended to all LAS staff on behalf of the Sub-Committee for the work they undertook. It was requested that a further update be provided to the Sub-Committee in six months' time.

RESOLVED that the update be noted.

46 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

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

The Site Chief Executive noted that, with regards to the end of year position for elective care, King’s had eradicated the list of patients waiting over 104 weeks for treatment. It was noted that if industrial action had not taken place in recent weeks, the list of patients waiting over 78 weeks would also have been eradicated. There were 13 patients that had been carried over into the new financial year and had since received treatment. The Trust continued to make strong in roads – King’s had been in national press, listed as one of the top 5 hospitals in the country for the volume of activity undertaken over the last year to address backlogs created by the COVID-19 pandemic. Elective operative activities were continuing at pace.

With regards to emergency performance, Members were informed that the overall challenges at the PRUH continued. They were continuing to work with both national and regional colleagues on several initiatives, including ambulance offloads and the Urgent Care Centre (UCC) provider. It was noted that over the two years, since the start of the pandemic, the average

attendance age at A&E had increased by 10 years – they were seeing significantly more mature patients, who were often in a higher state of compromise. The London region were working with the PRUH to explore this epidemiological shift and further information could be provided at future meetings of the Sub-Committee. The Chairman agreed that these statistics were staggering and considered that a deep dive was needed to gain an understanding of the change in dynamics.

In terms of diagnostics, the Trust continued to perform highly and remained one of the top 15 hospitals in the country for the speed at which patients were seen. With regards to cancer services, South East London continued to be the second highest performing cancer alliance in the country. It was noted that King's had finished the last financial year ahead of the trajectory for recovery.

The Site Chief Executive advised that the link bridge on the PRUH site had been completed and they were currently going through a capital planning round for future developments. Later this year a second MRI unit would be opened, which would further accelerate elements of emergency care. As previously mentioned, the funding to expand the bed base was still to be confirmed – if taken forward, there could be an increase of around 32 beds and a capital value of £5.5m investment.

Members were informed that a CQC inspection had taken place at the PRUH in late 2022 – the actions taken from the maternity services review had been fully executed and accepted. It was noted that the latest patient satisfaction statistics for maternity services at the PRUH had seen a marked uptick in recent weeks.

With regards to maternity services at the PRUH, a Member enquired if the reasons for the hospital being an outlier for rates of postpartum haemorrhage (PPH) were known, and if they looked to identify any hereditary issues connected to PPH. The Site Chief Executive said that, with regards to hereditary issues, questions were asked as part of standard assessments by community midwifery colleagues and obstetricians – it was agreed that statistics relating to this could be provided following the meeting. A written response would also be provided in relation to the PRUH being an outlier for PPH. The Member further noted concerns related to people smoking outside the A&E department, which was beneath the paediatric unit, and suggested that signs could be installed asking people to refrain from doing so in that area. The Site Chief Executive advised that earlier in the year an enhanced security scheme had been implemented across the site, and there had been a marked improvement. Having reopened access towards Sainsbury's, they were seeing more staff and patients leaving the hospital site to smoke. The Site Chief Executive said the point raised was fair, and he would be happy to review the signage and ask the security team to move people away from that location.

The Portfolio Holder for Adult Care and Health said the news regarding the additional MRI scanner at the PRUH was very welcomed. In response to a question, the Site Chief Executive noted that around 18 months ago, a large

amount of investment had been made into imaging services and the workforce had grown by around 54 additional posts. There was sufficient reserve for additional MRI reporting – with regards to volume, around 14 MRIs were undertaken on any one day and there was internal capacity to respond to reports in a timely fashion.

A Member asked for further information in relation to vacancy rates, which had been referenced in a number of CQC inspection reports. The Site Chief Executive said that across the board, the vacancy rate stood at around 8% – this was below the London average and overall there was a continued improvement. It was noted that, as One Bromley, they had been promoting careers in the borough and involved in the co-design of the strategy and marketing. It was agreed that a breakdown of vacancy rates by sub-discipline could be provided to Members following the meeting.

The Chairman thanked the Site Chief Executive for his presentation to the Sub-Committee.

RESOLVED that the update be noted.

**47 UPDATE ON THE REVIEW OF JOINT WORKING
ARRANGEMENTS BETWEEN OXLEAS NHS FOUNDATION
TRUST AND THE LONDON BOROUGH OF BROMLEY**

Report ACH23-019

The Sub-Committee considered a report providing an update on the review of joint working arrangements between Oxleas NHS Foundation Trust and the London Borough of Bromley.

The Assistant Director for Integrated Commissioning advised that for the purposes of delivering local community mental health services, the London Borough of Bromley and the Oxleas NHS Foundation Trust had been the two parties to a Partnership Agreement since December 2004. Through this arrangement, 25 of the Council's social care staff were seconded to the Trust's community mental services as part of a pooled fund for the provision of the community mental health services and to deliver the statutory Care Act responsibilities on behalf of the Council. These partnerships arrangements were subject to a review in 2021, with an action plan being implemented from 2022. The report provided details of the outcome of this review and progress made against the action plan. Overall, feedback was positive and in the coming months a new action plan would be developed to progress things further.

The Service Director – Adult Community Mental Health/Adult Learning Disability (Oxleas NHS Foundation Trust) highlighted that a key aspect had been the high level of engagement from the staff. It was considered that staff who were seconded often felt that they did not fully fit in to either organisation, but there had been extremely positive engagement from staff. In terms of the

reviews, they recognised their own contributions and felt the recommendations were a good reflection of their input. The staff had also been involved in the co-production of the action plan, which had increased their motivation. This had increased morale within the team, which supported recruitment and retention.

A Member noted that one of the commitments stated in the report related to a co-production process – however there was no reference to this in the action plan provided and it was therefore not clear if this had been tracked. The Assistant Director for Integrated Commissioning advised that the engagement action included related to the co-production work. Oxleas already had well-developed arrangement in place for co-production with service users. This had not been extended to this partnership approach, but it had been agreed that community mental health teams would be providing input. The next steps would be to develop plans for engagement and co-production activities. The Member asked that a summary of the arrangements in place be provided following the meeting.

The Chairman thanked the Assistant Director for Integrated Commissioning and Service Director – Adult Community Mental Health/Adult Learning Disability (Oxleas NHS Foundation Trust) for their update to the Sub-Committee.

RESOLVED that the progress being made following a review of the joint working arrangements between the London Borough of Bromley and the Oxleas NHS Foundation Trust be noted.

48 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

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

The Director for Adult Social Care noted that, over the last year, the Sub-Committee had received a number of updates from Bromley Healthcare regarding their CQC inspection. Members were advised that the CQC were now satisfied with the progress that Bromley Healthcare had made and the questioning around the findings from the inspection could be closed down following this meeting.

The Chief Executive Officer informed Members that an internal Sub-Committee had been running over the last year. Representation included the LBB Director of Children’s Services and the ICB Director of Quality, who had been ‘critical friends’ that provided helpful challenge. It was considered that Bromley Healthcare was now at the stage where all actions had been completed, barring clinical competencies – this was an ongoing, long-term piece of work around establishing a system which acted as a central repository.

Bromley Healthcare had recently internally launched its new strategy. The process had been undertaken over the last 6 months, gathering feedback from staff and commissioners, and it was suggested that an update be provided at a future meeting of the Sub-Committee.

Members were informed that a recent Ofsted inspection had taken place at their Hollybank children's services – the provision had been rated as 'good' overall, as well as in all three domains, with just two minor recommendations.

The Chairman thanked the Chief Executive Officer and Chief Nurse for their update to the Sub-Committee.

RESOLVED that the update be noted.

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

The Chairman advised that an informal virtual meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 5th April 2023. During the meeting the proposals for the new delivery of paediatric oncology services in South East London were discussed, moving them into the Evelina London Children's Hospital which was part of Guy's and St Thomas' NHS Foundation Trust. With regards to the significance and impact of the proposed changes, it was considered that for Bromley this was minimal, as they were already outside of the borough – however other boroughs would be more severely impacted as they were closer to the current delivery centres. It had been agreed that a formal review of the decision be undertaken by June 2023.

The future work programme of the formal meeting was discussed – it was agreed that the Committee would meet in-person four times a year, and a further four times virtually. The key element would be to look at the operations of the SEL ICB and ICS, focusing on the issue of inclusivity for health care and the preventative agenda. It was noted that a copy of the minutes of the meeting would be circulated once available. In response to a question, the Chairman noted that oversight of the work programme was likely to be fed back to both the Health and Wellbeing Board and Health Scrutiny Sub-Committee.

RESOLVED that the update be noted.

50 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD23057

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

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

- Bromley Healthcare Strategy (19th July 2023)
- Update from the London Ambulance Service (19th September 2023 / 24th January 2024)

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

A Member noted that prior to the pandemic there had been a useful programme of Member visits and enquired if there were plans for this to be reinstated. The Chairman agreed that the visits had been extremely valuable, however the timing of them needed to be right. The Portfolio Holder for Adult Care and Health advised that this had been raised at the Adult Care and Health Policy Development and Scrutiny Committee. There had been some concerns around the infection control measure that needed to be taken in care homes, however the LBB Assistant Director Strategy, Performance and Corporate Transformation was looking at taking this forward.

RESOLVED that the update be noted.

51 ANY OTHER BUSINESS

The Chairman noted that this was the final Health Scrutiny Sub-Committee meeting of the municipal year and thanked Members, Co-opted Members, officers and health partners for their contributions throughout the year.

RESOLVED that the issues raised be noted.

52 FUTURE MEETING DATES

4.00pm, Wednesday 19th July 2023
4.00pm, Tuesday 19th September 2023
4.00pm, Wednesday 24th January 2024
4.00pm, Wednesday 20th March 2024

The Meeting ended at 5.47 pm

Chairman

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Full list of LAS initiatives – Health Scrutiny Sub-Committee – 20th April 2023

- *PRUH Frailty – ambulance crews to be given direct access to a geriatrician-led department, rather than going via A&E.*
- *‘Clinical Performance Indicator’ prompt sheet – produced by the clinical teams which supports crews in considering alternative modes and methods of management opposed to A&E for certain groups of patients (EG End of life care).*
- *Plan to roll out utilisation of Universal care plan into care home environments to inform ambulance crews of patient’s desires surrounding hospital management or treatment in the home environment.*
- *Working with Community providers and the ICS to explore falls patients. Review of data and analysis of service utilisation hopes to identify short falls and find ways to enhance utilisation.*
- *GP notification pilot: Ambulance crews given capacity to notify Primary care of incidental medical findings such as raised blood pressure or abnormal sugar levels.*
- *Reciprocal observation arrangements enabling community providers to see and engagement with LAS services (such as observation day in control room and on ambulance) and LAS clinicians spending a day with the Community providers (such as UCR). Hope that this will increase awareness of services and improve teamwork and referral volumes between agencies.*
- *Mental Health Cars: Mental health clinicians continuing to respond to targeted mental health calls in the community. This has seen reduced A&E attendance and improved patient experience.*
- *Ambulance led cohorting: Working with hospital to streamline process and ongoing provision of ambulance staff to monitor patients who are awaiting hospital capacity to be entered into the ED.*
- *Ongoing work with the Intelligence Conveyance team to divert patients coming in by ambulance to hospitals based on demand and patient flow. Protects hospital sights that are overwhelmed and struggling to offload ambulance crews.*
- *Category 2 segmentation pilot: Higher category calls being reviewed by a clinician and where appropriate rapidly downgraded to ensure fastest response is received by the sickest patients.*
- *Continual investment and development of our clinical workforce in the control room, enabling more patients to receive ‘hear and treat’ prior to ambulance resources being sent. This is of greater benefit in areas such as Bromley where there is a greatly geographical distance and subsequent longer transport time for patients.*
- *Major incident training in late 2022 whereby Bromley ambulance staff engaged with other blue light services for a live multiagency exercise at London Biggin Hill Airport.*

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Bromley Health Scrutiny Sub-Committee Update 5 September 2023

Julie Lowe,
Site Chief Executive Denmark Hill
covering as
Site Chief Executive for PRUH and South Sites
until 18 September



PRUH and South Sites update

- Elective recovery
- Emergency performance
- Industrial Action impacts and mitigations
- Covid-19 position
- Estates and service updates

Trust-wide update

- Apollo programme: launch of Epic
- Trust executive leadership update

Elective recovery (1)

We continue to reduce long waiters across all waiting time cohorts in line with the **NHS Elective Recovery Plan**, that addresses backlogs built up during the pandemic. We are also responding to the 'call-to-arms' from NHSE request to Protect and Expand elective capacity and specifically address the Outpatient backlog across the NHS.

Exceptionally long waits

No patient is waiting for treatment at the PRUH is over 100 weeks

Waits by specialties

We continue to address long wait cohorts across specialties

- We have 24 patient awaiting surgery and other planned interventions with waits over 78 weeks on an admitted pathway (as at 21 August 2023). Eleven of these patients have dates for their surgery, with the latest being October 2023.

Capacity to address long waits

Additional capacity is critical to reducing the total waiting list further

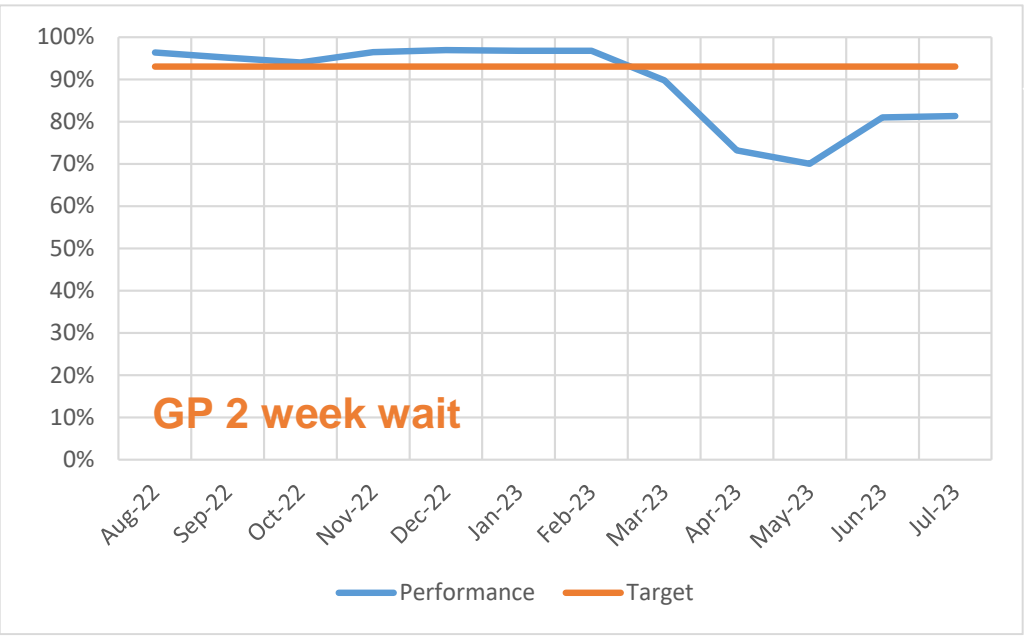
- Our total waiting list has grown from 34,781 in April to 35,893 as at 21 August 2023 (+1,112)
- We continue to work with partners to reduce the 1,753 patients waiting over 52 weeks or either a procedure or outpatient appointment (up from 441 at last report).

Diagnostics Waiting Times and Activity

- July was the first month for over a year where we did not meet the national threshold for diagnostic compliance, achieving a validated position of 1.76% (against the 1% threshold).
- Breaches increased to 102 in July with the main increase in Radiological non-obstetric ultrasound which rose to 49.

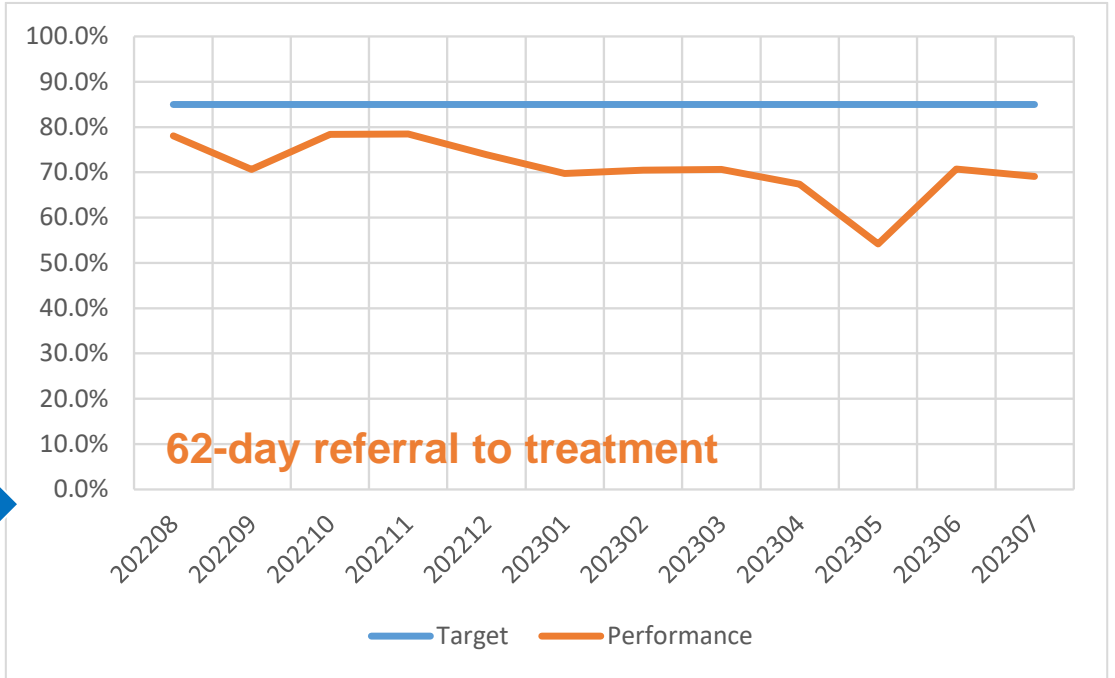
Elective recovery (2)

Cancer Diagnostics Improvement Programme established in August 2022 to strengthen cancer performance



The PRUH achieved sustained performance against the 2WW up to Mar-23 and has recovered slightly in the last two months to stabilise at around 80%.

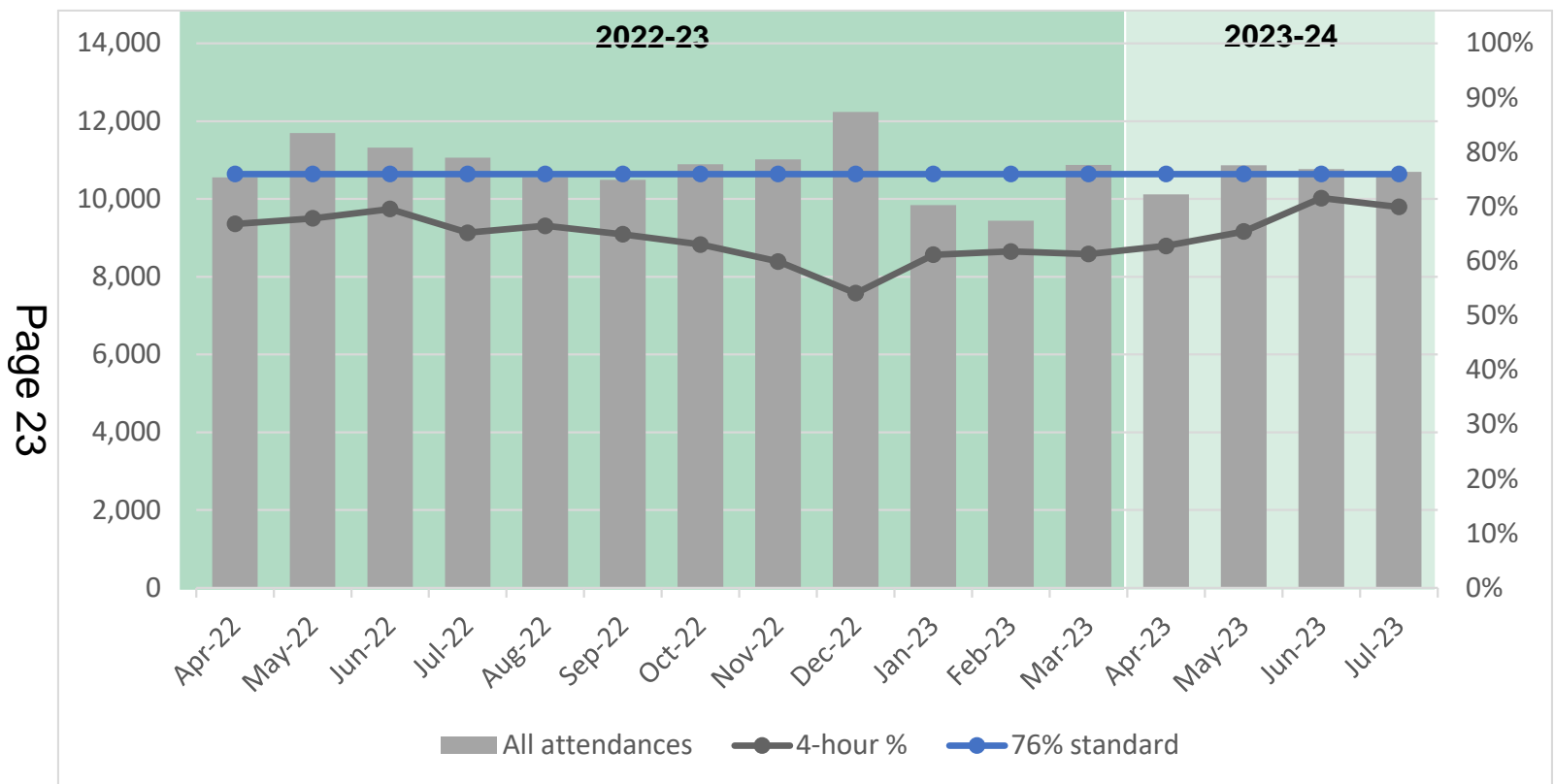
PRUH performance against the 62-day target remains challenging. For July 2023 it was 69.1%, below the compliance threshold of 85%.



Emergency performance (1)

- Attendee levels are lower than prior year but remain high compared to January and February of this year. Overall performance against the four-hour wait target for A&E remains challenging but improving, in July it was 69.97% (vs 65.23% for the prior year).
- We are in the process of integrating the new national OPEL (Operational Pressures Escalation Levels) framework into our system of requirements and triggers.

Total attendances and 4-hour performance since April 2022

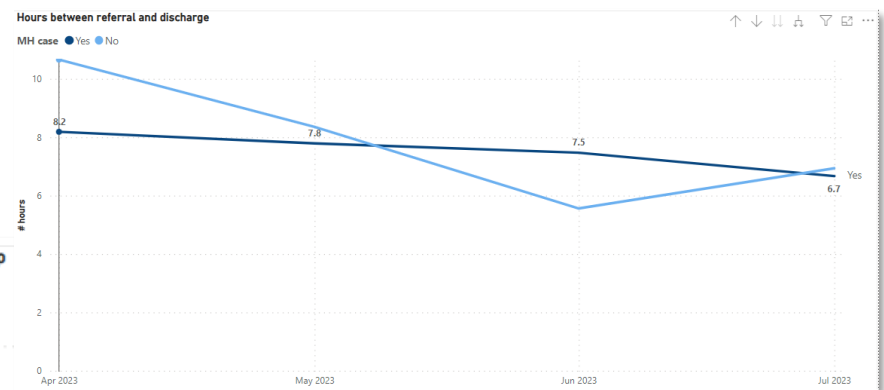


We are also undertaking work to address our longer lengths of stay across the Trust which contribute to poor flow across the site (focusing on those with a length of stay of 21 days or more). A weekend discharge SOP has already been revised.

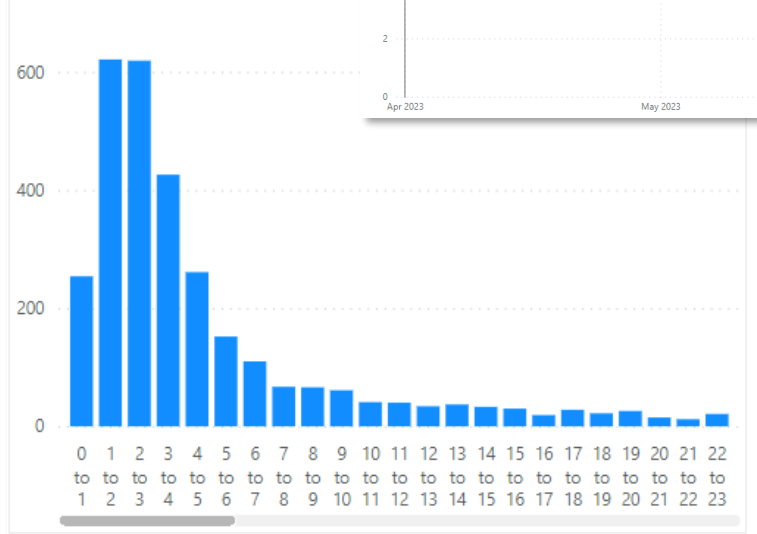
Emergency performance (2)

Mental health patients seen in ED

Despite strikes, patients referred onwards from ED for mental health care have experienced a reduction in wait times. However, these are still high overall. Since April 2023, waiting times have reduced from an average of 8.2 to 6.7 hours in July. Around 1 in 4 have waited more than 8 hours and 1 in 20 waited more than two days in ED.



Frequency of patients by duration group



Page 24

Ambulance attends

Numbers have remained fairly stable and our comparative handover delay position is improved. However, our ability to discharge patients during the weekend at the same rate as weekdays remains challenging. Currently, we are typically discharging as many as 60 patients more on a weekday compared to a Sunday. As a result, we experience congestion in ED and long waits at the beginning of the week.

Ambulance cumulative handover delays for all patients across London: rolling 30-day position as at 3 August 2023 (LAS data, hh:mm:ss shown)

| Site | Cumulative Handover Delay (hh:mm:ss) |
|-------------------------------------|--------------------------------------|
| Queen's Hospital | 567:35:32 |
| North Middlesex Hospital | 278:16:10 |
| Whipps Cross University Hospital | 264:06:17 |
| King's College Hospital (denmark .. | 212:13:09 |
| Newham General Hospital | 183:37:00 |
| King George Hospital | 179:10:59 |
| St Helier Hospital | 164:36:08 |
| St George's Hospital (tooting) | 145:02:52 |
| Croydon University Hospital | 90:28:22 |
| The Royal London Hospital | 84:42:44 |
| Barnet Hospital | 76:49:54 |
| Princess Royal University Hospital | 74:01:57 #12 in London |
| Royal Free Hospital | 71:03:13 |
| Queen Elizabeth Hospital | 70:08:41 |
| St Thomas' Hospital | 61:34:38 |

Strike impact on elective care

We estimate that the industrial action since the beginning of the year has affected 1,902 inpatients and daycases and almost 16,000 outpatients. The financial loss to the Trust is over £10.5m.

The next strikes are:

- **Junior doctors** - Thursday 24 and Friday 25 August
- **Consultants** - Tuesday 19 and Wednesday 20 September

| Organiser | Dates | Total day case activity lost | Total inpatient activity lost | Total outpatient activity lost | Total value lost (average tariff by POD) |
|--------------------------|------------------|------------------------------|-------------------------------|--------------------------------|--|
| BMA junior doctors | 11-14 August | 188 | 28 | 1,730 | £ 1,027,016 |
| Society of Radiographers | 25-26 July | 54 | 16 | 1,909 | £ 349,020 |
| BMA consultants | 20-21 July | 117 | 28 | 1,238 | £ 807,177 |
| BMA junior doctors | 13-17 July | 202 | 36 | 2,431 | £ 1,259,835 |
| BMA junior doctors | 14-16 June | 160 | 50 | 1,600 | £ 1,247,297 |
| RCN | 30 April - 1 May | 48 | 18 | 25 | £ 363,306 |
| BMA Junior doctors | 11-14 April | 152 | 75 | 3,560 | £ 1,807,754 |
| BMA Junior doctors | 13-15 March | 187 | 63 | 2,279 | £ 1,572,185 |
| RCN | 6-7 February | 219 | 37 | 812 | £ 1,120,311 |
| RCN | 18-19 January | 193 | 35 | 314 | £ 964,040 |
| YTD | 29 days | 1,518 | 384 | 15,896 | £ 10,744,859 |
| Per day | - | 52 | 13 | 548 | £ 370,512 |

- Covid-19 patient numbers have reduced since last reported to the committee.

Most recent figures

- As at 9am, 18 August, we have 24 patients in general and acute beds, and zero patients in critical care.

ENDOSCOPY UNIT

The verdict on our recent court hearing was published on 31 July. Our position was fully upheld, allowing us to resume work on site. Of the eight planning conditions, we await the Council's decision on four (regarding the plant noise #6, slab levels # 9, the construction ecological management plan #11 and bicycle offset #19).

We removed the measures put in place to prevent any use of the inactive badger sett and then closed it with the aid of a Natural England ecologist.

Building work is due to commence this summer to complete by Q4 of 2024/25.



RADIOLOGY UPGRADES

The PRUH is nearing completion on the second phase of a significant programme of diagnostic equipment replacement which commenced in February 2022. The PRUH will benefit from vastly improved diagnostic and interventional equipment from this refresh. Phase one replaced the Single Photon Emission Computed Tomography CT (SPEC CT) in our Nuclear Medicine department and the Fluoroscopy unit, making the service future proofed over the next 7-10 years whilst also providing backup to the CT scanner. Phase two completion refreshed: the Cardiovascular Fluoroscopy System, Computed Tomography Scanners (two scanners replaced, see one opposite), a 1.5T MRI and an X-ray room.

A new second MRI is also due for installation in October 2023.



FLOW UPGRADES AND ASSOCIATED WORKS

The PRUH has received additional capital resources totalling £3.880m to create 16 new beds including expanded HDU provision. This is a key step in meeting the national ambitions for UEC recovery. During the w/c 7 August, we completed a series of complex internal moves to free-up the footprint earmarked for the beds. Preliminary construction work is already underway and we aim to be 'live' by 1 December.

This additional capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments.

Overview: Epic

- On **5 October 2023**, King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts will be going live with a new electronic health record (EHR) system. The new system, powered by Epic as part of the Apollo programme, will replace multiple clinical systems in use across both Trusts with a single, integrated and comprehensive EHR.
- Synnovis, the pathology service provider for both Trusts, will also launch Epic on 5 October, replacing its current laboratory information system.



We are confident that Epic will bring about major long-term benefits for patients, and staff, and help transform many of the ways in which we provide and deliver care.

Benefits include:

- ✓ **Easier access to patient information for clinical teams**
- ✓ **Improved technology**
- ✓ **Patient-centred, empowering our patients**

MyChart

- The Apollo programme also includes the launch of MyChart a new patient portal, accessible through a smartphone app or online.
- MyChart is a positive step forward for patients, it will provide greater access to their healthcare information and facilitate direct communication between patients and their hospital teams, ultimately it will empower our patients to get more involved in decisions about their health.

Appointments

- Bernadette Thompson was appointed as **Director of Equality, Diversity & Inclusion** Team and joined the Trust in July 2023.
- James Watts was appointed as **Site Director of Operations- PRUH and South Sites** from 4 September 2023.

Recruitment

- A recruitment process will be underway to appoint new **Site Chief Executive for PRUH and the South Sites** following the departure of Jonathan Lofthouse from the Trust in August.
- Julie Lowe, Site Chief Executive for Denmark Hill, is providing temporary leadership cover until Angela Helleur starts as the Acting Site Chief Executive for the PRUH and South Sites.
- Angela will take on the role until the end of March 2024. Angela joins us from the South East London Integrated Care System (ICS), where she is Chief Nurse. She has worked in south east London for a number of years and has over 40 years' experience in the NHS. Before moving into healthcare management, she trained as a nurse, and also worked as a midwife at our King's College Hospital, Denmark Hill site.



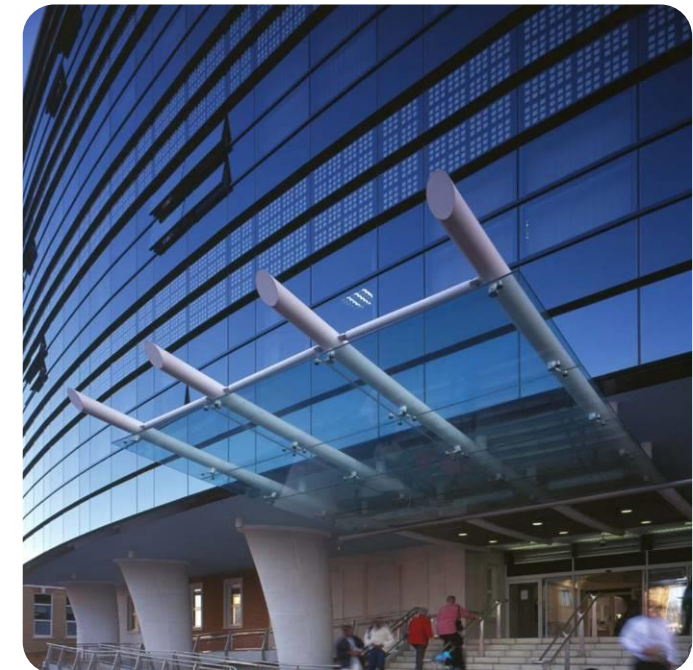
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Supplementary information for Bromley Health Scrutiny Sub-Committee:

Maternity – Postpartum haemorrhage

Aldyth Walker – Interim Head of Midwifery PRUH and South Sites

August 2023



Postpartum Haemorrhage: Background information (for reference)

- Postpartum haemorrhage (PPH) is the most common complication of childbirth, and it is defined as the loss of 500ml or more of blood from the genital tract within 24 hours of the birth of a baby.
- PPH classified as minor (500-1000ml) and moderate (1000-1500ml) blood loss.
- Major PPH is blood loss of more than 1500mls. It will additionally be defined as Major Obstetric haemorrhage in cases where:
 - >4 units blood transfused
 - Radiology required to control bleeding (KCH 2022)
- In the UK obstetric haemorrhage is the fourth leading cause of direct maternal deaths, behind thrombosis & thromboembolism (1st), sepsis (2nd) and psychiatric (3rd)

Risk factors for Postpartum haemorrhage (PPH)

Pre-labour

- Previous retained placenta or Previous PPH (recurrence rate 8-10%).
- Previous caesarean birth (associated with uterine rupture and abnormal placental implantation)
- Placenta praevia, accreta or percreta
- Antepartum haemorrhage or Placental abruption
- Over distension of the uterus –multiple birth, large baby, excessive amniotic fluid
- Pre-eclampsia / pregnancy induced raised BP
- Raised BMI >35
- Increased maternal age >35yrs
- Uterine abnormalities – fibroids
- Asian ethnicity

Intrapartum (during labour)

- Induction of labour
- Prolonged first stage, second or third stage of labour
- Use of uterotonics in labour e.g Syntocinon
- Retained placenta
- Precipitate labour
- Operative birth e.g. forceps delivery
- Caesarean section – particularly in second stage of labour
- Placental abruption
- Sepsis in labour

Other Situations which require specific approaches & guidance

- Pre-existing bleeding disorders
- Woman taking therapeutic anticoagulants
- Women who refuse blood products

Possible reasons why the PRUH was previously an outlier for PPH

The rate of major PPH at the PRUH was 5.5%(2021), which is higher in comparison to the national PPH guidance rate of 3.3%(3.1-3.5%) Bell et.al. 2020.

Actual year to date rate PPH at PRUH is 3.6%, rolling 12month 3.2% (July 23), which is comparable to DH YTD 3.5% and QEH YTD 3.4% (June 23)

Audit undertaken - two years data (2020-21) to establish causes of PPH and associations which could explain increase in rates.

Findings

- Caesarean section (CS) accounted for 40.4% (n=141) of PPH whereas the total CS rate in the year 2021 was 34.9% of which 14.4% were elective and 20.7% were emergency sections. Of all PPH in the CS group, 29.7% (n=42) cases were in patients who had elective sections and 70.1% (n=99) cases were related to emergency CS. Emergency CS rate comparable within LMNS.
- Most common causes in CS group were placenta praevia, bleeding from surgical incisions, surgical trauma and uterine atony.
- The PPH rate in the emergency CS group was double compared of the cohort of patients who had elective CS. Multiple factors at play include population characteristics, duration of labour, identification of risks and training level of attending staff (obstetrician).
- Elective CS lists have the presence of consultant obstetricians who directly oversee and scrub for operation in high-risk cases. Out of hours Emergency CS will not routinely have consultant presence
- There was monthly variation in PPH rates in all deliveries - spontaneous vaginal delivery, assisted instrumental delivery and 2 caesarean section groups. No association identified between other variables.

- The rate of PPH in the CS group improved by increasing the presence and direct supervision of trainees by consultants during emergency CS within their onsite on-call hours
- Identification of antenatal and intrapartum risk factors for PPH, King's guideline (Obstetric Haemorrhage, 2022) for vaginal births. PPH management risk assessment prior to PPH, identification of emerging risk factors as highlighted in slide 3, enables escalation and attendance of appropriate professionals
- Prophylactic uterotonics offered to all women for the third stage of labour to reduce the risk of PPH. First line drug management for third stage is Syntocinon (Oxytocin) but Syntometrine (Oxytocin plus Ergometrine) is considered as a safe alternative in the presence of risk factors – previously identified and those evolving during labour – change to practice.
- Early escalation of PPH. A blood loss of 1000mls could be detrimental to women and late escalation is a missed opportunity to control blood loss promptly – early escalation reduces requirement for fluid replacement and blood transfusion and prevents patient deterioration.
- Mandating that a 'Code Blue' is called at all MOH including theatre, to ensure haematology support with blood cross matching and issuing of products –existing policy.

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ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Update on GP Access

Health Scrutiny Sub-Committee
5 September 2023

Our focus on GP Access

Bromley has adopted a multi-faceted programme of work as part of a long-standing commitment to improving GP access.

Patient satisfaction with GP access includes consideration of:

a) Demand-related factors

- Patient preferences
- Unidentified need coming to light gradually since Covid
- Extended waiting times requiring intermediate care

b) Capacity-related factors

- Workforce
- Experience and seniority of clinicians
- Sufficient premises space
- At-scale primary care offer

Our priority is now also reflected nationally in the 'Recovering Access to Primary Care' plan, alongside elective recovery and community recovery plans.

National GP Patient Survey results

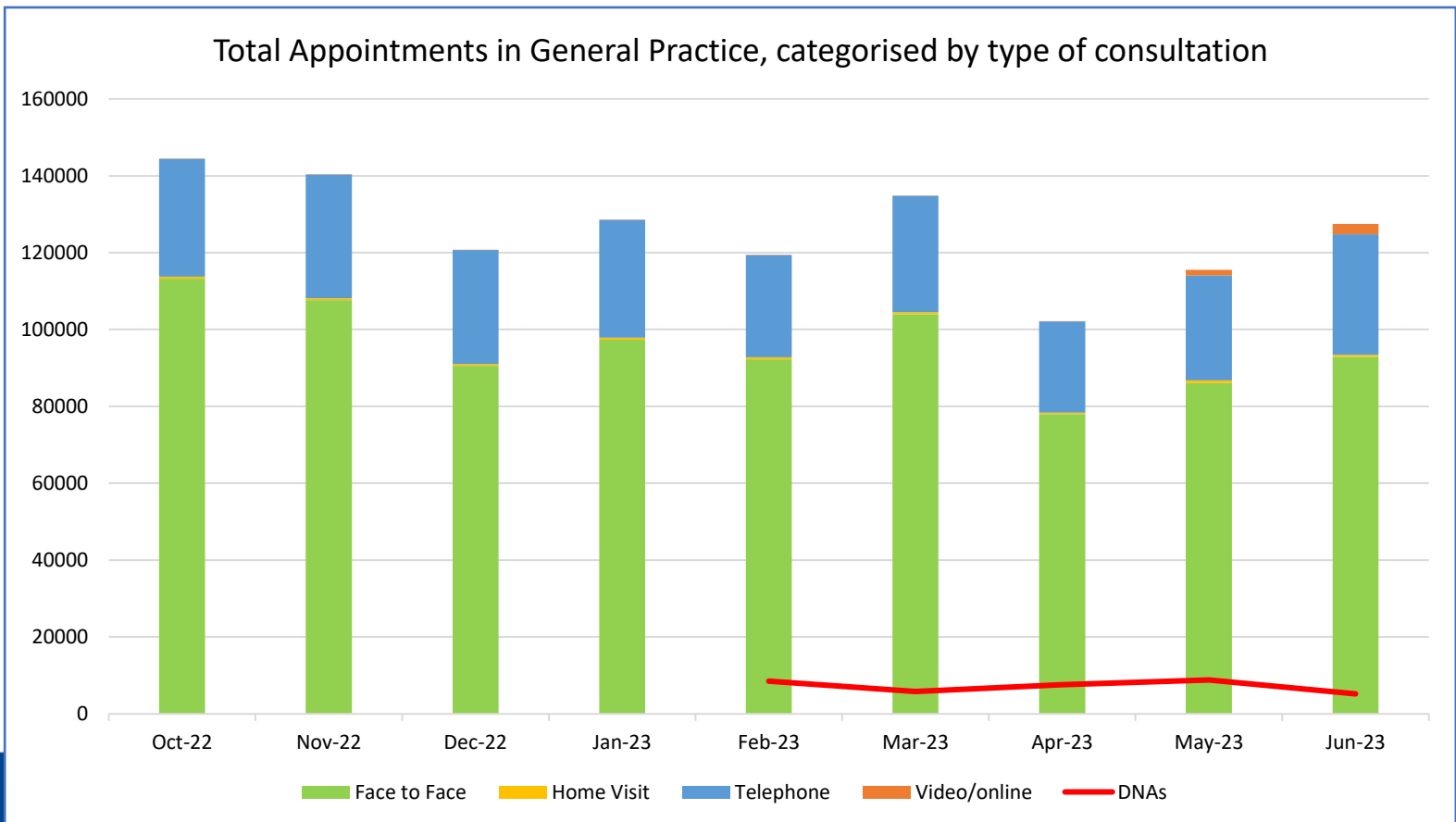
| Summary of question | 2021 average results | | | 2022 average results | | | 2023 average results* | | |
|---|----------------------|-----|---------|----------------------|-----|---------|-----------------------|-------|---------|
| | National | SEL | Bromley | National | SEL | Bromley | National | SEL | Bromley |
| Q.1 Ease of getting through to GP practice on the phone | 68% | 67% | 66% | 53% | 51% | 50% | 50% ↓ | 48% ↓ | 49% ↓ |
| Q2. Helpfulness of receptionists at GP practice | 89% | 88% | 89% | 82% | 80% | 81% | 82% → | 80% → | 84% ↑ |
| Q.4 Ease of use of website services | 75% | 71% | 74% | 67% | 60% | 62% | 65% ↓ | 58% ↓ | 60% ↓ |
| Q.21 Overall experience of making an appointment | 71% | 69% | 71% | 56% | 53% | 53% | 54% ↓ | 50% ↓ | 52% ↓ |
| Q.30 Confidence and trust in the healthcare professional | 96% | 95% | 95% | 93% | 92% | 93% | 93% → | 92% → | 93% → |
| Q.32 Overall experience of GP practice | 83% | 81% | 84% | 72% | 69% | 71% | 71% ↓ | 67% ↓ | 70% ↓ |

*Four coded Bromley results compared to SEL average. Trend arrows comparing to 2022 results for that geographical region

GP Practices and PCNs are implementing plans to improve patient experience of access over the coming year. Practices which are outliers in any one or more area have been identified, and work is underway to understand what additional support may be required to address the underlying causes of this gap.

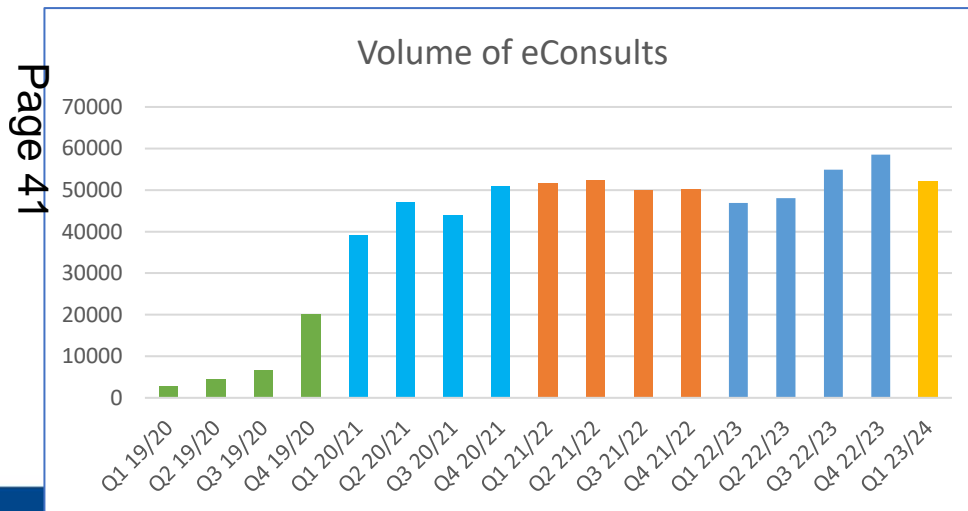
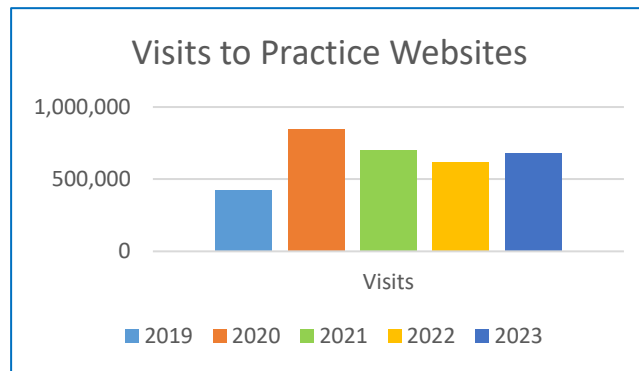
GP appointments in Bromley

A national standard for recording appointments was first introduced in 2021. This has helped to improve the consistency of appointments data. Monthly publications of appointments data began late 2022. Data quality improvements continue in order to improve the comparability of this data.



Relieving pressure on telephone lines

Virtual access to general practice is expanding rapidly and forms a central facet of the national recovery plan. Bromley practice websites clearly outline how to self-refer to many local services, avoiding the need to ring the practice at all.



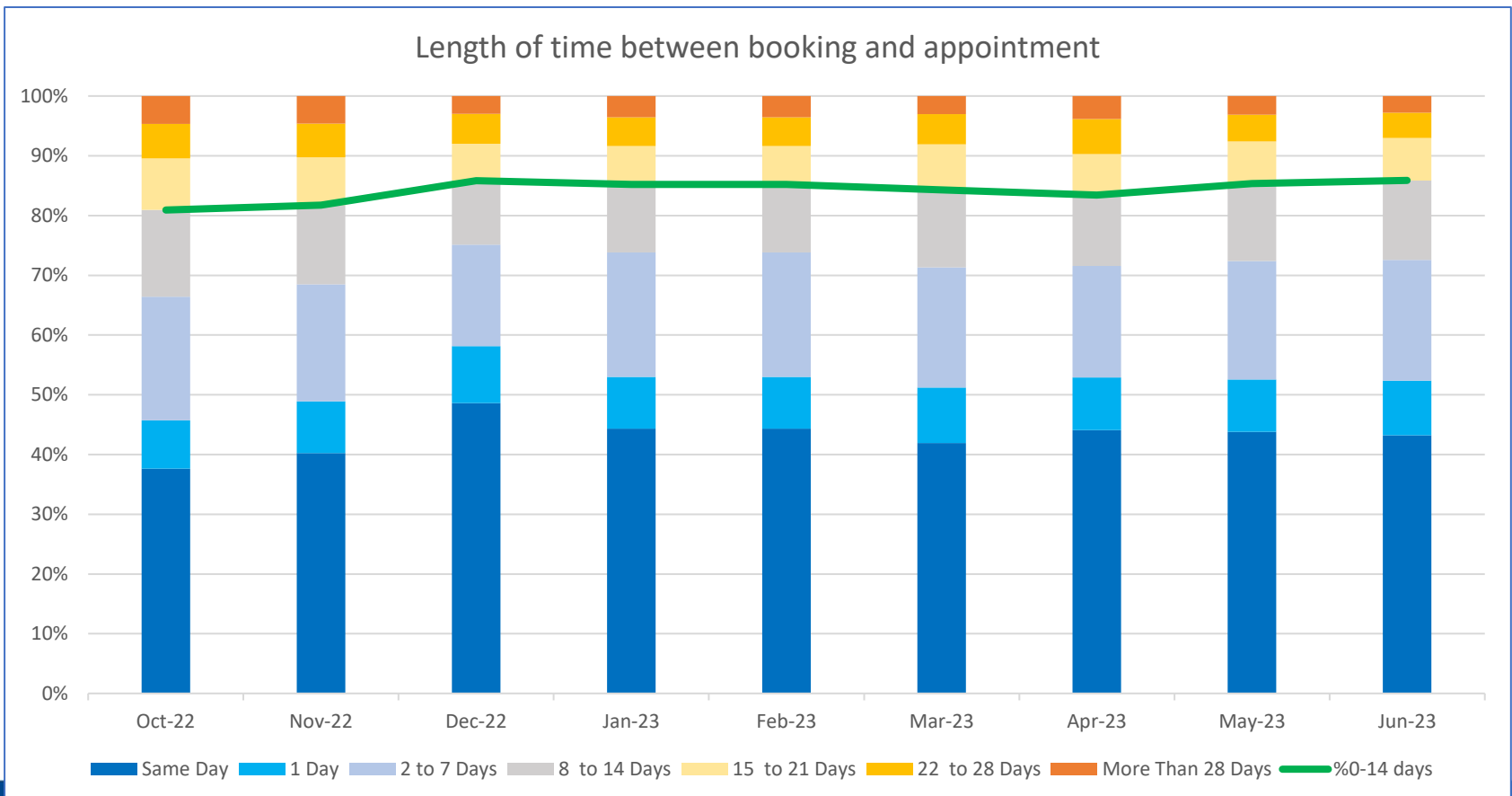
59% of Bromley patients have registered on the NHS App

In May 2023, nearly 4000 GP appointments were booked via the App

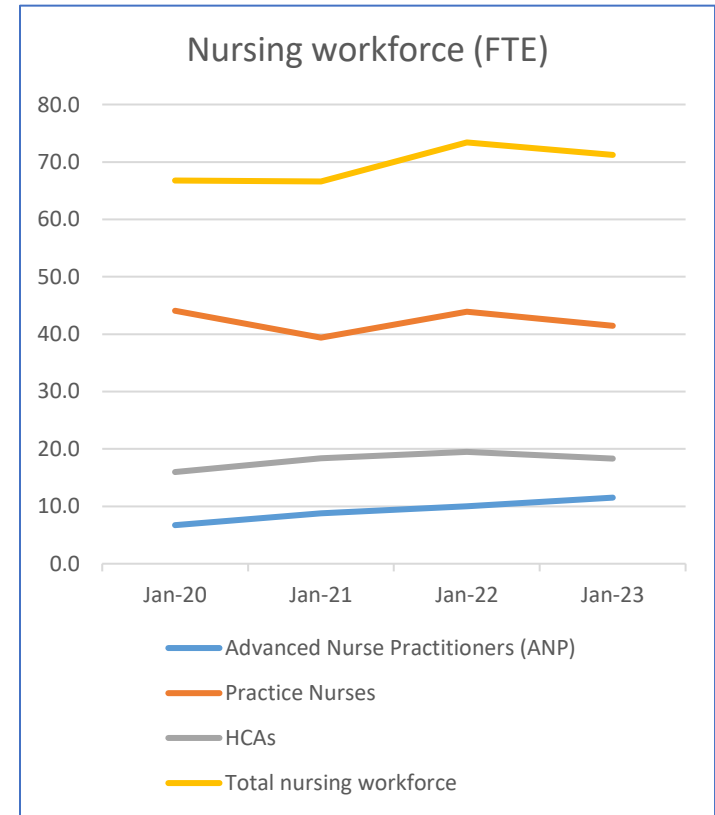
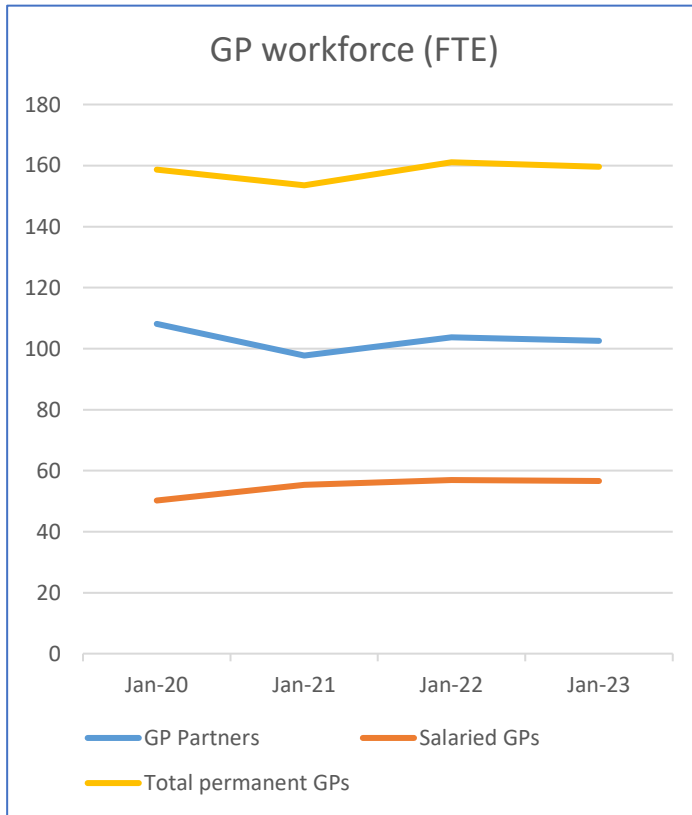
Around 30,000 repeat prescriptions are ordered this way every month

Time between booking and appointment

A new national target expects 85-90% of appointments to be within 14 days of booking. This accounts for a longer clinically defined window, eg as a follow up appointment, and for patient choice.



Trends in General Practice workforce



30% of the GP workforce are aged 55 or older. The loss of experienced, senior GPs can have a disproportionate effect on the practice’s capacity.

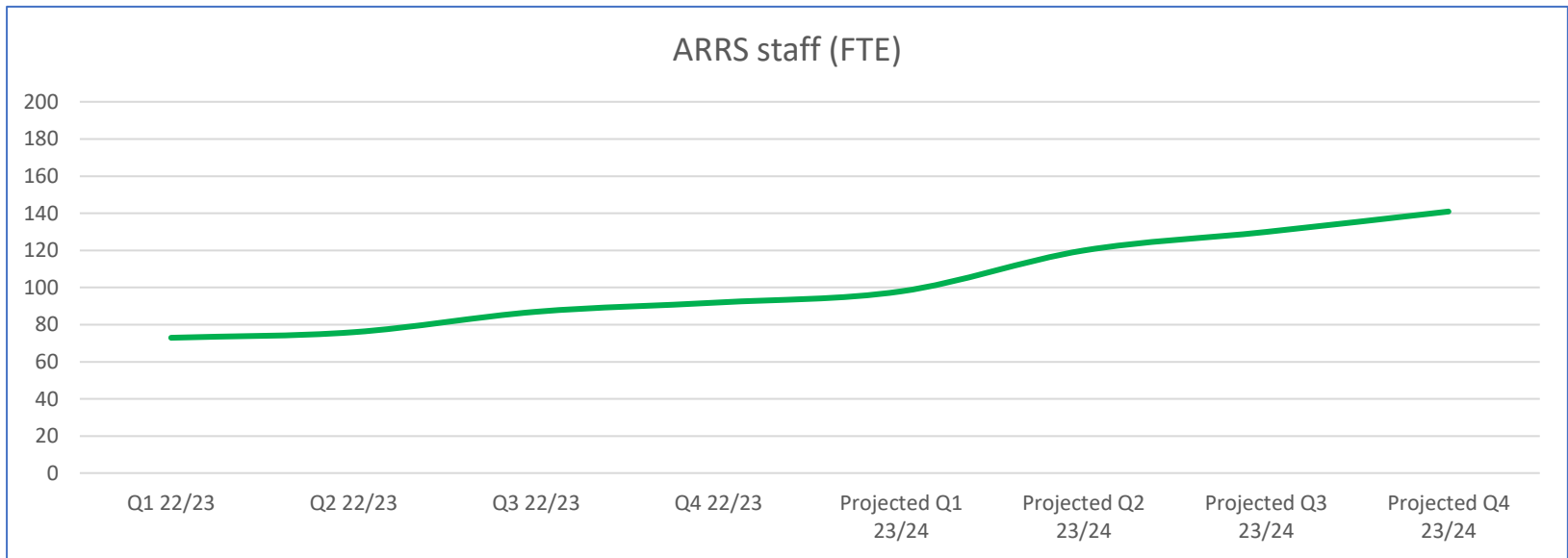
38% of the local nursing workforce are aged 55 or older. This presents a risk to the routine care and long term condition management in general practice.

Expanding the roles in general practice

The Additional Roles Reimbursement Scheme was introduced in 2019 as part of the national strategy to improve access to general practice. There are now many new roles to create multidisciplinary teams in general practice. This is designed to expand general practice capacity and widen the range of offers available in primary care.



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Additional targeted capacity this winter

Combination of face-to-face and virtual consultations to enable as many appointments offered as possible to patients safely and conveniently

Prioritising children's health and respiratory conditions which typically peak in winter and require additional primary care capacity

Flexible model which can respond to emerging demand or other short notice need (for example, outbreaks)

Working with health and care partners to strengthen the pathways between primary care and other services (for example, with 111)

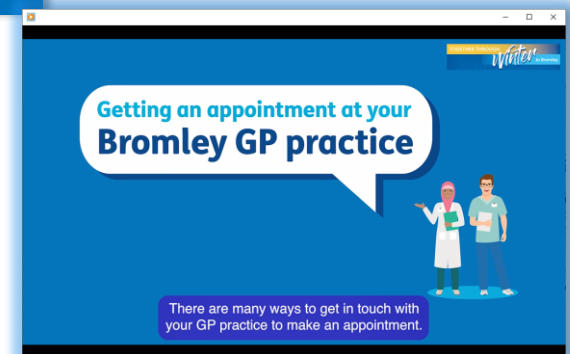
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Engaging the public in further changes

The national strategy to improve GP access will involve further changes in how patient requests are assessed and allocated (also known as triage). There is also a greater emphasis on self care and self-management.

- Bromley developed a localised primary care campaign last year, focusing on messages around access
- Practices are engaging their PPGs and patients on how they introduce changes to GP access in their surgery

The expanded practice team is central to achieving the requisite capacity for the increased levels of demand – a national media campaign explains the benefits of these new roles.



Appendix: Data pack

Data sources:

- [National GP Patient Survey](#), Ipsos
- [GP Appointments Data \(GPAD\)](#), NHS Digital

GPAD enables comparative data on GP practice appointments. Please note, GPAD has been categorised as experimental data to reflect known data quality and accuracy issues (eg variation in appointment book management, and exclusion of PCN-level clinics).

- [National Workforce Reporting System \(NWRS\)](#), NHS Digital
- [General Practice Workforce Official Statistics](#), NHS Digital

GPPS: Overall experience by practice

Percentage of patients saying their overall experience of their GP practice was 'very good or fairly good'

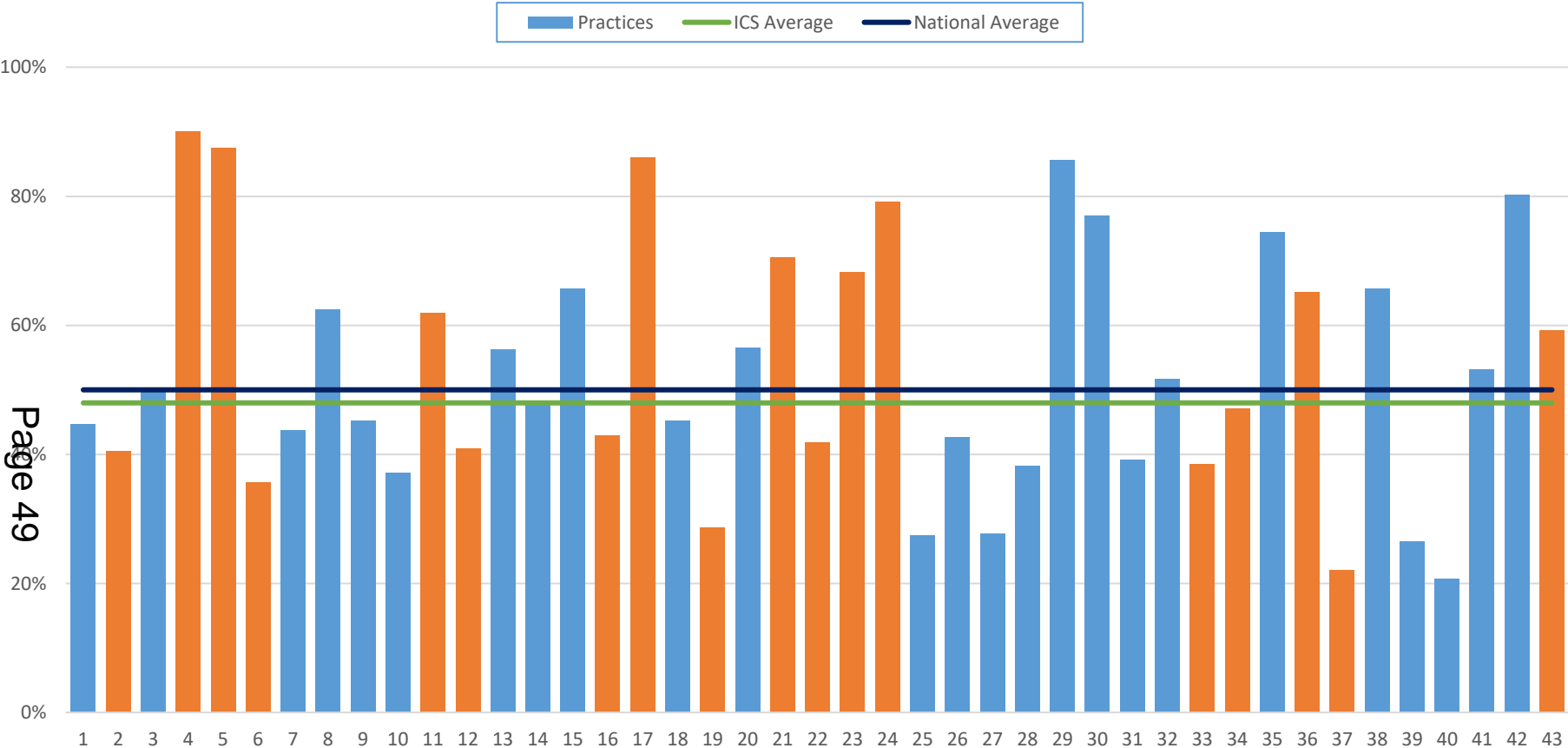


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*Colour groupings indicate practices part of the same Primary Care Network

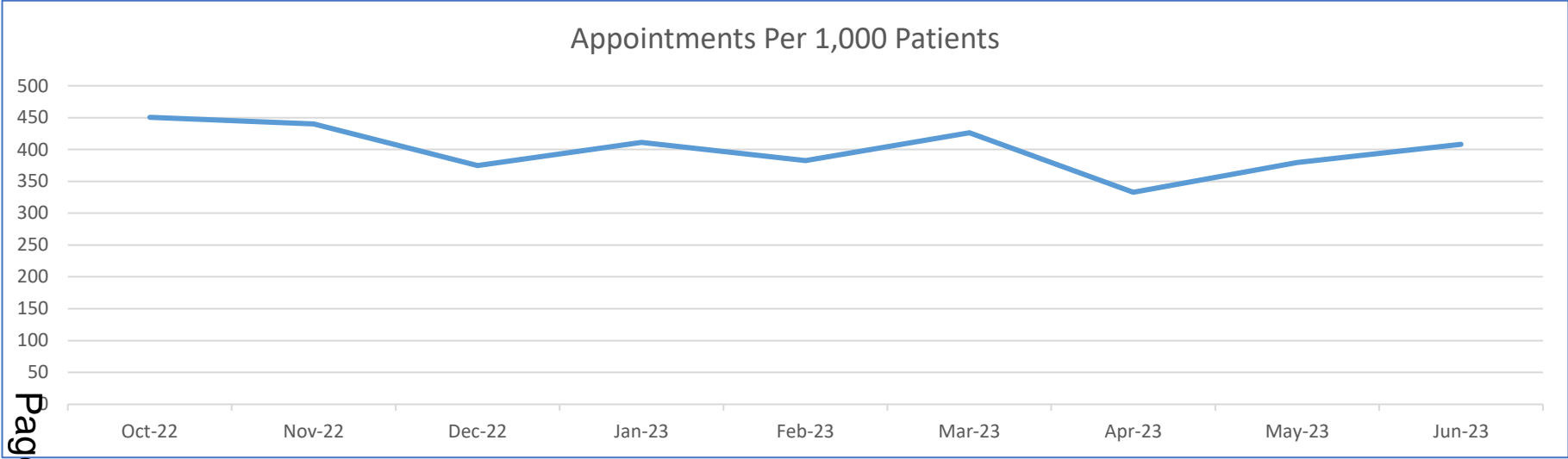
GPPS: Ease of telephone contact

Percentage of patients saying it is 'very easy or fairly easy' to get through to someone on the phone



*Orange bars indicate practices on analogue telephone systems – all have been put forward for an upgrade to cloud based telephony.

GPAD: rate of appointments

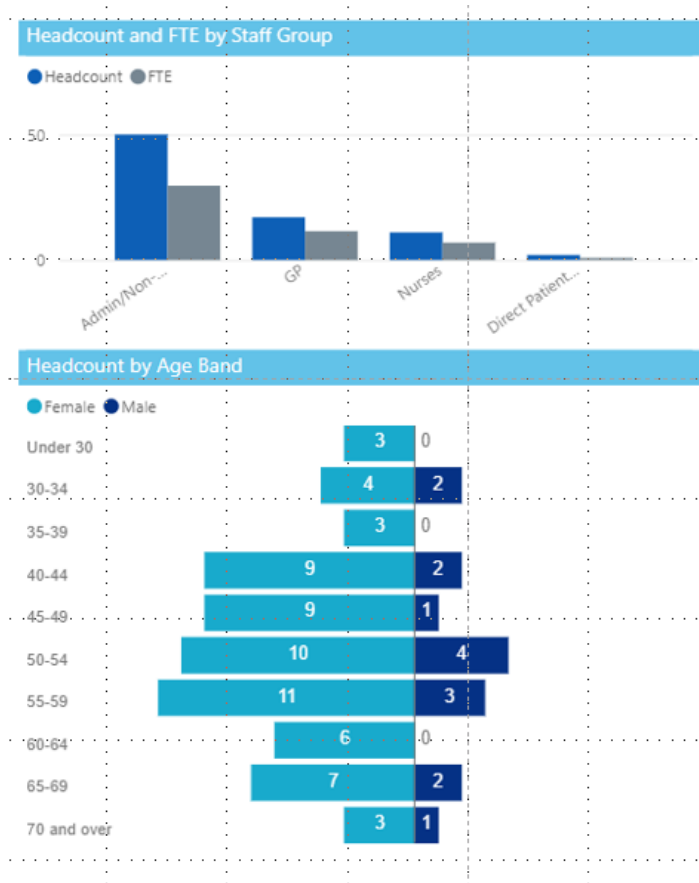


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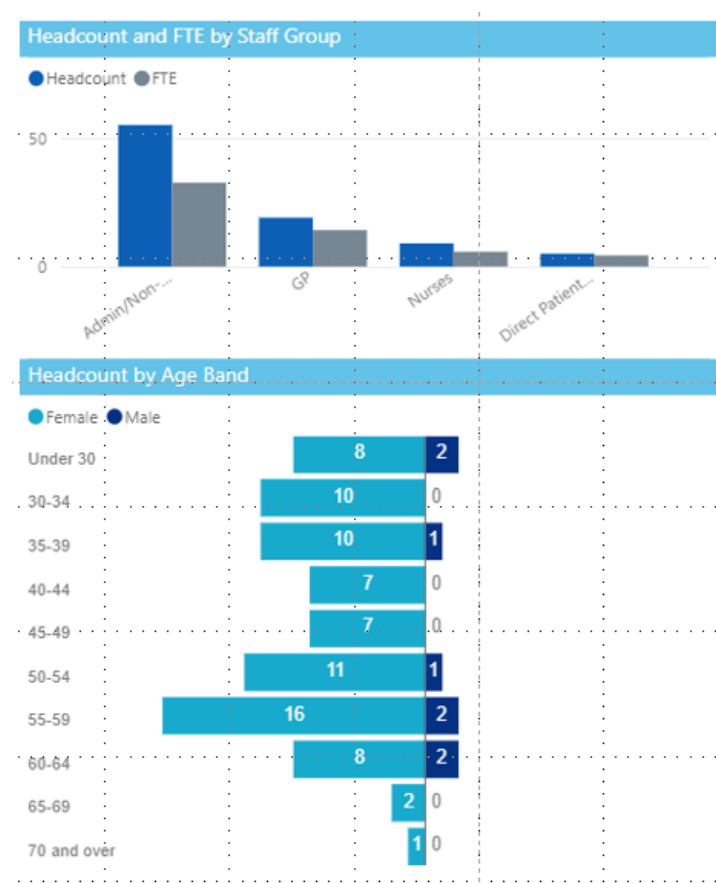


Practice Workforce: June 2023

Penge PCN

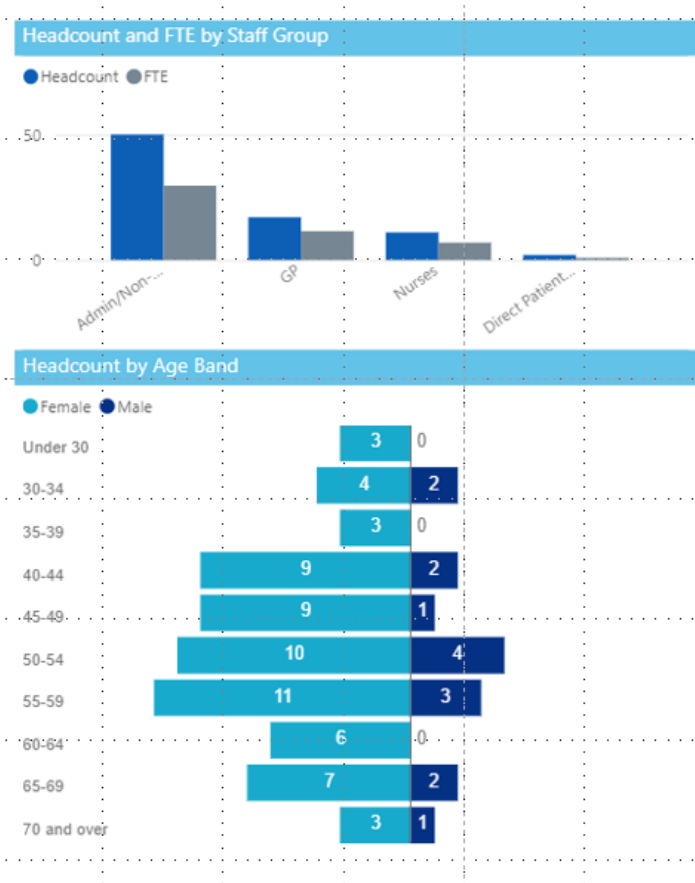


MDC PCN

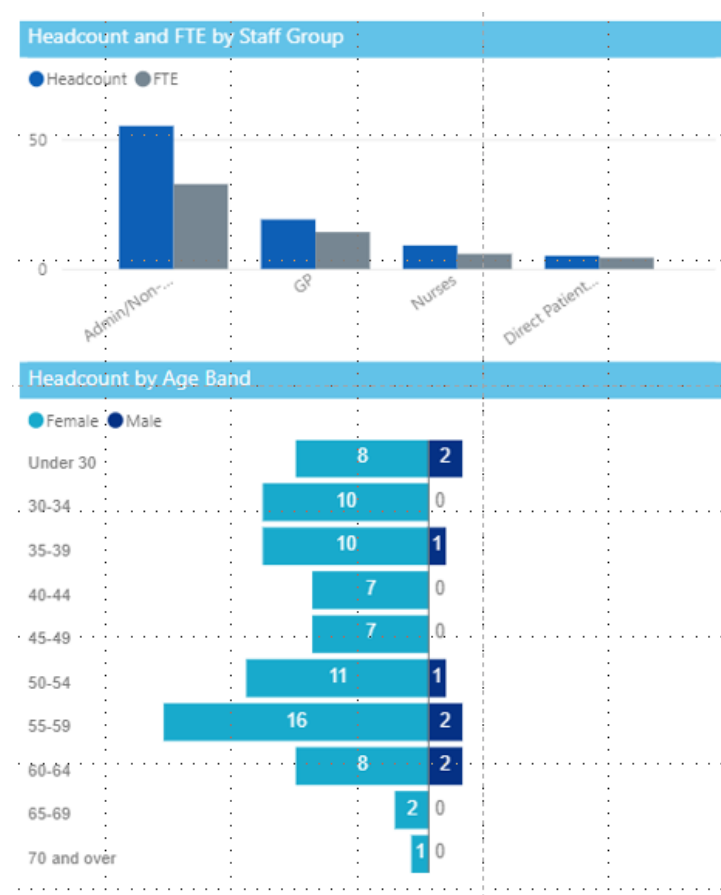


Practice Workforce: June 2023

Penge PCN

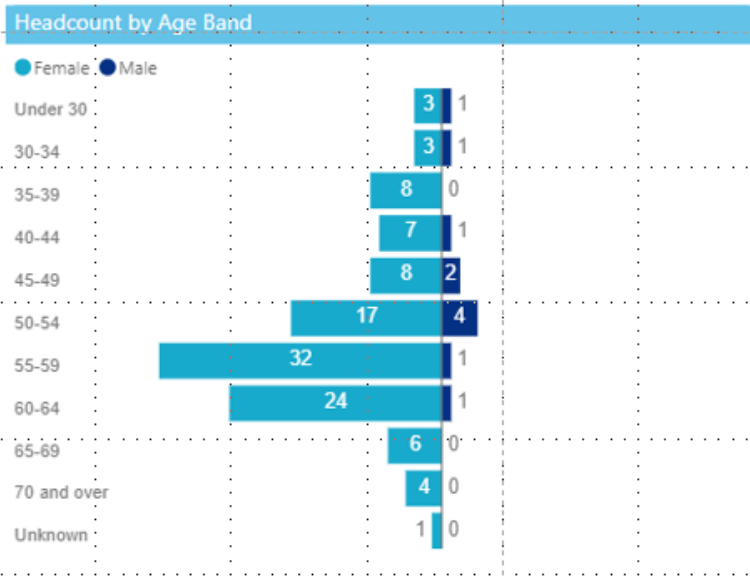
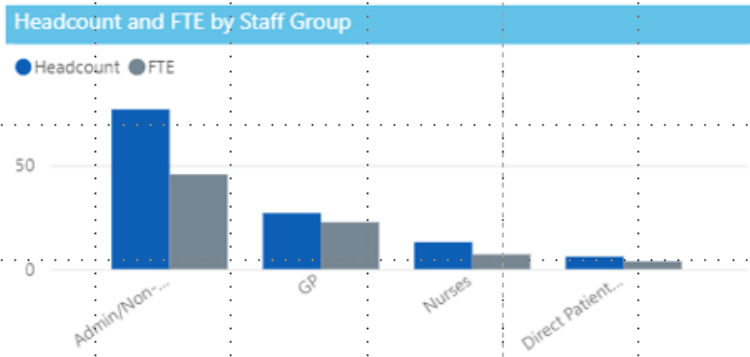


MDC PCN

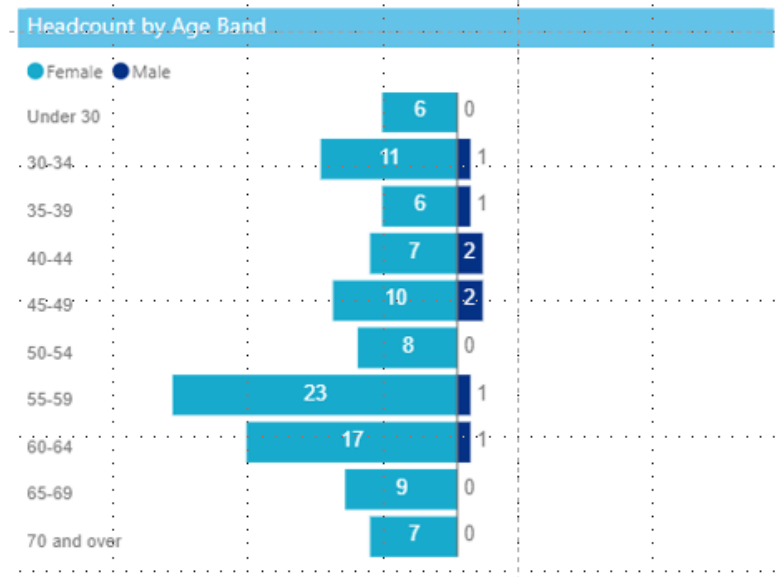
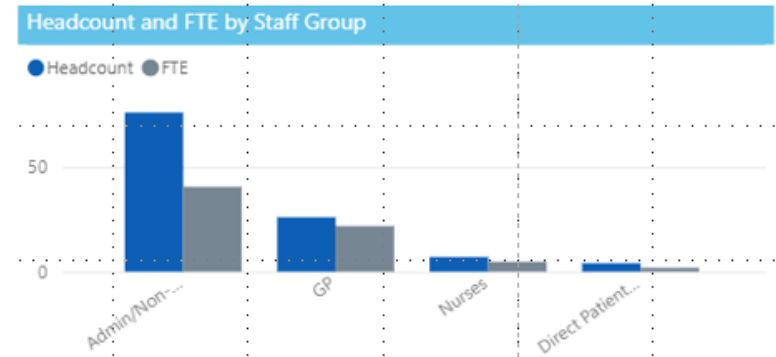


Practice Workforce: June 2023 (2)

Five Elms PCN

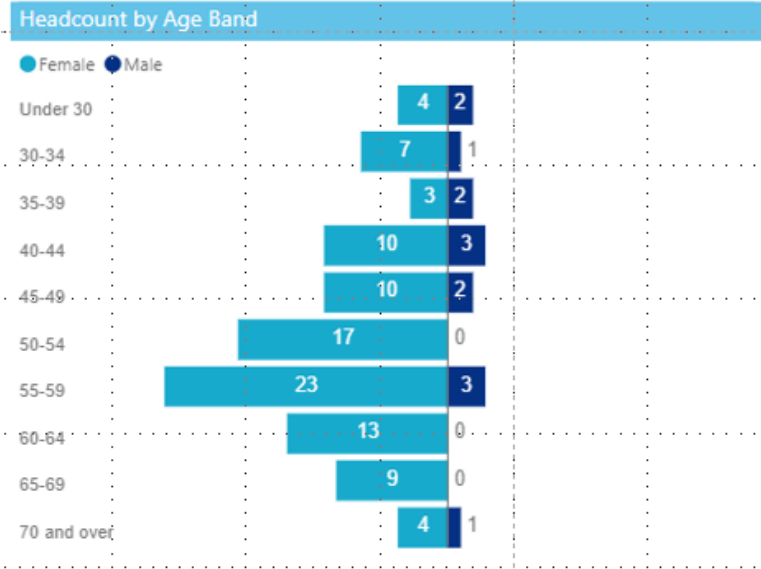
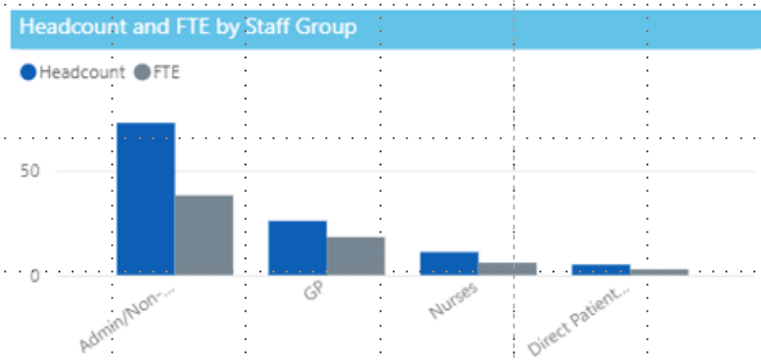


Bromley Connect PCN

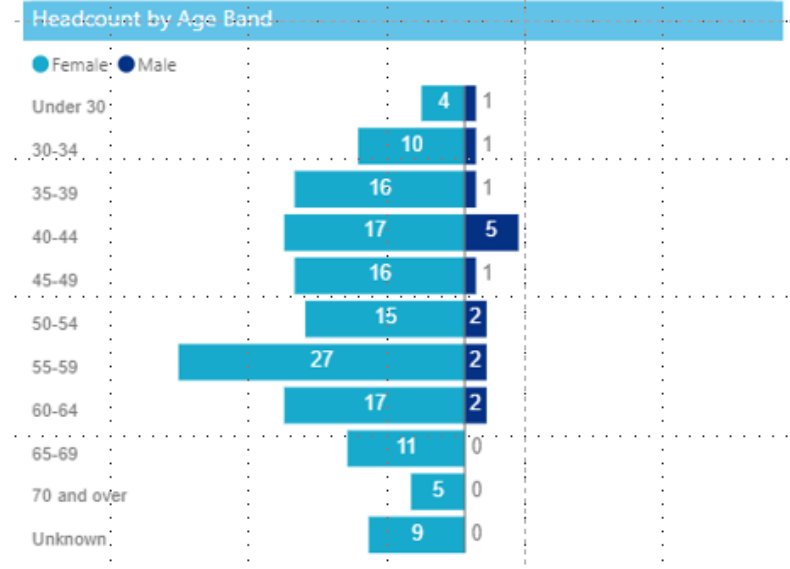
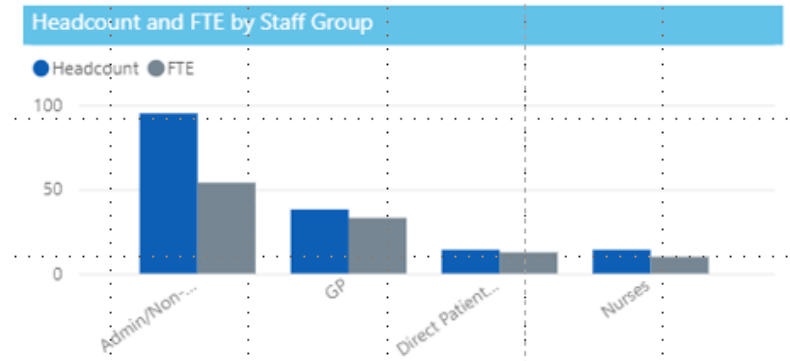


Practice Workforce: June 2023 (3)

Hayes Wick PCN

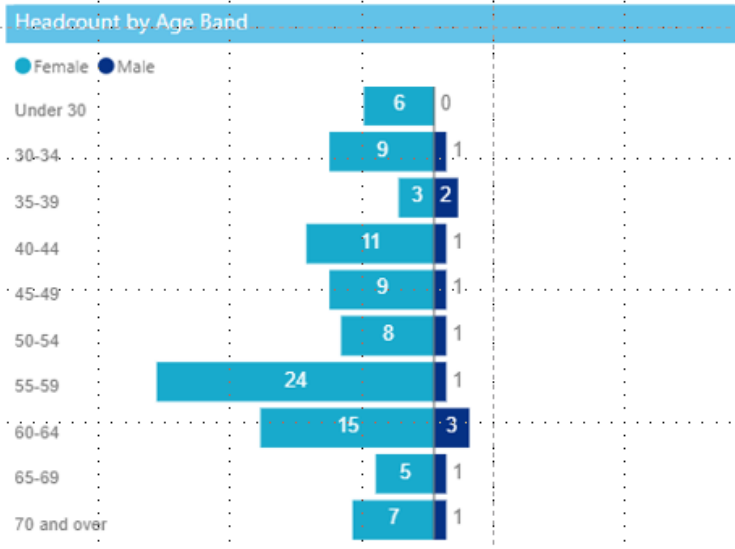
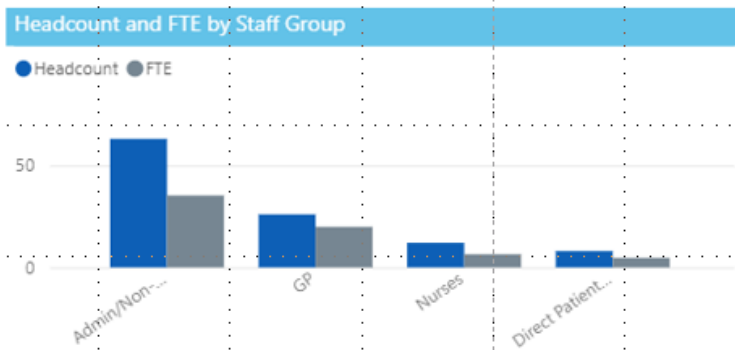


Beckenham PCN

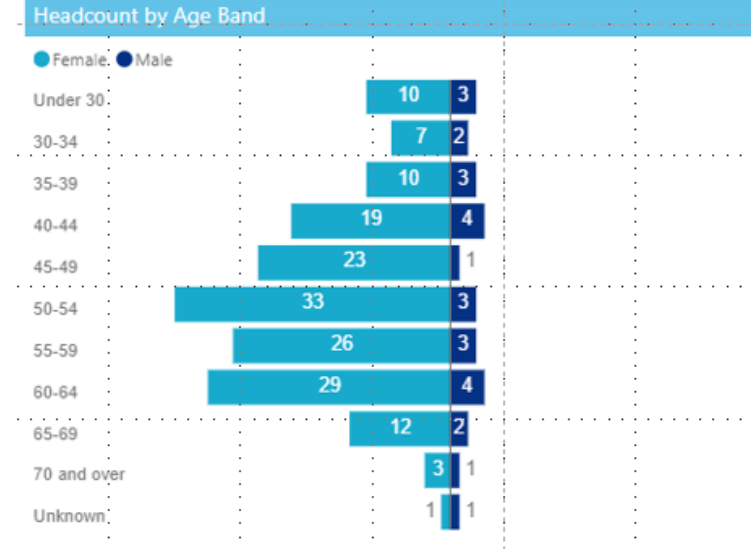
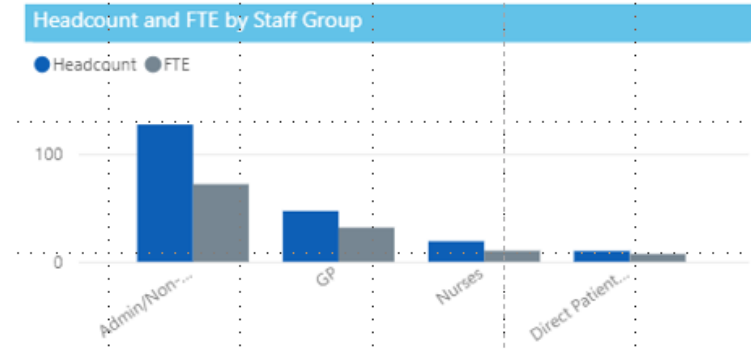


Practice Workforce: June 2023 (4)

Crays PCN



Orpington PCN



Bromley GP Practices and Primary Care Networks



Unity Cluster

Penge PCN
Population: 35,900

1. Oakfield
2. Park
3. Anerley
4. Robin Hood
5. Highland Road
6. Sundridge

Beckenham PCN
Population: 61,800

7. St James'
8. Glen Park
9. Elm House
10. Gator
11. Manor Road
12. Cornerways

Hayes Wick PCN
Population: 40,200

13. Wickham Park
14. Station Road
15. Pickhurst
16. Forge Close
17. Addington Road

Bromley Cluster

Bromley Connect PCN
Population: 40,300

18. London Lane
19. Dysart
20. South View

MDC Network PCN
Population: 35,300

21. Links Downham
- A. Links Mottingham
(Branch of Links Downham)
22. The Chislehurst Partnership
- B. The Chislehurst Partnership
(Woodlands Branch)

Five Elms PCN
Population: 44,800

23. Bromley Common
24. Southborough Lane
25. Summercroft
26. Norheads Lane
27. Stock Hill

- 1** A&E at PRUH
- 2** UTC at Beckenham Beacon
- 3** UTC at QMH Sidcup

Orpington Cluster

The Crays Collaborative PCN
Population: 35,400

28. Broomwood
29. Crescent
30. Poverest
31. St Mary Cray
32. Derry Downs
33. Gillmans Road

Orpington PCN
Population: 62,000

34. Tudor Way
- C. Bromley Park
(Branch of Tudor Way)
35. Whitehouse
36. Ballater
37. Knoll
- D. Highland Orpington
(Branch of Highland Road)
38. Bank House
39. Family
40. Green St Green
41. Chelsfield
42. Bromleag (virtual practice)

Q4 Patient Experience Report

Healthwatch Bromley
January–March 2023



Contents

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| Experiences of GP Practices | 18 |
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| Experiences of 'Other' Services | 33 |
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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.

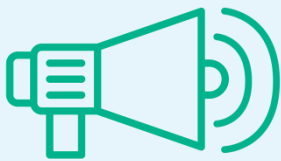
Q4 Snapshot

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.

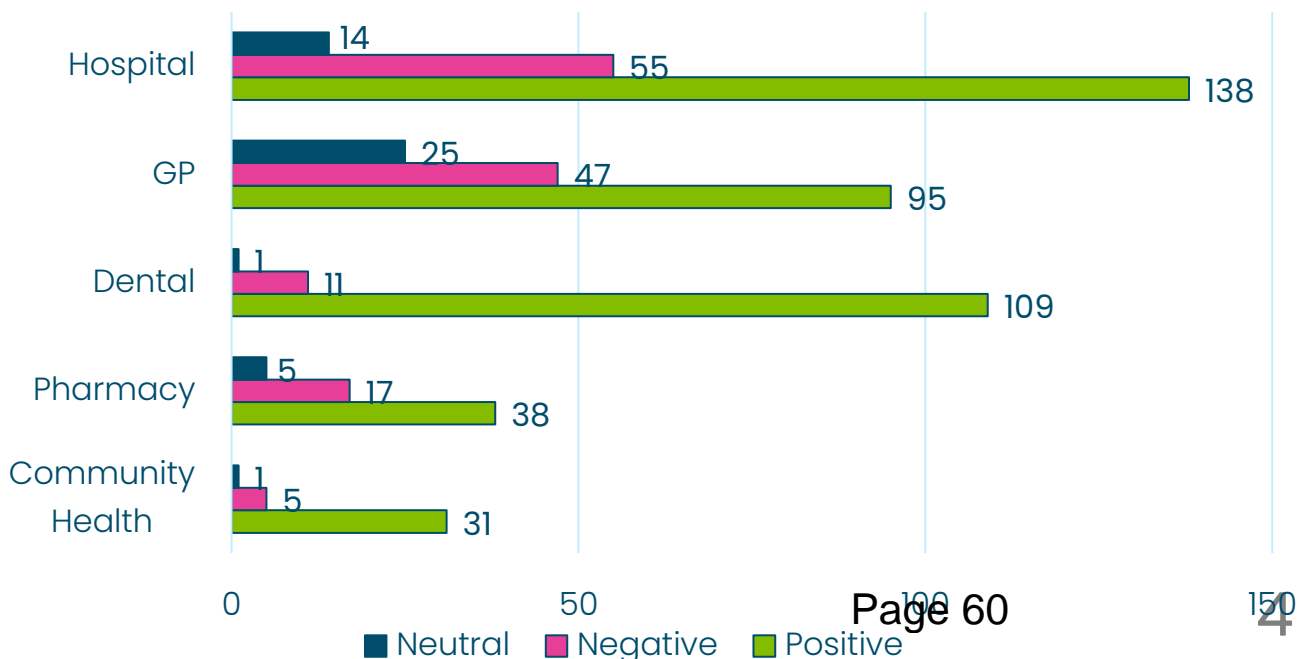


60 face-to-face visits

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



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 long 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?

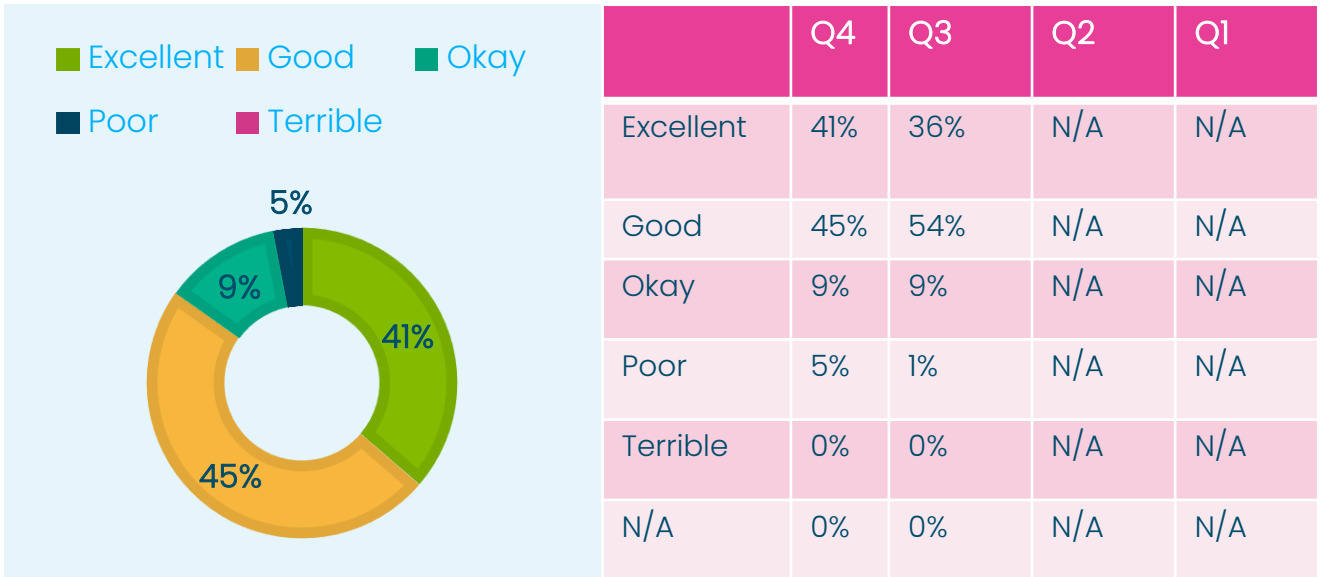
Q6) How would you rate the quality of treatment and care received?

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



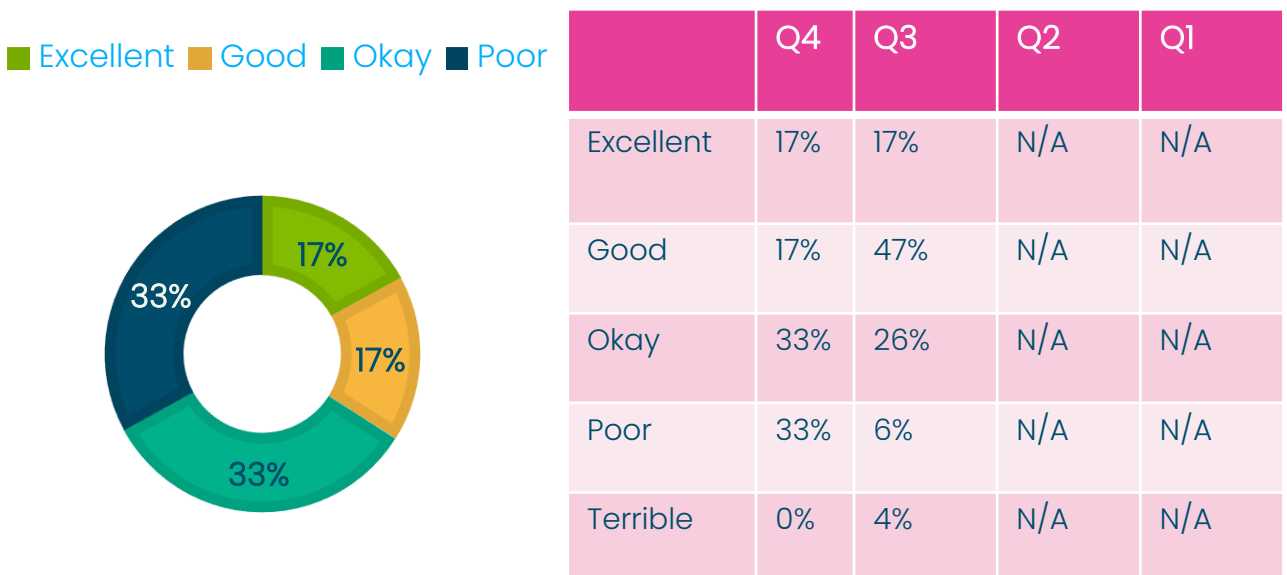
Access and Quality Questions

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



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%.

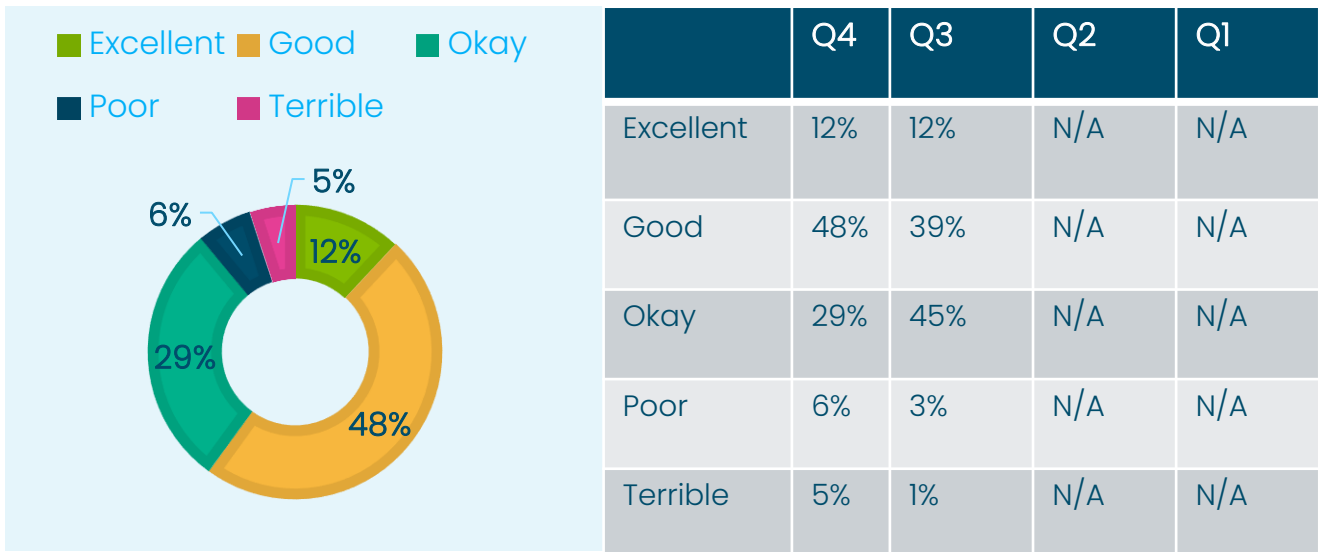
Q2) How do you find getting through to someone on the phone?



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%..

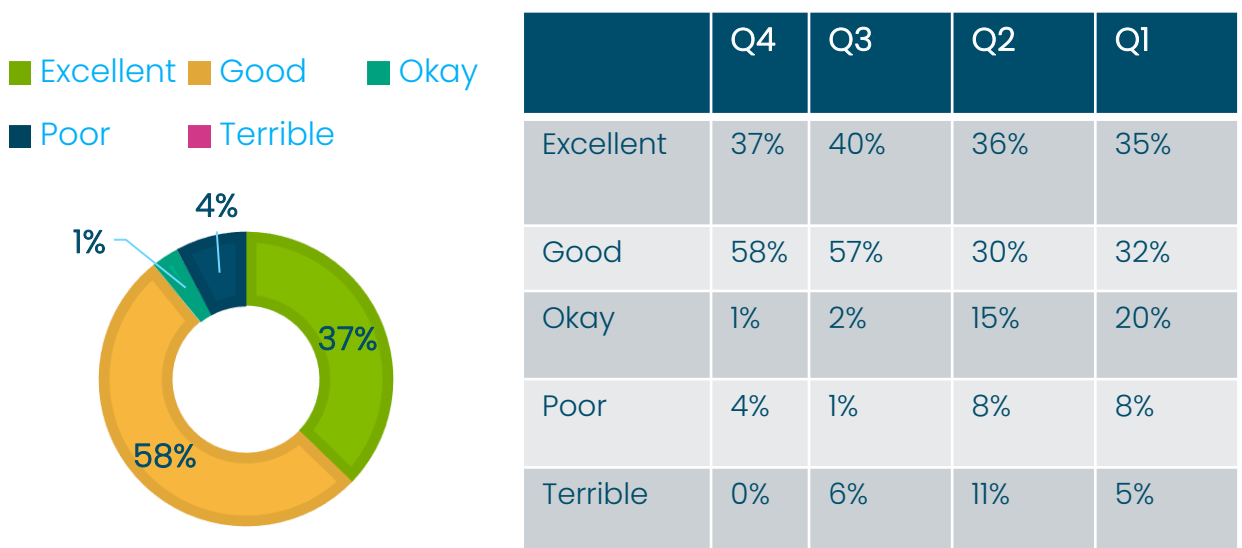
Access and Quality Questions

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



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.

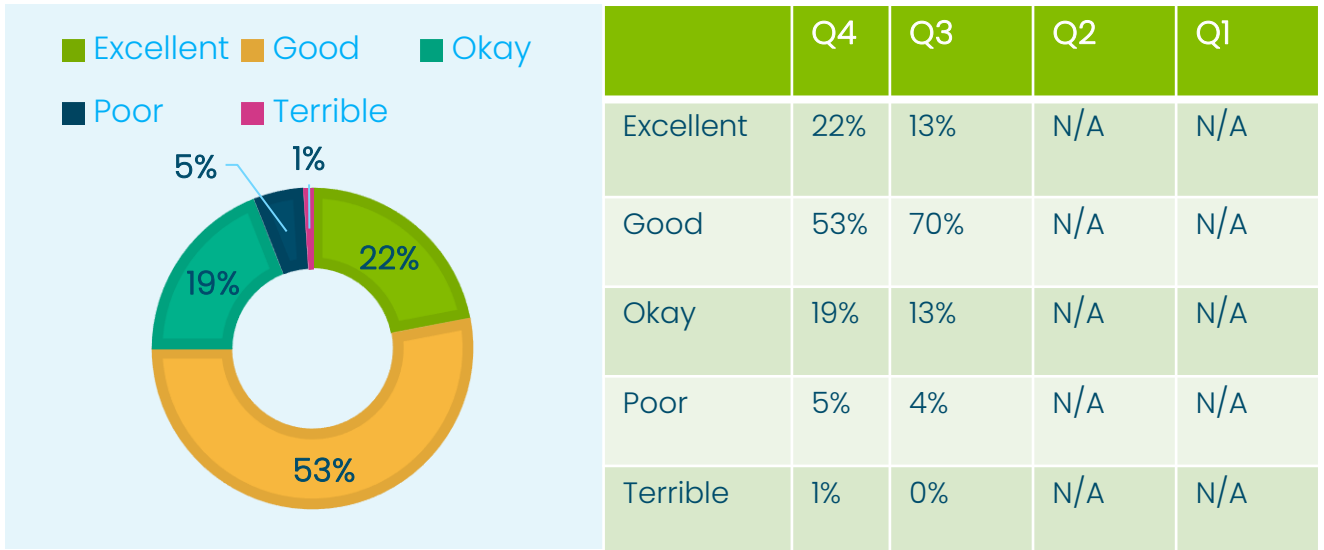
Q4) How do you find the attitudes of staff at the service?



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%.

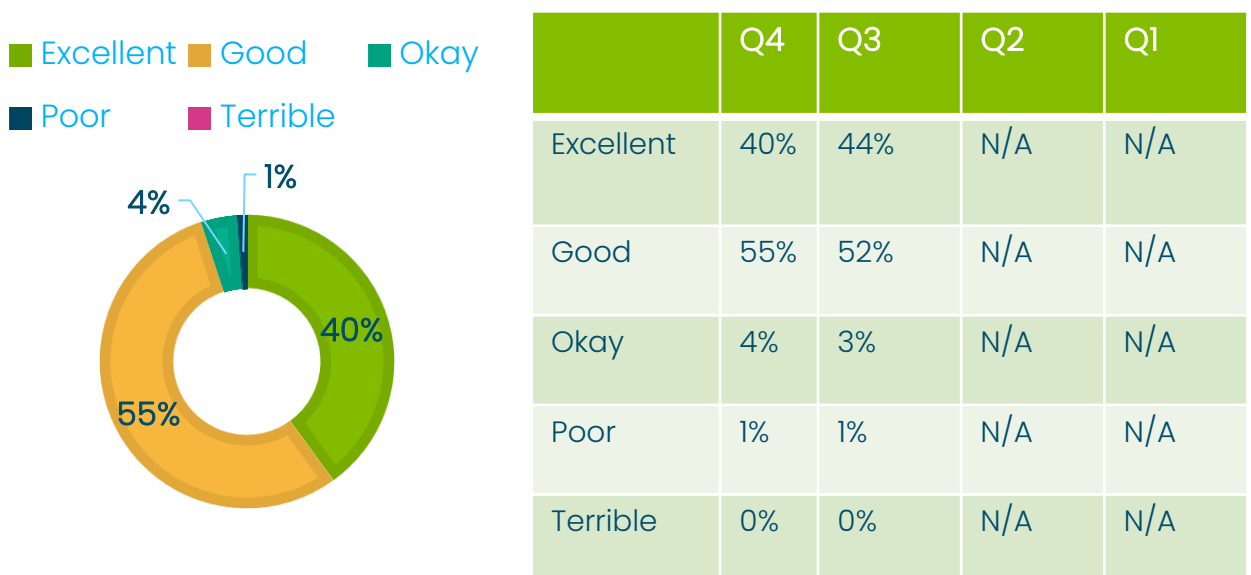
Access and Quality Questions

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



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?

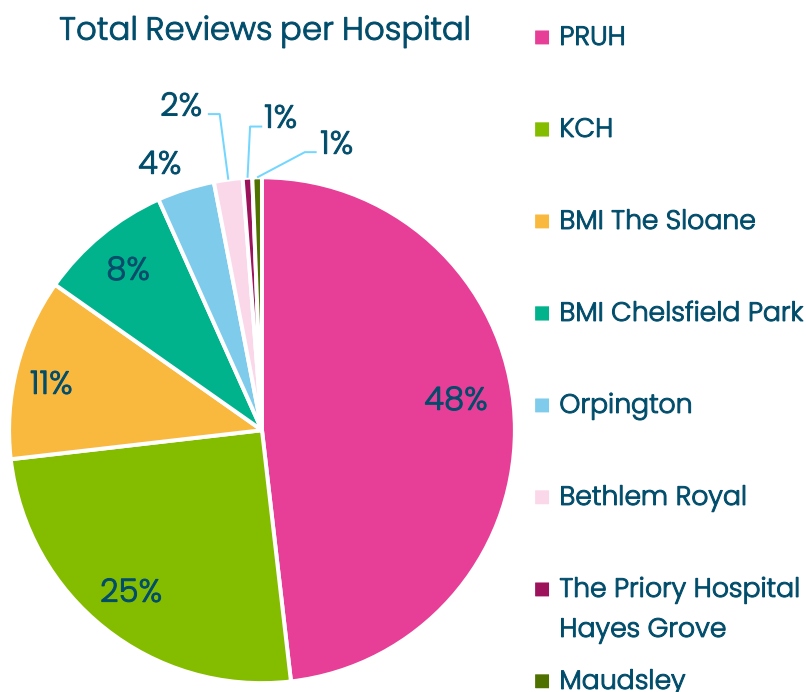


During January-March, the reviews are mostly positive when people rate the quality of treatment and care they received. These figures are very similar to the previous quarter, October – December.

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
- Maudsley Hospital



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.



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 |
|---|
| Quality of treatment |
| Staff attitudes |
| Communication with patients |
| Experience |
| Quality of staff – health professionals |

| Q3 |
|---|
| Communication with patients |
| Quality of staff – health professionals |
| Staff attitudes |
| Quality of treatment |
| Waiting times |

Negative issues

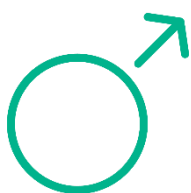
| Q4 |
|--------------------------------|
| Waiting times |
| Experience |
| Communication with patients |
| Communication between services |
| Quality of treatment |

| Q3 |
|--|
| Getting through on the telephone |
| Communication between services |
| Car parking |
| Administration – management of service |
| 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.



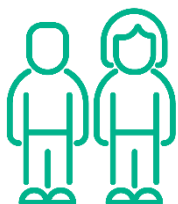
Gender

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



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?

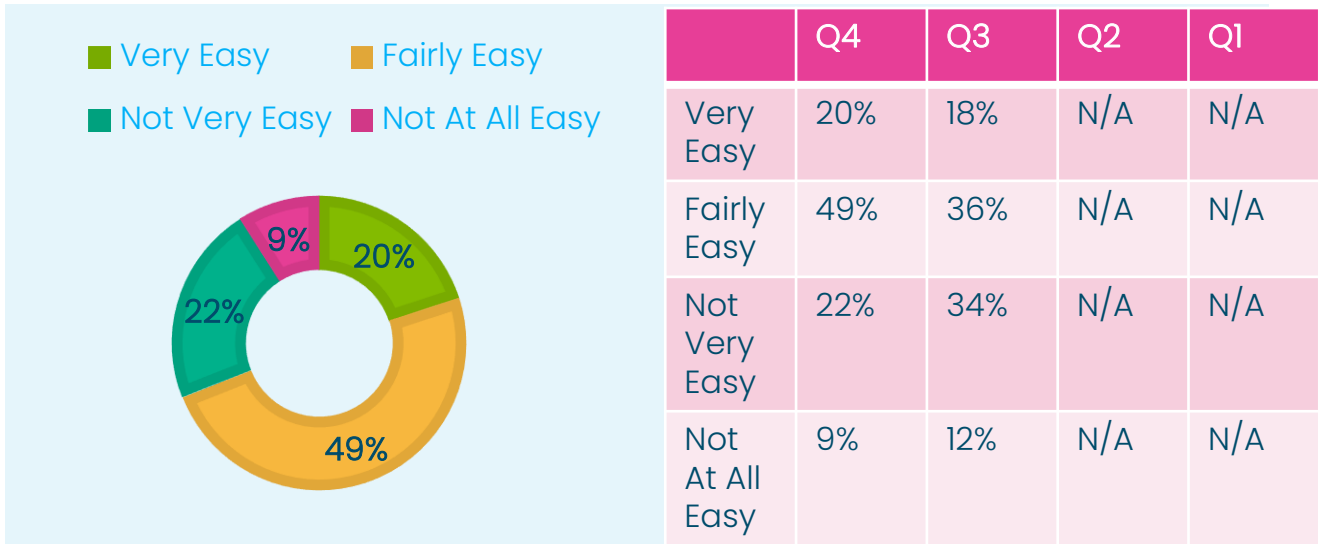
Please note that for Question 1 and 2 the options we provided matched those of the national GP Patient Survey (**Very Easy – Not at All Easy**) to allow our data to be comparable with the NHS'.

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



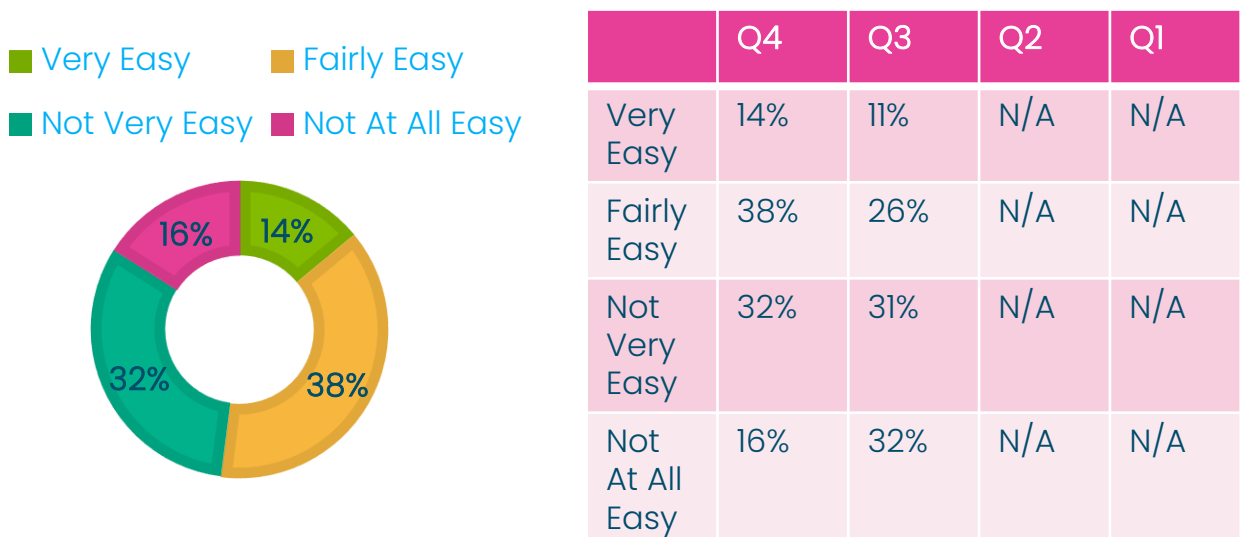
Access and Quality Questions

Q1) How do you find getting an appointment?



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.

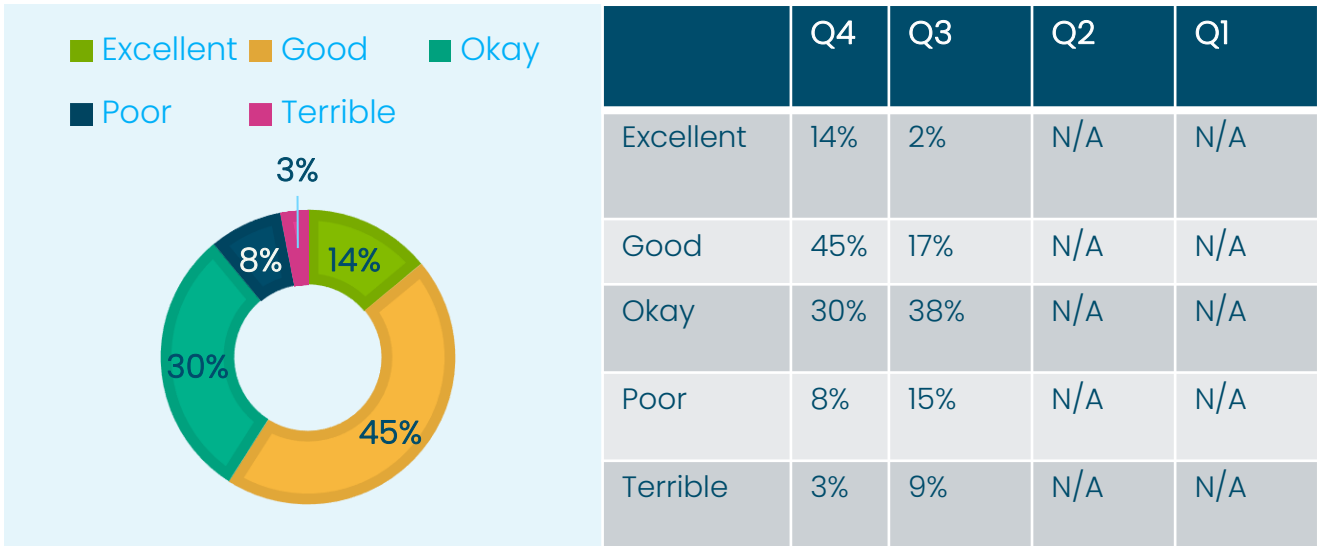
Q2) How do you find getting through to someone at your GP practice on the phone?



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%.

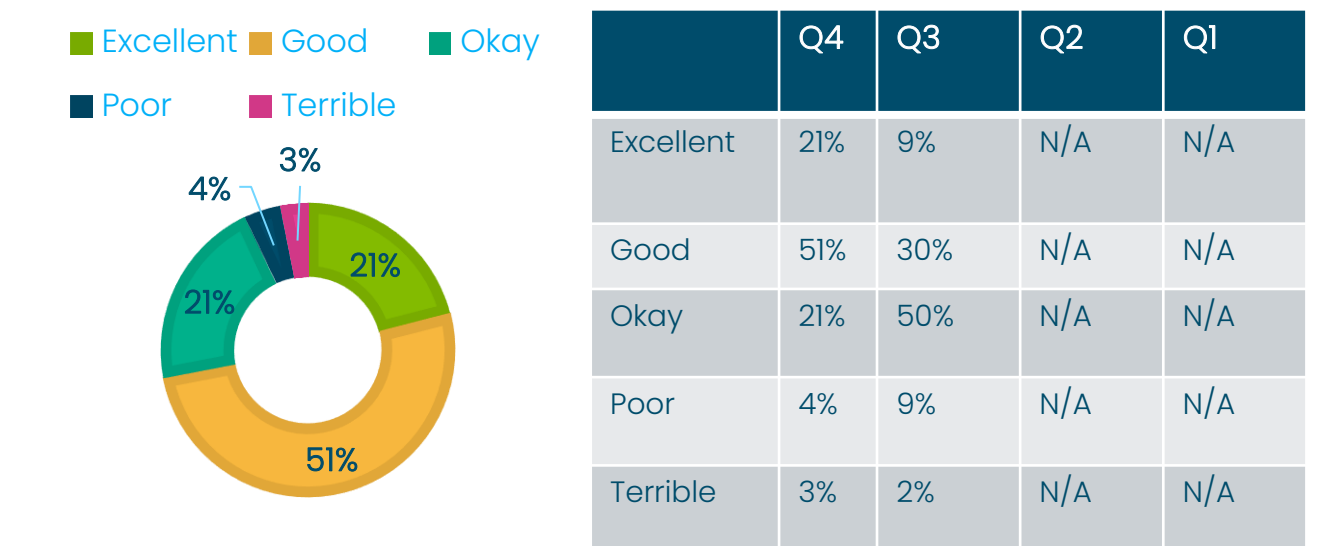
Access and Quality Questions

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



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.

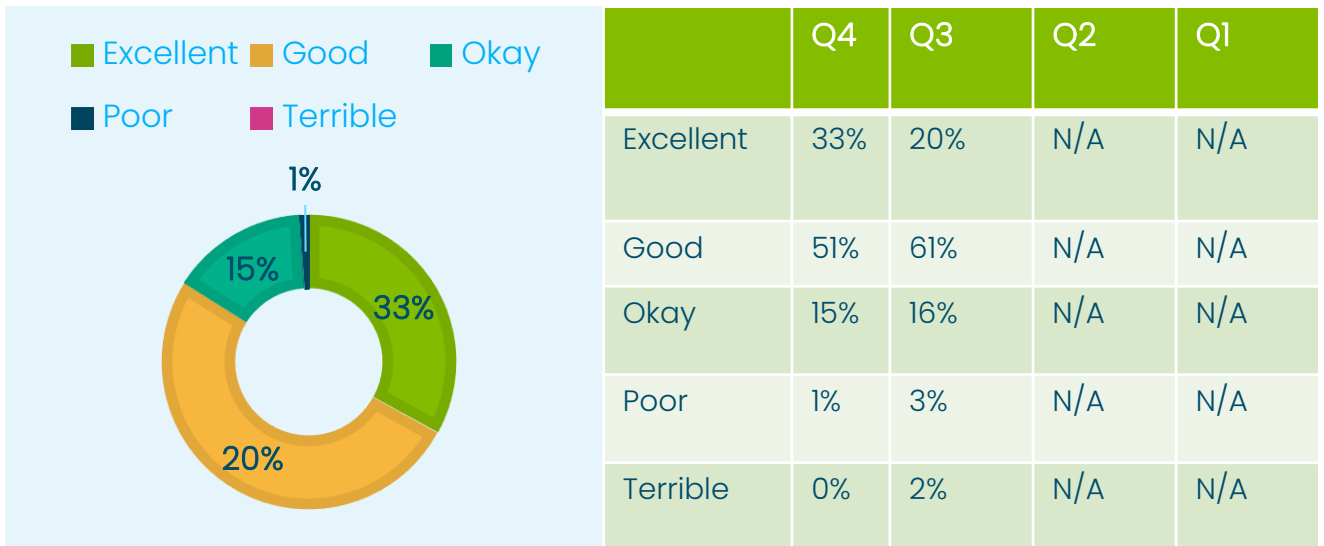
Q4) How do you find the quality of telephone consultations?



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.

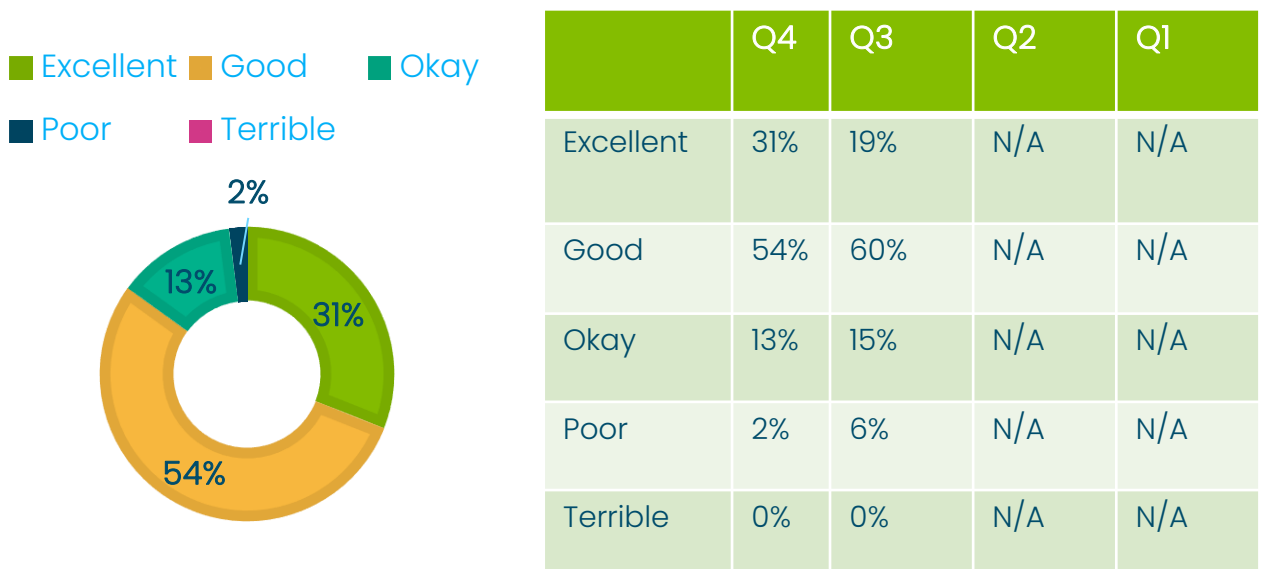
Access and Quality Questions

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



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?



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

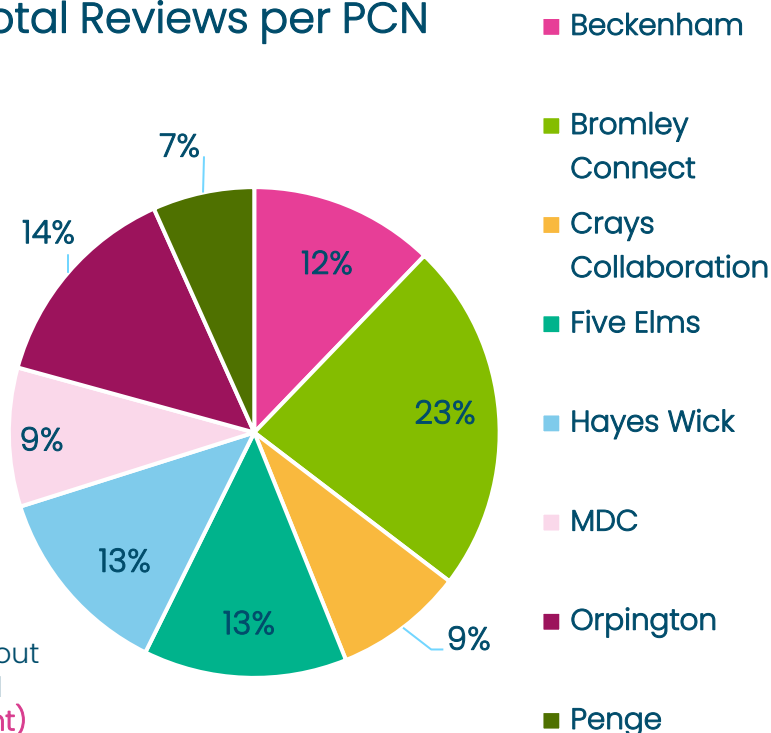
Between January – March the service which received the most reviews was Bromley Connect.

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



| 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.

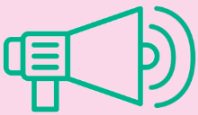
What could be improved?

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 |

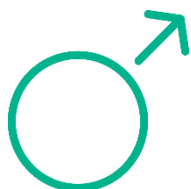
Negative issues

| 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.



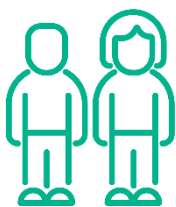
Gender

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



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 professionalism they experienced when visiting their dental practice. However, a few comments(4) were left that related to rudeness and poor customer service skills.

Experiences of 'Other' services



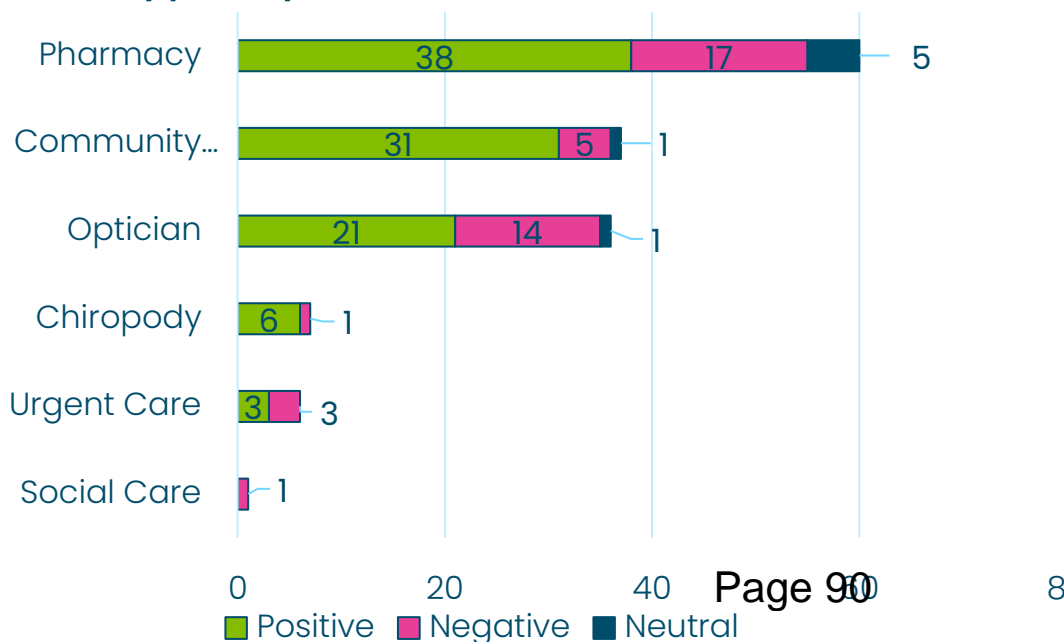
Experiences of 'Other' services

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



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.

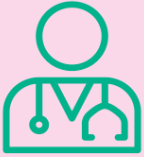


Optician – staff attitudes and treatment

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 condition | 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 |

| Religion | 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 |

| 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 |

| 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 |

| 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 |
| Plastow Ward | 0% | 1 |
| West Wickham Ward | 5% | 11 |
| Out of Borough | 1% | 3 |
| Total | | 204 |

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Report No.
CSD23105

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Tuesday 5th September 2023

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2023/24

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

Chief Officer: Director of Corporate Services & Governance

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2023/24.

2. **RECOMMENDATION**

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

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Transformation Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload, and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2023/24 Council year were confirmed as follows:
- 4.00pm, Tuesday 5th September 2023
 - 4.00pm, Tuesday 21st November 2023
 - 4.00pm, Tuesday 30th January 2024
 - 4.00pm, Tuesday 12th March 2024
- 3.4 The work programme is set out in [Appendix 2](#) below.

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

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

| Agenda Item | Action | Officer | Update | Status |
|--|--|--|--|----------------------------|
| Minute 30 17 th January 2023 Update From King's College Hospital NHS Foundation Trust | Guidance for residents, in terms of safely parking and off-loading patients at the PRUH, to be circulated to Members. | Site Chief Executive – PRUH and South Sites | As per minutes, the Chairman had enquired if there was any guidance for residents in terms of safely parking and off-loading patients at the hospital, if they were taking someone to the ED themselves. The Site Chief Executive advised that the triage point was adjacent to the Urgent Care Centre (UCC), which had a vehicle drop off space immediately outside. For those in extreme risk, patients should present directly to the UCC, where trained doctors and nurses could undertake rapid assessments. It was highlighted that if patients presented at the ambulance bay, the doors to the ambulance bays were locked, and therefore there was limited opportunities to receive attention. As an update for the meeting of 05/09/23, Graham Sherlock, Site Director of Estates for PRUH, confirmed the previous notes are correct for circulation and in response to those comments, he is actioning design and provision of additional signage to direct patients to ED at PRUH. | Completed |
| Minute 44 20 th April 2023 GP Access | More granular data regarding demand and capacity for GP appointments to be provided. | Associate Director of Primary and Community Care, Bromley – SEL ICS | Included in the update to the meeting on 5 th September 2023. | Completed |
| Minute 45 20 th April 2023 Update from the London Ambulance Service | The list of the LAS initiatives to be circulated to Members following the meeting. Update on cohorting/ potential additional bed spaces at the PRUH and Orpington Hospital sites to be provided at a future meeting of the Sub-Committee. | System Partnership Transformation Manager – LAS Site Chief Executive – PRUH and South Sites | List of initiatives appended to minutes and circulated to Members on 25 th August 2023. Update for the meeting of 05/09/23, as per the Site CEO's Update slides (page 27 of the agenda pack) The PRUH has received additional capital resources totalling £3.880m to create 16 new beds including expanded HDU provision. This is a key step in meeting the national ambitions for UEC recovery. During the w/c 7 August, PRUH & SS completed a series of complex internal moves to free-up the footprint earmarked for the beds. Preliminary construction work is already underway and will aim to be 'live' by 1 December. This additional capacity also means PRUH & SS can resume the ward refresh programme and upgrade their dementia friendly environments. | Completed Completed |
| Minute 46 | Further information | Site Chief | Jonathan Lofthouse advised that this is an | In progress |

| | | | | |
|---|---|--|---|---|
| <p>20th April 2023</p> <p>Update From King's College Hospital NHS Foundation Trust</p> | <p>of the epidemiological shift (increase in average attendance age at A&E) to be provided at future meetings.</p> <p>Statistics related to hereditary issues connected to postpartum haemorrhage (PPH) to be provided to Members following the meeting.</p> <p>A written response to be provided in relation to the PRUH being an outlier for PPH.</p> <p>Smoking signage beneath the paediatric unit to be reviewed.</p> <p>A breakdown of vacancy rates by sub-discipline to be provided to Members following the meeting.</p> | <p>Executive – PRUH and South Sites</p> | <p>ongoing update to be provided as data becomes available.</p> <p>Please see document: “2308_Bromley HOSC – Maternity PPH supplementary info updated 220823”, (pages 31-36 of the agenda pack).</p> <p>As an update for the meeting of 05/09/23, Graham Sherlock, Site Director of Estates for PRUH, notes that a significant amount of no smoking signage has already been installed both on walls and pavements. In the last PLACE audit it was noted that the auditors felt there was too much no smoking signage. GS will review the signage and install information signs around how smoke impacts on the children in the wards around the A&E area.</p> <p>Vacancy rate document circulated to Members on 25th August 2023.</p> | <p>Completed</p> <p>In progress</p> <p>Completed</p> |
| <p>Minute 47 20th April 2023</p> <p>Update on the Review of Joint Working Arrangements Between Oxleas and LBB</p> | <p>A summary of the co-production and engagement arrangements in place to be provided to Members following the meeting.</p> | <p>Assistant Director for Integrated Commissioning</p> | <p>Oxleas NHS Trust has its own user involvement and co-production arrangements with a manager that leads and coordinates these arrangements on behalf of the Trust. These arrangements have now been extended to cover the joint working arrangements for Community MH Services. The Partnership Review action plan reported to the April meeting involved the co-production with service users on sharing service user experiences and feedback on actions in the draft plan.</p> | <p>Completed</p> |

Health Scrutiny Sub-Committee Work Programme 2023/24

| Health Scrutiny Sub-Committee | | 5th September 2023 |
|--|--|--------------------------------------|
| Item | | Status |
| Update from King's College Hospital NHS Foundation Trust | | Standing item |
| GP Access | | Standing item |
| SEL ICS/ICB Update | | Standing item |
| Update from Oxleas NHS Foundation Trust | | |
| Winter Planning 2023-24 | | |
| Dental appointments | | |
| Healthwatch Bromley – Patient Engagement Report | | Standing item |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) | | Standing item |
| Health Scrutiny Sub-Committee | | 21st November 2023 |
| Item | | Status |
| Update from King's College Hospital NHS Foundation Trust | | Standing item |
| GP Access | | Standing item |
| Bromley Healthcare Strategy | | |
| SEL ICS/ICB Update | | Standing item |
| Healthwatch Bromley – Patient Engagement Report | | Standing item |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) | | Standing item |
| Health Scrutiny Sub-Committee | | 30th January 2024 |
| Item | | Status |
| Update from King's College Hospital NHS Foundation Trust | | Standing item |
| GP Access | | Standing item |
| Update from the London Ambulance Service | | |
| SEL ICS/ICB Update | | Standing item |
| Healthwatch Bromley – Patient Engagement Report | | Standing item |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) | | Standing item |
| Health Scrutiny Sub-Committee | | 12th March 2024 |
| Item | | Status |
| Update from King's College Hospital NHS Foundation Trust | | Standing item |
| GP Access | | Standing item |
| SEL ICS/ICB Update | | Standing item |
| Healthwatch Bromley – Patient Engagement Report | | Standing item |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) | | Standing item |