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DATE: 13 November 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, Stockwell Close, Bromley, BR1 3UH on

**TUESDAY 21 NOVEMBER 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 **Tuesday 7<sup>th</sup> November 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 15<sup>th</sup> November 2023**.

- 4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 5TH SEPTEMBER 2023 (Pages 3 - 16)**
- 5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**  
to include Postpartum Haemorrhage  
*To follow*
- 6 UPDATE FROM OXLEAS NHS FOUNDATION TRUST**  
*To follow*
- 7 BROMLEY HEALTHCARE STRATEGY**  
*To follow*
- 8 SEL ICS/ICB UPDATE (VERBAL UPDATE)**
- 9 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT (Pages 17 - 56)**
- 10 GP ACCESS (Pages 57 - 88)**
- 11 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**
- 12 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 89 - 94)**
- 13 ANY OTHER BUSINESS**
- 14 FUTURE MEETING DATES**  
4.00pm, Tuesday 30<sup>th</sup> January 2024  
4.00pm, Tuesday 12<sup>th</sup> March 2024

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 5 September 2023

### Present:

Councillor Mark Brock (Chairman)  
Councillor Felicity Bainbridge (Vice-Chairman)  
Councillors Will Connolly, Robert Evans, Alisa Igoe,  
David Jefferys, Tony McPartlan and Alison Stammers

Michelle Harvie

### Also Present:

Charlotte Bradford (*via conference call*)  
Councillor Dr Sunil Gupta FRCP FRCPATH (*via conference call*)  
and Councillor Diane Smith, Portfolio Holder for Adult Care and  
Health

### **1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Charles Joel and Co-opted Member, Stacey Agius.

### **2 DECLARATIONS OF INTEREST**

Councillor Stammers declared that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership. It was requested that this declaration be added to the minutes of the last meeting.

### **3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

### **4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 20TH APRIL 2023**

The minutes were agreed subject to Councillor Stammers declaration that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership being added.

**RESOLVED that the minutes of the meeting held on 20<sup>th</sup> April 2023 be agreed.**

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

The Chairman welcomed Julie Lowe, Site Chief Executive Officer, King's College Hospital ("Site Chief Executive Officer") to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive Officer introduced Angela Helleur to the Sub-Committee, and advised Members that she would be taking up the role of Site Chief Executive – PRUH and South Sites from 18<sup>th</sup> September 2023.

The Site Chief Executive Officer advised that all performance had been significantly affected by industrial action. With regards to elective recovery, the NHS was focussing on reducing the number of the longest waiters. There were no patients at the PRUH, or across the Trust, who had been waiting over 100 weeks – there was a small number of patients around the 78-week mark, but these generally tended to be patients that needed operations undertaken by a specialist consultant/team. The total waiting list continued to grow which was mainly due to industrial action reducing capacity. Diagnostics waiting times had increased slightly and there was a particular issue related to ultrasounds (not maternity), but they were reasonably confident that this could be resolved. Overall they were doing well in terms of elective recovery, but it would take a long time to address.

With regards to cancer diagnostics, the PRUH's response to the 2-week wait referral had always been around the 90% target – it had dipped significantly but they were starting to recover this position. It was noted that the PRUH had always struggled with the 62-day referral to treatment time, but this was recovering slightly. It was complicated as patients were often treated in multiple hospitals. In response to a question, the Site Chief Executive Officer said that cancer targets were changing, with the attention being on the 28-days to diagnosis target, which the rapid diagnostics centres focussed on. Patients would be moved to other locations if it was the best way to get them seen quicker. There had been an increase in potential cancer referrals across Trust over the last year or so – the reasons for this were not fully known, but it was not just due to delays caused by the pandemic.

The Site Chief Executive Officer informed Members that emergency performance had been less affected by industrial action. Attendance at the PRUH had fluctuated, with a dip in January and February 2023 being an unusual occurrence. It was noted that the national standard was now 76% and reflected the fact that lots of patients were treated in the Emergency Department (ED), receiving same day care and going back home. The PRUH continued to struggle with some longer lengths of stay and long waits for beds. With regards to mental health patients, the average wait times had slightly reduced, but some patients were waiting a very long time in ED (1 in

20 waited more than 2 days) – this was a difficult situation for the patients, their families and other patients in the ED. A Co-opted Member enquired if there was any data available relating to how many people were discharged into community mental health services and how many were referred to secondary care. The Site Chief Executive Officer said that there were patients brought to the ED as mental health patients; patients that self-presented at the Urgent Care Centre; and patients who were admitted with a combination of physical and mental health needs. The vast majority of patients presenting at the ED were in crisis and a number went on to be admitted into the hospital or mental health services. It was agreed that a copy of the South East London Carnall Farrar report could be circulated to Members following the meeting.

Members were advised that in terms of PRUH ambulance handovers performance had improved, particularly on weekdays, but they needed to continue to work to get the flow right. With regards to the impact of the strikes, there had been 29 days in total for the year to date, and more had been announced for junior doctors and consultants. They had been impacted by lost activity on each day – nearly 16,000 outpatient appointments had been cancelled, and the cost to the Trust had been £10.5m. Members were advised that work was underway to convert an outpatient space to house 16 new beds, which would include high dependency beds. This work would be completed by December 2023 and would also allow more flexibility to refurbish other wards when needed.

Work on the PRUH endoscopy unit was proceeding, and they were just waiting on decisions around plans to meet four of the eight planning conditions. Building work was anticipated to be completed by quarter 4 of 2024/25. In response to a question, the Site Chief Executive Officer said she would be happy to provide Members with a timeline of what was happening during the build. With regards to rumours concerning the weight that the new car deck could hold, the Site Chief Executive Officer said that these were unfounded, and it met the current planning standards. They were unsure where these rumours had come from but if any further information could be provided by Members she would be happy to look into this.

The Site Chief Executive Officer informed Members that Epic would go live on 5<sup>th</sup> October 2023. This was a new electronic health record (EHR) system, which would provide more functionality and included MyChart, with optional patient portal access. In response to questions regarding MyChart, the Site Chief Executive Officer said that they did not expect every patient to use the system from 5<sup>th</sup> October. It was slightly different to the NHS app as it enabled patients already in the system to communicate with hospital staff. Patients would be able to log in and see detailed information and the system may be used intensively whilst receiving ongoing treatment. Family members could also be given access with appropriate consent. With regards to concerns that patients may see their diagnosis before speaking with a consultant, the Site Chief Executive Officer advised that patient reps were on a number of the working groups, and conversations would be held before a patient signed up to use the system. It was noted that patient letters were already copied to them, and this had not caused an issue, but colleagues would need to be

responsive to patients' questions. It was noted that there was no maximum age limit for using MyChart – a lot of older people in other areas had nominated their son or daughter to access it on their behalf. In terms of the minimum age, this would be based on an assessment, and access would not be given automatically. If it was for a teenager they may have access alongside their parents, and for much younger children it would just be the parents that were given access.

The Site Chief Executive Officer advised that external agencies would continue to have access to a patient's summary care records, which contained information similar to that on the NHS app. MyChart was intended to be used by patients, rather than by professionals. Information was automatically downloaded into GP records – GPs having full access to all hospital records was not something that had been used in the UK Epic roll outs, but she understood that it had been used in the United States. The Site Chief Executive Officer confirmed that the information would be available in real time. Clinicians could use a pre-filled template in clinic and free text boxes and once authorised, it would go straight to the GP. A voice recognition system could also be used.

The Chairman thanked the Site Chief Executive Officer for her update. Members requested that an update in relation to postpartum haemorrhage be included in the King's College Hospital NHS Foundation Trust presentation at the next meeting.

**RESOLVED that the update be noted.**

## **6 GP ACCESS**

The Chairman welcomed 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”) to the meeting to provide an update on GP access.

The Associate Director advised that the national GP Patient Survey results showed a downhill trend, however Bromley was not out of sync and was performing strongly in a couple of areas. In terms of the actions being taken, there was already a focus on improving phone experience, and it was noted that the allocated funding was still awaited to start the switchover process. Another area of continued focus was the overall experience of making an appointment and they were expanding the number of directly bookable appointments to relieve the pressure on phonelines. It was also hoped that the introduction of new websites would reflect a better score next year.

With regards to GP appointments in Bromley, the Associate Director highlighted that the data set was limited. The categorisations were relatively new, and the fluctuations related to improvements in the coding of the data. It was hoped that the reliability of the data would improve throughout the year.

The GP Clinical Lead advised that generally there was a wide and broad range of access to primary care teams, however they needed to find a mixture of ways to provide access for patients. With regards to relieving pressure on telephone lines, it was highlighted that the use of e-consults was increasing, and websites were becoming clearer and more consistent. It was noted that repeat prescriptions created a lot of traffic. Members were advised that there was now a new national target of 14-day access, with 85-90% of appointments being offered within two weeks. It was highlighted that the percentage on the graph would not continue to rise as some follow-up appointments needed to be booked further into the future. The GP Clinical Lead informed Members that there were expanding roles within general practice. This had been a success story in a number of ways, with an increase in the number of roles employed through the primary care networks (PCNs).

In response to questions, the Associate Director said that practices were trialling different things to get the process run smoother, manage demand and ensure the patients who needed to see their GP were seen. A GP was currently working as the lead, focussing on digital triage and improving flow – they were looking at how they could support individual practices on the ground. There was a national expectation that practices would adopt the Modern GP Access model, having an upfront triage for every patient that contacted the practice to ensure they were being seen by the right professional. However, there would not be a single model as there were differences in how practices worked. The GP Clinical Lead said there was an expectation that practices were using new ways of working, but demand had risen greatly. The triage process was important – it required a certain amount of information and therefore a call back would be initiated so the patient was not sat waiting. The Member agreed that this made sense, however it was highlighted that this needed to be communicated to patients.

A Member asked if there was any way to persuade people to accept telephone appointments, rather than face to face appointments. The GP Clinical Lead advised that he now undertook less telephone appointments than he had pre-pandemic as previously a certain amount had been reserved. There needed to be a balance, and it was considered that discussions should be held with patient groups. There was variation across Bromley, but it would be helpful if the benefits of access could be spread – it was a conversation that everyone could support. The Associate Director noted that 20% of consultations were carried out by telephone. The type of appointment offered would sometimes depend on the mode initially used by the patient to contact the practice.

The Associate Director advised that in terms of anticipated peak demand, they would be introducing borough-wide additional capacity in primary care as part of this year's winter response planning. It was highlighted that some dedicated work was underway in Bromley to engage with the public and ensure patients understood what was happening in their GP practices. In response to a question from the Chairman, the Associate Director said they were proud that Bromley was at the forefront of digital transformation. There were 42 practices in the borough, all at varying stages. They were supporting

practices through the process – helping those who wanted to move at a quicker pace, sharing good practice and work closely with those who were more cautious. It was emphasised that there was a high appreciation that practices could not stay as they were. The GP Clinical Lead noted that there was leadership through Clinical Directors and PCNs, bringing practices together to try and adapt different ways of working.

In response to questions regarding the variation between practices and embracing the changes, the Associate Director said that Patient Participation Groups (PPGs) were an important and trusted channel. Topic guides had been developed, covering topics such as why the changes were coming into place, using the NHS app, telephone systems and online consultation, for practices to use as a tool to have conversations with their PPGs. There was a borough-wide forum, which provided an opportunity to bring together PPGs – a forum for the Chairs of the PPG's was something that could be considered.

A Co-opted Member highlighted that some frail and elderly patients would not have access to technology. The Associate Director advised that it was about creating the space for those that needed to use traditional routes to access their GP practices, and it was recognised that some patients would be uncomfortable/unable to use the technology. It was noted that some advocates/family members found having access to the NHS app helpful as they could access it, with prior permission, on behalf of the person they cared for. It was emphasised that the improvements in technology would not stop people from using traditional access routes. The GP Clinical Lead said that work had been undertaken within primary care to anticipate the needs of the vulnerable. The different access routes allowed family members who did not live nearby to communicate directly with the practice.

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

**RESOLVED that the update be noted.**

**7 UPDATE FROM OXLEAS NHS FOUNDATION TRUST (VERBAL UPDATE)**

The Chairman welcomed Iain Dimond, Chief Operating Officer – Oxleas NHS Foundation Trust (“Chief Operating Officer”) and Lorraine Regan, Service Director, Adult Community Mental Health/Adult Learning Disability – Oxleas NHS Foundation Trust (“Service Director”) to the meeting to provide an update on acute mental health pressures, community mental health within Bromley and the ‘Right Care, Right Person’ approach.

With regards to acute mental health pressures, the Chief Operating Officer advised that they were continuing to see considerable pressure across South East London, however the pattern of demand differed between the two providers (Oxleas and South London and Maudsley (SLaM)). Generally the Oxleas data showed a reduction in the number of people attending Accident



and Emergency (A&E) in a mental health crisis. However, those that then required admission were waiting longer than they needed to – this was due to problems with flow and pressures within the acute bed system. It was noted that a recovery programme had been agreed, focussing on purposeful admissions and reducing delayed transfers of care. This work was underway, and an update could be provided at a future meeting of the Health Scrutiny Sub-Committee.

The Chief Operating Officer informed Members that as mental health demand was having an impact on A&Es across South East London, the ICB had commissioned a report from an external consultancy, Carnall Farrar. The conclusions had now been circulated to the ICB Executive – Oxleas and SLaM had drafted a response to this and would take forward any additional actions.

In response to questions, the Chief Operating Officer said that the trend being seen across the three boroughs was a gradual reduction in the number of people presenting in a mental health crisis at A&E – however, a greater proportion of those attending were unwell and need hospital admission. Due to the pressure on beds some were waiting longer than they should following the decision to admit them being taken. It was considered that fewer people attending in a mental health crisis was evidence that the decision taken by the Trust to invest more into community mental health was paying off. Data was collated regarding whether those attending in crisis were known to community teams; had been known to community teams; were waiting to see community teams; or were completely new – the data suggested that the majority were under the care of Oxleas, or waiting to come into their care. It was noted that part of the work being undertaken was to look at doing more to identify signs of relapse, and if someone was in crisis were their opportunities to do something different.

The Service Director advised that there had been a huge increase in demand for community mental health services since 2019 – this was impacted by both the COVID-19 pandemic and social circumstances. Referrals had increased significantly from 220 per month, pre-pandemic, to the current level of 400 per month. This activity meant that they were managing around 1,500 patients per month, which was an increase of 463. There were some mitigations in place, and a mental health hub had been established – this was a joint initiative between Oxleas and BLG Mind, which provided a new front door into adult mental health services. This was working well, enabling a different offer to be provided to people when first referred, and reducing waiting time for some treatment pathways – people were typically waiting 9-29 days for their first appointment (average of 20 days). This had been negatively impacted by urgent referrals, which needed to be seen within 2 days. Oxleas were 100% compliant with regards to urgent referrals but this created a knock-on to routine referrals, where the waiting times were longer than they would like. However, treatment times had decreased due to the interventions delivered through the hub. To increase contacts received by patients, a Care Teams approach in been implemented with new roles introduced – contacts within the psychosis pathway had increased by 35% and the dementia diagnosis

rates had also been recovered, sitting just above the national target at 66.8%. It was noted that Bromley had the largest prevalence of dementia across SEL and therefore the figures represented a much larger group of people compared to neighbouring boroughs. Over the last six months the Helix Service had also been established. This was a maternal mental health service offering an opportunity for women who did not have a pre-existing mental health condition but suffered loss/trauma as a result of their birth experience to receive a rapid response from a mental health service.

In response to questions, the Service Director said it was complex in terms of identify the drivers for the increase in demand, but they were aware that a significant proportion of people sought their services due to their social situation – including lack of employment, finances, debt and relationship breakdowns. There needed to be further thinking undertaken regarding their relationship with primary care and ensuring the thresholds were right when patients moved between primary and secondary care. There was also a broader recognition within the community that it was okay to seek support for mental health which had led to an increase in demand for service. With regards to how staff were coping, the Service Director said it had been very difficult, but enough mitigation had been put in place. There had been investment through the Community Mental Health Transformation and they were currently in the third year of the programme.

With regards to the Right Care, Right Person (RCRP) approach, the Chief Operating Officer advised that the Metropolitan Police Commissioner had written indicating that he wished to implement this initiative which had previously been rolled out in Humberside. There were four main objectives:

- Police involvement in requests from health and social care providers for welfare checks;
- Police involvement when patients go absent without leave (AWOL) /missing from health care facilities;
- Police involvement in the conveyance of patients; and,
- The time taken to handover patients picked up by the police under Section 136 of the Mental Health Act and conveyed to a health-based place of safety.

It had originally been indicated that the RCRP approach would be implemented at the end of August 2023, however there had been a number of concerns raised regarding the way it was to be introduced and the time scale for implementation. In London, a Joint Mental Health Policing Group had been established – this brought together representatives from the police, mental health partners, London Ambulance Service (LAS), acute colleagues and special care providers. This group would oversee the safe implementation of the RCRP approach, with subgroups having been established to take forward the required work. Members were advised that the date of the RCRP implementation would now be the end of October 2023 which allowed more time for preparation. From the end of October the police would instruct call handlers to more robustly triage calls into their call centre and the ‘136 Co-ordination Hubs’ would be launched – these were already in train and would be the first point of contact for the police if they were considering detaining

someone under a Section 136. The mental health providers would be able to give advice and direction, as well as indicate where there was capacity for patients which it was hoped would reduce handover times.

It was considered that there were still some risks created by this programme. The current policy stressed that the police should only be involved where absolutely necessary – however, they were involved quite routinely in welfare checks and when patients went AWOL. There would need to be an element of training and a culture change for health and social care providers in terms of the detail of the legal framework of what they were able to do if someone went absent without leave. It was noted that in Humberside they were three years into implementing the RCRP approach and this was still ongoing.

In response to questions, the Chief Operating Officer said that in terms of 136 handovers the hubs should provide some mitigation in reducing risks that may arise from the police withdrawing their officers once they had delivered a patient at a health-based place of safety. The environment allowed the person to be managed safely. The difficulty was when the police brought someone to A&E – this was a very different environment, which was very public, and it was difficult for staff to safely manage patients. This was an area of risk that needed further thought. With regards to requests for welfare checks and patients going AWOL, a new protocol for mental health providers would be drafted. Training staff and recalibrating the culture, so there was a shared sense between health and the police as to when they should be involved, would take time and would need to be monitored and reviewed. It was noted that a definite risk was that if health staff had to leave a ward to ascertain the whereabouts of a patient, this loss of resources was not built in and would need to be determined. Between now and the end of October they would continue to work around the policy, but as health and social care providers they would need to consider how the emerging risks were managed.

In response to further questions, the Service Director said that Oxleas were only providing physical health checks to their mental health patients, and they were continuing to work with partners to deliver broader physical healthcare. As part of serious mental illness annual health checks they were working with GPs – if these indicated any concerns, they would be followed up with primary care colleagues. Oxleas had a responsibility to monitor the physical health of its population and a number of nurses were employed to do so – most of the physical health conditions were linked to either a patient's medication or their mental health, but this was being done in partnership with other organisations. It was agreed that this could be discussed in further detail following the meeting.

The Chairman thanked the Chief Operating Officer and Service Director for their update. Member requested that a further update be provided at the next meeting of the Sub-Committee.

**RESOLVED that the update be noted.**

## 8 WINTER PLANNING 2023-24

The Sub-Committee consider a report outlining the ONE Bromley Winter Plan 2023-24.

The ONE Bromley system developed a Winter Plan each year which described how seasonal pressures would be mitigated and managed locally. The Winter Plan built on learning from previous years, and responded to any new national policy change and local system changes since the previous plan. The co-ordination and delivery of a joint Winter Plan placed Bromley in a strong position to respond effectively to the changeable position through winter. The joint plan set out how local services would be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this residents would be supported to make the most cost-effective and sustainable use of joint resources, while enabling better outcomes and ensuring they were able to provide services for our most vulnerable.

The Associate Director – Urgent Care, Hospital Discharge and Transfer of Care Bureau, SEL ICB (“Associate Director”) advised that the 2023-24 Joint Winter Plan described how health and care services across Bromley would organise themselves and work together to ensure local residents were able to access the services they needed and stay well throughout winter. The Plan was set out in two sections:

*Section 1* – described the work that would take place before winter to reduce risk to vulnerable residents; and,

*Section 2* – described, under the 3 pillars of winter planning, the activity that would take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.

Engagement with a wide range of stakeholders had taken place to inform the Plan with specific, special interest working groups set up around key themes to develop the plans in these areas. Workforce engagement had also taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.

In response to questions, the Place Executive Lead – SEL ICS (Bromley) (“Place Executive Lead”) said that the winter in Australia had been quite severe, but not as bad as last year – this was often a good predictor of what would happen in the UK. There were some COVID-19 variants of interest in circulation and the flu and COVID-19 vaccination programmes had been brought forward to start the following week. The flu vaccination could be purchased, but this was not the case for COVID-19 vaccinations – to receive the vaccine residents needed to be in one of the eligible groups, 65+ and those who were clinically vulnerable. The schools flu vaccination programme would also start in the next week or so, with an increase in the number of

school years that would be vaccinated. In terms of advice relating to COVID-19, the Place Executive Lead said that the national guidance was to take sensible precautions if you felt unwell, but there was no requirement to isolate or wear a facemask. They would recommend that if someone was unwell and thought they had COVID-19 they should purchase a test, if they were able to do so, and take steps to avoid contact with others.

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

**RESOLVED that the ONE Bromley Winter Plan 2023-24 be endorsed.**

## **9 DENTAL APPOINTMENTS**

The Place Executive Lead advised Members that the update presented had been prepared by North East London ICB on behalf of South East London ICB. From April 2023, ICBs in London had taken over the commissioning of community dental services from NHS England and a central team was located for the whole of London in NE London ICB.

There were 42 providers of high street dental services in Bromley, which had a mixture of contracts. The relationship between dental providers and commissioners was not as close, with no support being provided in terms of premises. There was testing to ensure that providers were adhering to infection control standards. Across the country, people were finding it difficult to access general dental services on the NHS – patients were not obliged to register at a dental practice, and could go to any practice they wished (NHS or private). There were a number of practices in Bromley that offered normal and emergency dental service – it was up to the practice themselves if they accepted a patient. Emergency dental services were also provided at King's and Guy's.

The team at NEL ICB were looking at how they could expand access to dental services. The impact of the COVID-19 pandemic had been significant – at the beginning local practices had not been seeing patients at all, and then the numbers they could see were restricted due to preventing the spread of infection. An area of concern was children and young people, who were not accessing dental services as early as they would like. Bromley had the best level of dental health compared to other boroughs – however they wanted to ensure that the most vulnerable populations had good access to dental services.

**RESOLVED that the update be noted.**

## **10 SEL ICS/ICB UPDATE (VERBAL UPDATE)**

The Place Executive Lead advised that work was underway across South East London to implement the priorities of the Integrated Care Strategy –

improving health; providing better quality services; and reducing the need for acute services. This would incorporate a number of elements, including improving mental health services; ensuring the best start for children and families; and improving the management of long-term conditions.

Bromley also had its own strategy, through the Health and Wellbeing Board, and work was already underway in relation to improving access to general practice; manage long-term conditions; and reduce waiting times for children and young people to access CAMHS.

This work was running parallel to the management cost reductions review – this was a requirement following a review of ICBs to look to reduce the amount spent on management. In response to a question, the Place Executive Lead advised that this process had commenced, and money had been made available to reduce inequalities – increasing vaccine uptake and providing services for the homeless and asylum seekers. The savings made from the management cost reduction would go into direct patient care.

The Chairman thanked the Place Executive Lead for the updates to the Sub-Committee.

**RESOLVED that the update be noted.**

**11 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT  
Q4 2022-23**

The Sub-Committee received the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January – March 2023.

The Operations Co-ordinator, Healthwatch Bromley (“Operations Co-ordinator”) advised that the Patient Experience Report had changed significantly this year – it provided a snapshot view of the feedback gathered from patients across the borough. 60 face to face visits had been carried out, and they were trying to increase this figure each month as they gained a larger pool of volunteers. During the autumn a research study would be undertaken, and a survey would run alongside the standard feedback form.

With regards the Quarter 4 report, the Operation Co-ordinator highlighted that the most responses were received in relation to hospitals and GPs. This was partly due to local partners allowing Healthwatch to go in and talk to residents – most of the feedback was gathered in-person, so they were visiting hospitals and GP practice regularly.

Members were advised that a yearly comparison had been undertaken at the end of Quarter 4. There had been an increase in the percentage of people sharing positive feedback about GPs over the year, and negative experiences relating to hospital services had increased when compared to the previous quarter. Experiences related to dental services had continued to be extremely

positive. Positive experience of community health services had also increased compared to the previous quarter.

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

**RESOLVED that the update be noted.**

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

The Chairman informed Members that the South East London Joint Health Overview and Scrutiny Committee had met in-person on 6<sup>th</sup> July 2023, and mainly procedural items had been discussed. There had also been a presentation from NHS England on the proposals for the reconfiguration of children's oncology services and a public consultation would be launched shortly. Once this had taken place, the finding would be shared.

It was noted that the next meeting would take place virtually on 19<sup>th</sup> September 2023. It was intended that future meetings would be a mix of virtual and in-person.

**RESOLVED that the update be noted.**

**13 WORK PROGRAMME AND MATTERS OUTSTANDING**

**Report CSD23105**

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:

- Update from Oxleas NHS Foundation Trust (21<sup>st</sup> November 2023)
- Postpartum Haemorrhage – King's College Hospital NHS Foundation Trust (21<sup>st</sup> November 2023)

In response to a question, the Chairman confirmed that an update from the London Ambulance Service would be presented at the meeting on the 30<sup>th</sup> January 2024.

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

**RESOLVED that the update be noted.**

**14 ANY OTHER BUSINESS**

There was no other business.

**15 FUTURE MEETING DATES**

4.00pm, Tuesday 21<sup>st</sup> November 2023

4.00pm, Tuesday 30<sup>th</sup> January 2024

4.00pm, Tuesday 12<sup>th</sup> March 2024

The Meeting ended at 6.09 pm

Chairman



# Q1 Patient Experience Report

Healthwatch Bromley  
April – June 23



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# Contents

Introduction	3
QI Snapshot	4
Experiences of Hospital Services	5
Experiences of GP Practices	17
Experiences of 'Other' Services	30
Appendix	35

## Layout of the report

This report is broken down into five key sections:

- Quarterly snapshot
- Experiences of Hospital Services
- Experiences of GP Practices
- Experiences of 'Other' Services
- Appendix

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

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

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# Introduction

## Patient Experience Programme

Healthwatch Bromley is your local health and social care champion. Through our Patient Experience Programme (PEP), 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.

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## Methodology



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



Encouraging conversations on **social media** and gathering **online reviews**

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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

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

**Between April and June 2023, we continued to develop our PEP by :**

- Finalised a patient experience report template following feedback from external partners.

# Q1 Snapshot

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



## 658 reviews

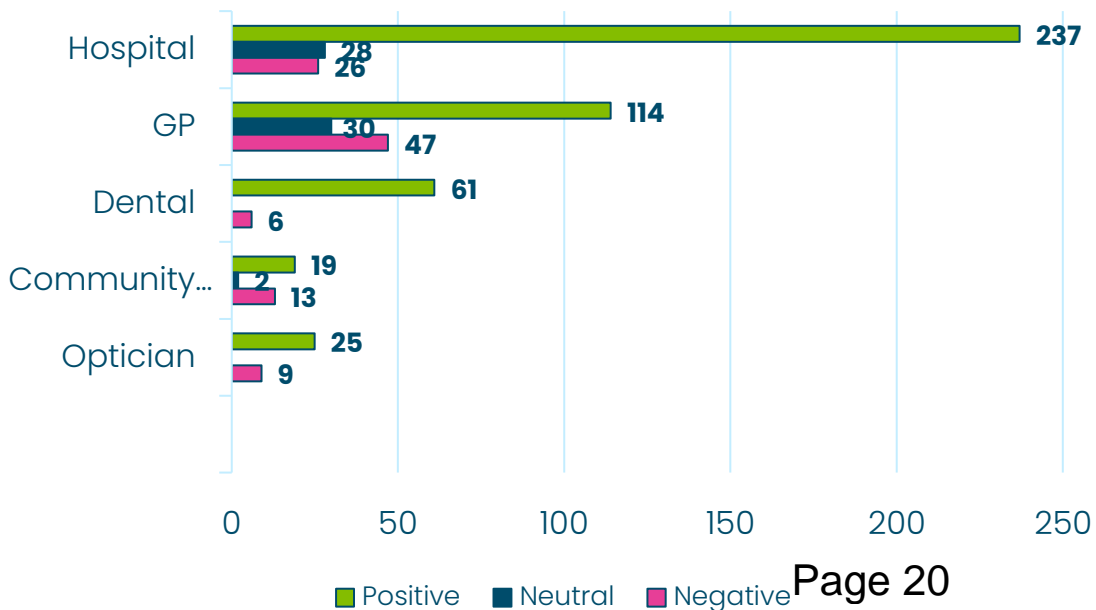
of health and care services were shared with us, helping to raise awareness of issues and improve care.

## 65 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 positive reviews
Hospital	291	81%
GP	191	60%
Dental	67	91%
Community Health	34	56%
Optician	34	74%

## Sentiment of Reviews



# Experiences of Hospital Services



# What people told us about hospital services

"The staff are helpful, good explanation is given."

"To use a more person-centred approach."

"Personalised easy to access and parking is good."

"Parking is rubbish, lack of disabled bays."

"I feel confident in the way my treatment plan is being addressed."

"No aftercare - not even a visit to my flat, no equipment given to me."

"The staff are lovely and kind, compassionate."

"Lack of communication with departments, process not individual."

# Hospital Services

No. of Reviews	291
Positive	237
Negative	26
Neutral	28

## 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?

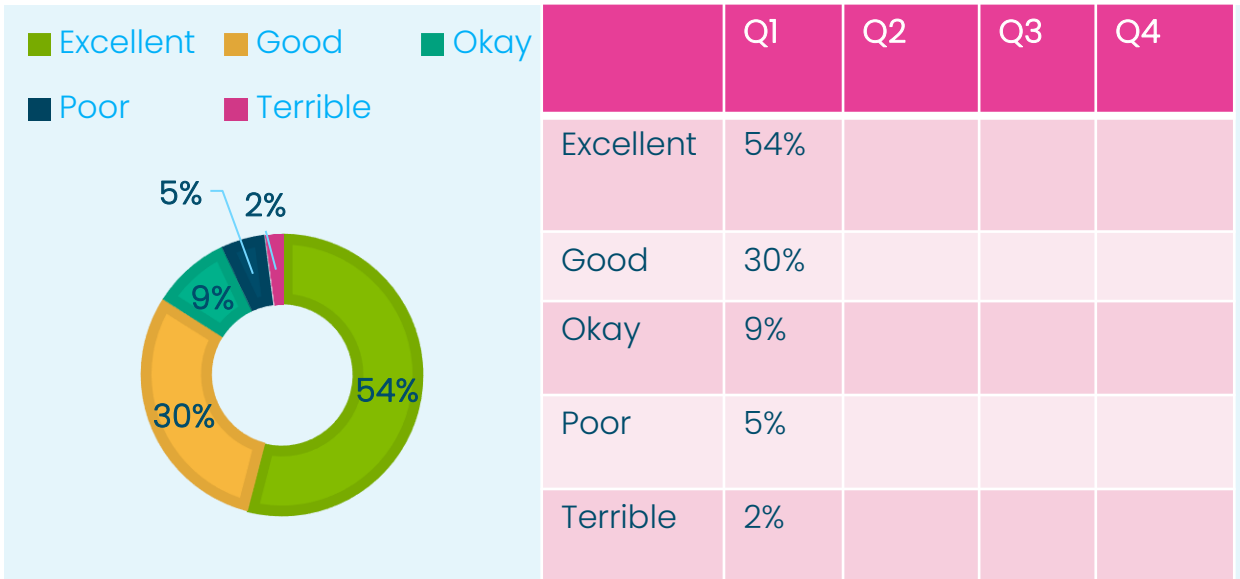
Q6) How would you rate the quality of treatment and care received?

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

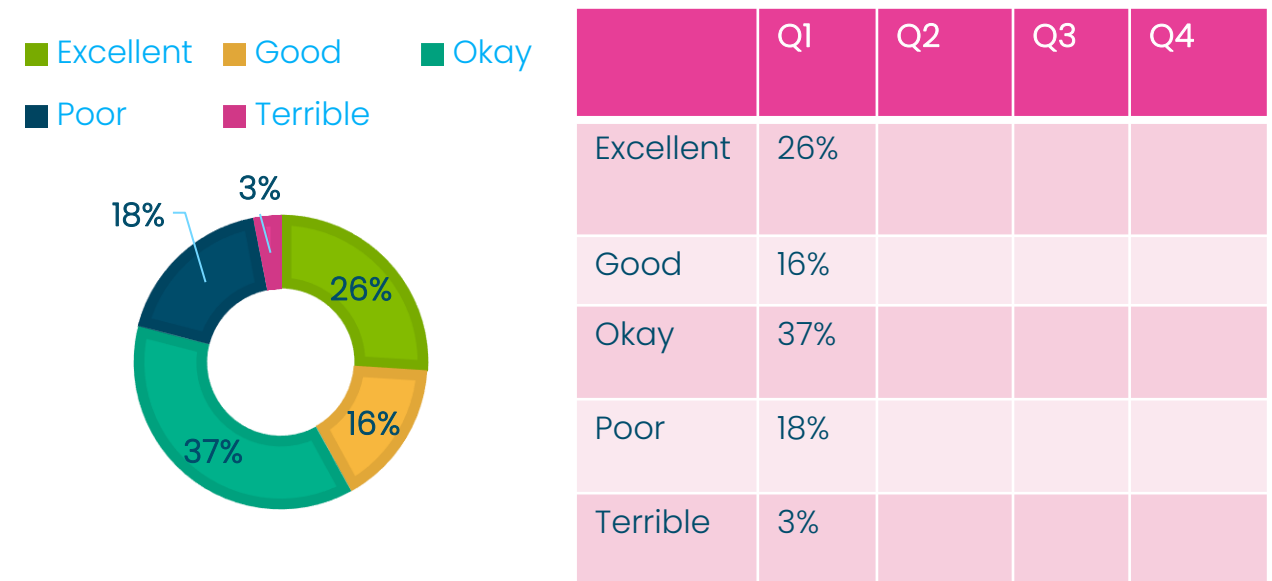


# Access and Quality Questions

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

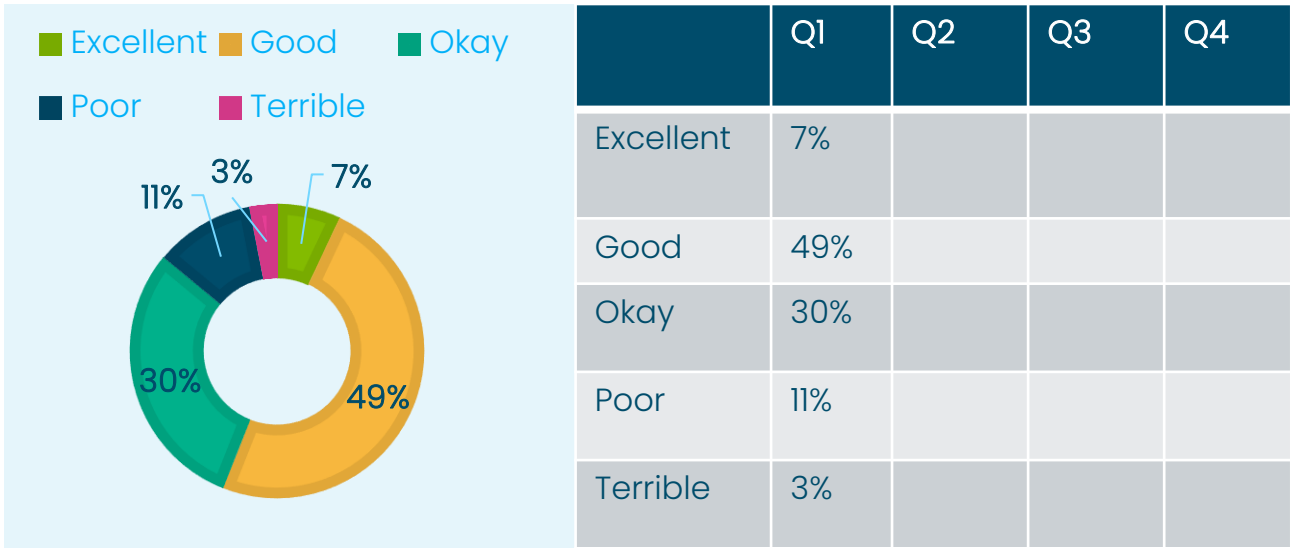


Q2) How do you find getting through to someone on the phone?

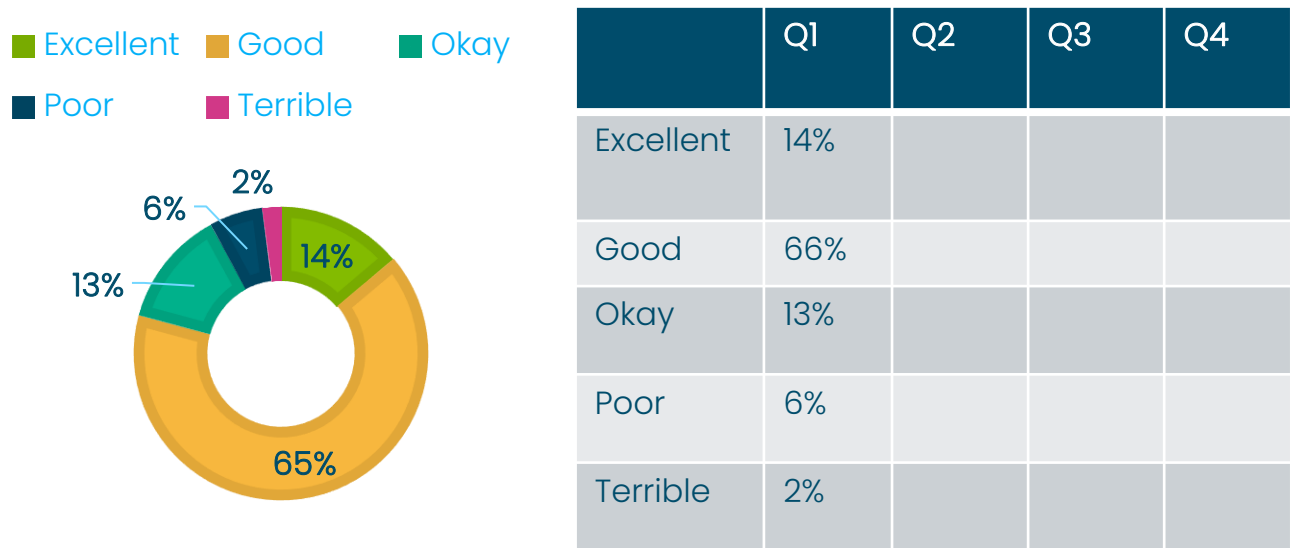




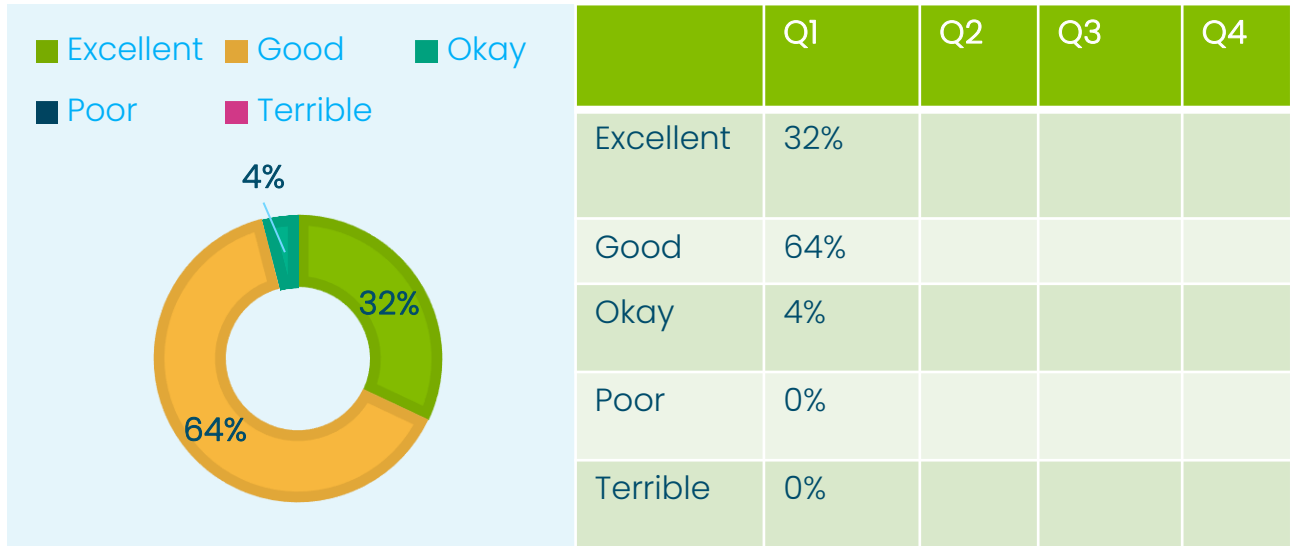
### Q3) How do you find the waiting times at the hospital?



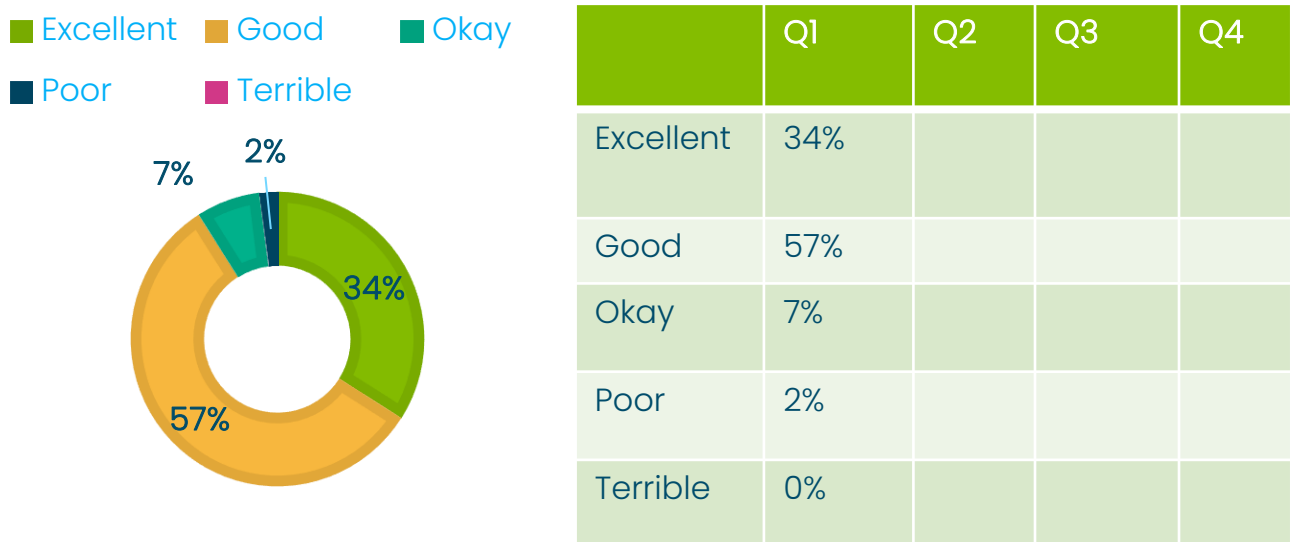
### Q4) How do you think the communication is between your hospital and GP practice?



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



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



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## Thematic analysis

In addition to the access and quality questions we also ask two further free text questions (*What is working well?* and *What could be improved?*) to help get a more detailed picture about Hospital services.

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 April and June 2023 based on the free text responses received.

Top 5 Positive Issues	Total count
Staff attitudes	112 (92%)
Communication with patients	91 (86%)
Quality of treatment	79 (93%)
Appointment availability	66 (89%)
Treatment and care – experience	39 (78%)

Top 5 Negative Issues	Total count
Waiting times	42 (68%)
Communication with patients	15 (14%)
Car parking	10 (56%)
Treatment and care – experience	10 (20%)
Communication between services	8 (20%)

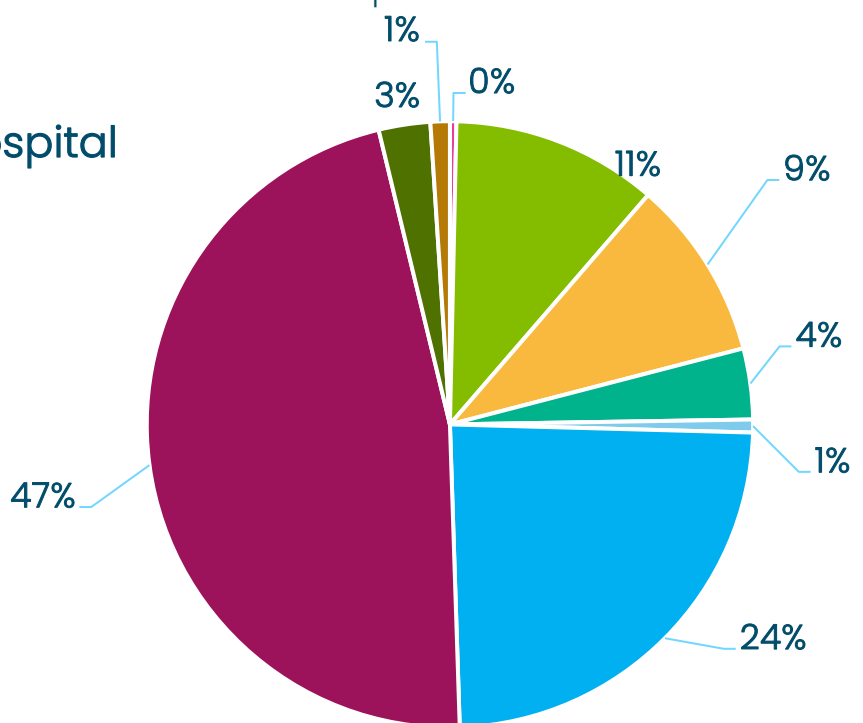
## Hospital Trusts

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
- Orpington Hospital
- The Sloane Hospital
- Chelsfield Park Hospital
- King's College Hospital
- Queen Mary's Hospital
- University Hospital Lewisham
- Beckenham Beacon
- Maudsley Hospital

Between April – June, the services which received the most reviews were Princess Royal University Hospital and Orpington Hospital. We collect patient experience through different methods including face-to-face and online engagement. Compared to the previous quarter, January – March, PRUH continues to receive the largest number of reviews. The number for Orpington have also increased as we have visited both hospitals once a week for the past three months.

Total Reviews per Hospital



- Beckenham Beacon
- Chelsfield Park Hospital
- The Sloane Hospital
- King's College Hospital
- Maudsley Hospital
- Orpington Hospital
- Princess Royal University Hospital
- Queen Mary's Hospital
- University Hospital Lewisham

In order to understand the variance of experience across the hospitals we have compared the ratings given for the snapshot access and quality questions covered in the previous section. Please note that each question has been rated out of 5 (1 – Terrible 5 -Excellent)

Positive ■ Neutral ■ Negative ■

Name of Hospital	ACCESS (out of 5)			QUALITY (out of 5)		
	To a referral/ appointment	Getting through on the phone	Waiting Times	Of Communicati on between GP and Hospital	Of Staff attitudes	Of Treatment and Care
<b>Princess Royal University Hospital</b>	4.2	3.6	3.3	3.8	4.2	4.2
<b>Orpington Hospital</b>	4.4	3.1	3.7	3.9	4.3	4.2

We have also identified the top 3 positive and negative themes (based on free text responses) for Princess Royal University and Orpington Hospital, where we have received over 50 reviews.

Hospitals	Overall Rating (Out of 5)	Top 3 Positive Issues	Top 3 Negative Issues
<b>Princess Royal University Hospital</b>  No of reviews: 136	3.8	<ul style="list-style-type: none"> <li>1. Communication with patients</li> <li>2. Staff attitudes</li> <li>3. Quality of treatment</li> </ul>	<ul style="list-style-type: none"> <li>1. Waiting times</li> <li>2. Communication with patients</li> <li>3. Car parking</li> </ul>
<b>Orpington Hospital</b>  No of reviews: 70	4	<ul style="list-style-type: none"> <li>1. Staff attitudes</li> <li>2. Convenience / Distance to travel</li> <li>3. Communication with patients</li> </ul>	<ul style="list-style-type: none"> <li>1. Waiting times</li> <li>2. Management of service</li> <li>3. Appointment availability</li> </ul>

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## What has worked well?

Below is a list of the key positive aspects relating to hospitals between April and June 2023.



### Quality of Treatment

The number of positive reviews, rated 'Good' or 'Excellent', for quality of treatment and care in hospitals was 91%. Most people who attended their appointments were happy with the treatment provided.



### Staff Attitudes

Regarding staff attitudes, the positive feedback shared - rated 'Good' or 'Excellent' - was 96%. The majority of people were happy with the clinical and non-clinical staff when they accessed the hospital for treatment.



### Communication with Patients

80% of people gave an 'Excellent' or 'Good' review when asked how the communication is between their hospital and GP practice. People also left positive comments related to verbal communication and treatment provided by the hospital staff.



### Treatment and Care Experience

In terms of treatment and care received, 75% of the reviews were positive. In general, people who attended the hospital had a positive experience and were satisfied with the treatment and care provided by the hospital.



### Quality of Staff - health professionals

93 % of reviews left regarding the quality of the healthcare professionals were positive. The people who attended their local hospitals were happy with the communication and the treatment they received.

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## What could be improved?

Below is a list of the key areas for improvement relating to hospitals between April and June 2023.



### Waiting Times

Regarding waiting times 42 people left negative feedback. Those who were waiting to be seen were unhappy with the long waiting times to be seen by a healthcare professional.



### Treatment and care-experience

20% of reviews shared were negative regarding people's treatment. Comments were related to being unhappy with the care provided and their experience when attending their local hospital.



### Communication with patients

The number of negative reviews related to communication with patients was 14%. Whilst most people shared positive feedback, some service users were unhappy with hospital communication with patients, for example treatment explanation and verbal advice.



### Communication

The number of negative reviews was 20% regarding communication between services. This generally relates to a lack of communication around referrals and poor communication between a patient's GP practice and the hospital.



### Car parking

10 people left negative reviews related to car parking facilities at the hospital. Comments included issues around paying for parking and that it should be free in hospitals and trying to find parking spaces can be a nightmare.

## 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 we found when analysing overall experience ratings (1=Terrible 5= Excellent). A full demographics breakdown can be found in the appendix.



### Gender

Overall, the feedback from men (83%) and women (84%) was similarly positive. The majority of feedback that was shared was provided by women (125) and 64 respondents identified as a man.



### Age

Of the 173 respondents that were happy to share their age, positive feedback was left by the majority. Only 5 negative reviews were from people whose ages ranged from 55 – 84. The majority of feedback that was shared was from people aged 65–74 (41). The lowest number of responses said they were 18–24 or Under 18(8 total).



### Ethnicity

172 respondents shared their ethnicity and the majority of feedback shared was positive. White: British / English / Northern Irish / Scottish / Welsh was the largest ethnicity (150), and the only negative feedback (4%) was left by this group.



### Long Term Condition

Out of 171 respondents, the majority of feedback shared was positive (80%). 54 people said that they have a disability and 56 people said they had a long term condition (LTC).



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# Experiences of GP Practices



# What people told us about GP Practices

"The surgery is very good, treat me very well."

"Receptionists need training to be more personalised."

"Good quality of care."

"I have had to battle with receptionists to get an appointment with a doctor."

"Staff are very helpful."

"Trying to order a prescription from [the surgery] was one of the worst health experiences I have had of late."

"The doctors are good, easy for me to get to.."

"More doctor appointments rather than seeing nurses."

# GP Services

No. of Reviews	191
Positive	114
Negative	47
Neutral	30



## 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:

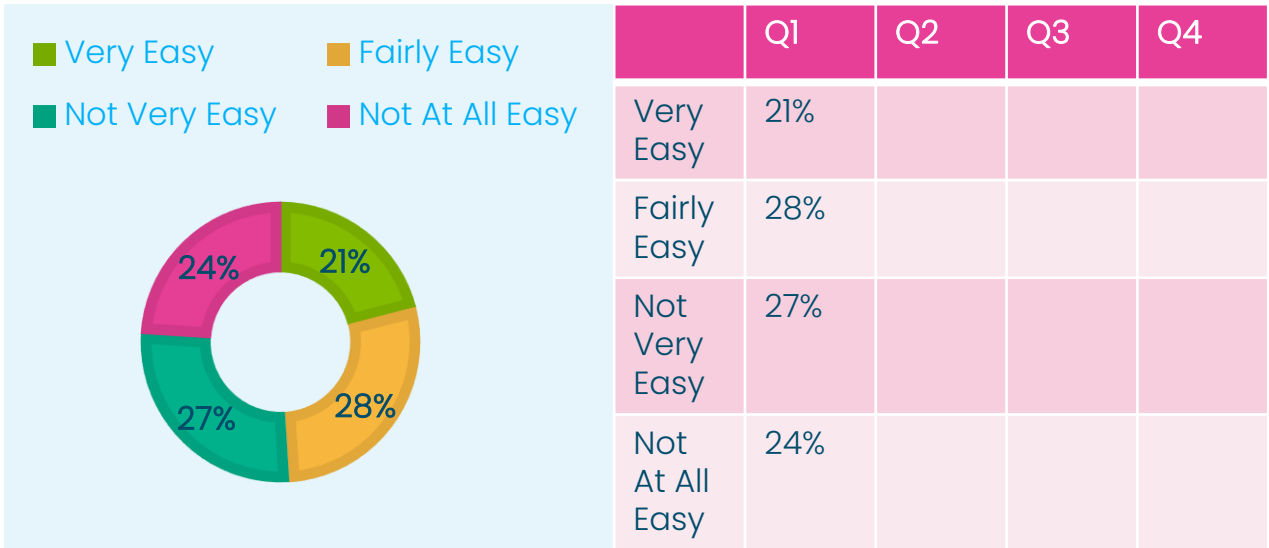
- Q1) How do you find getting an appointment?
- Q2) How do you find getting through to someone at your GP practice on the phone?
- Q3) How do you find the quality of online consultations?
- Q4) How do you find the quality of telephone consultations?
- Q5) How did you find the attitudes of staff at the 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 data.

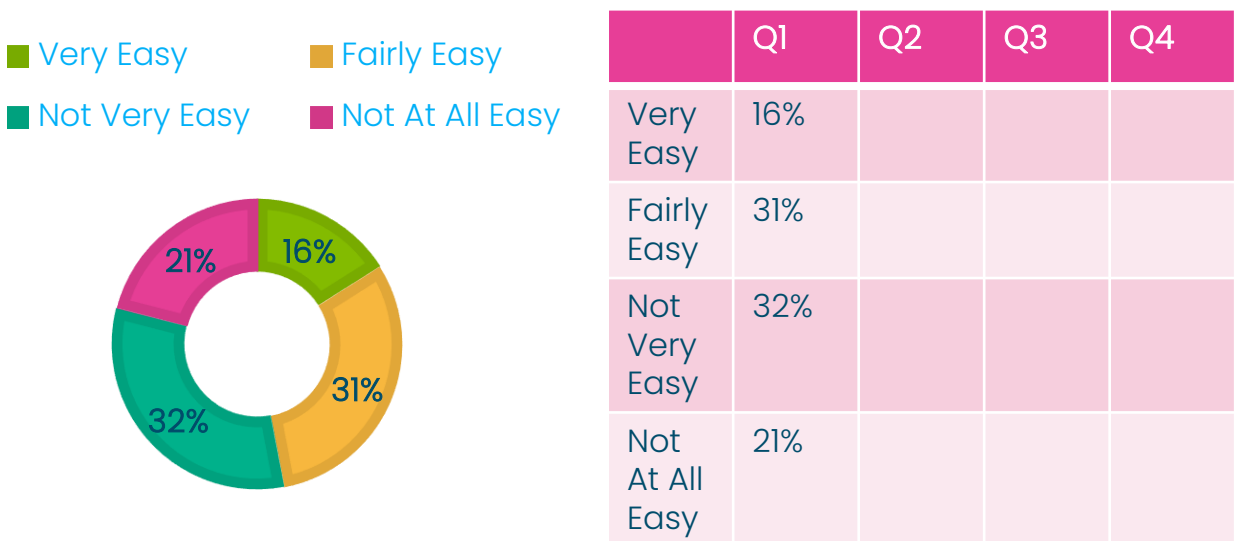
Participants were asked to choose between 1-5\* (Terrible – Excellent)

# Access and Quality Questions

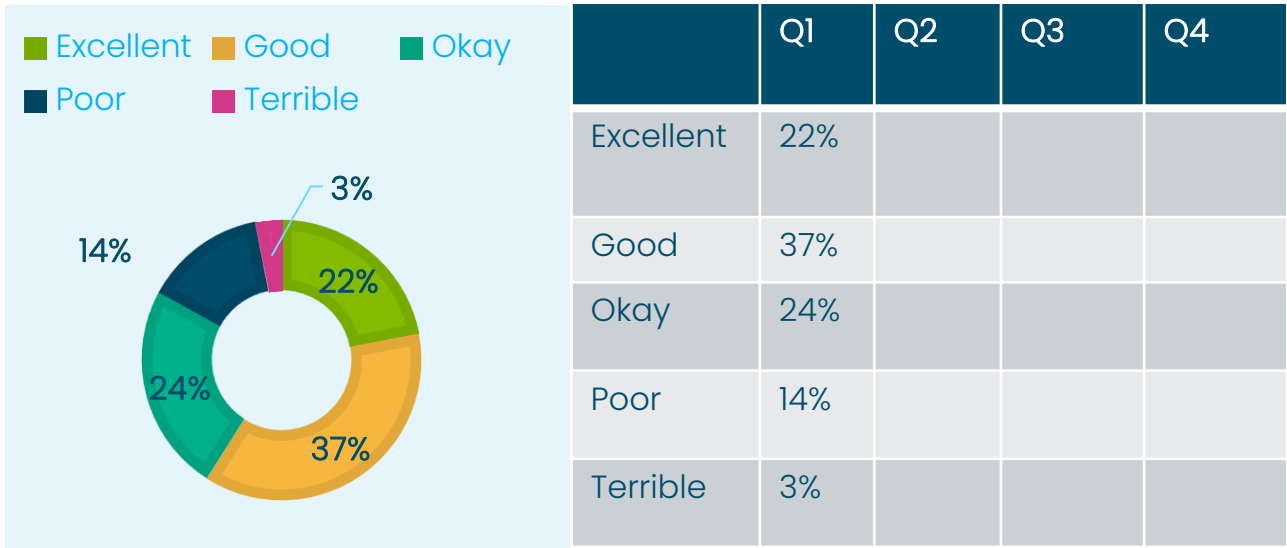
## Q1) How do you find getting an appointment?



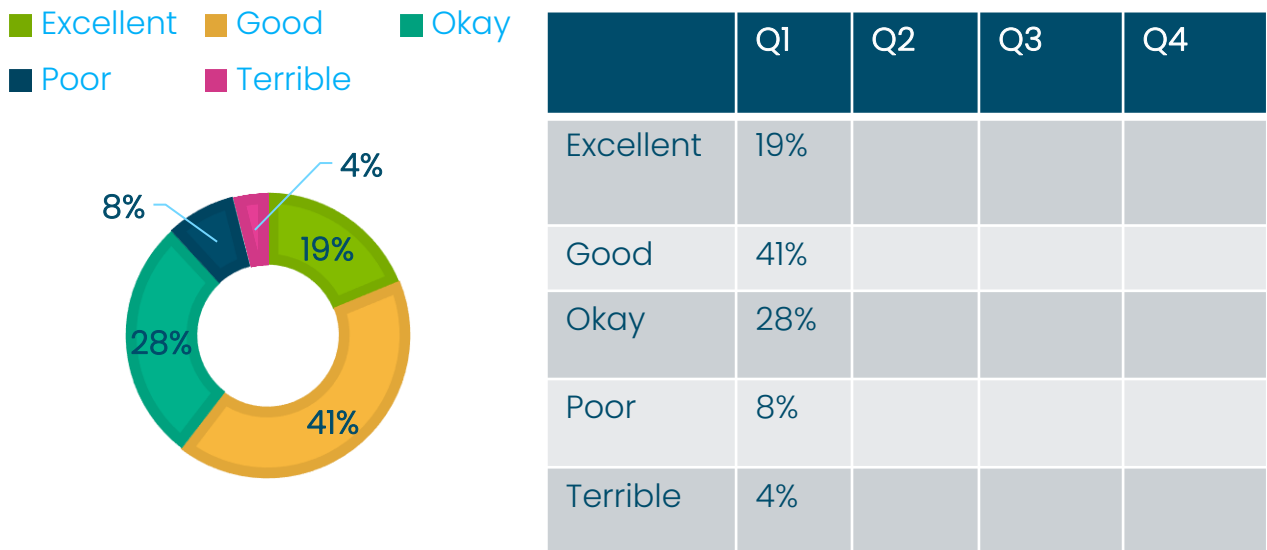
## Q2) How do you find getting through to someone at your GP practice on the phone?



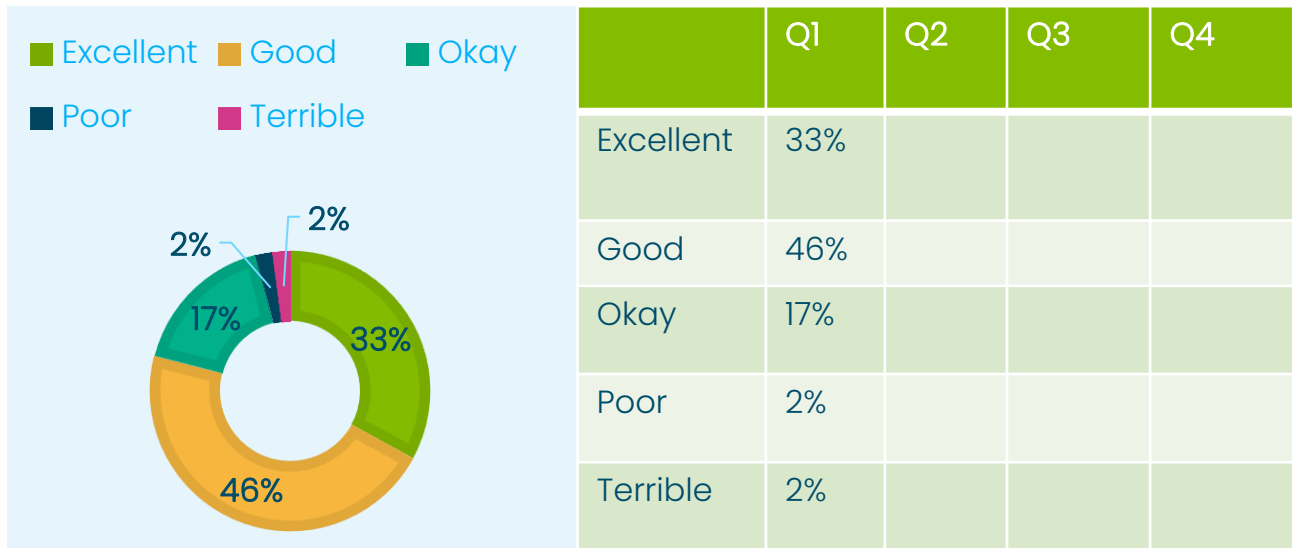
### Q3) How do you find the quality of online consultations?



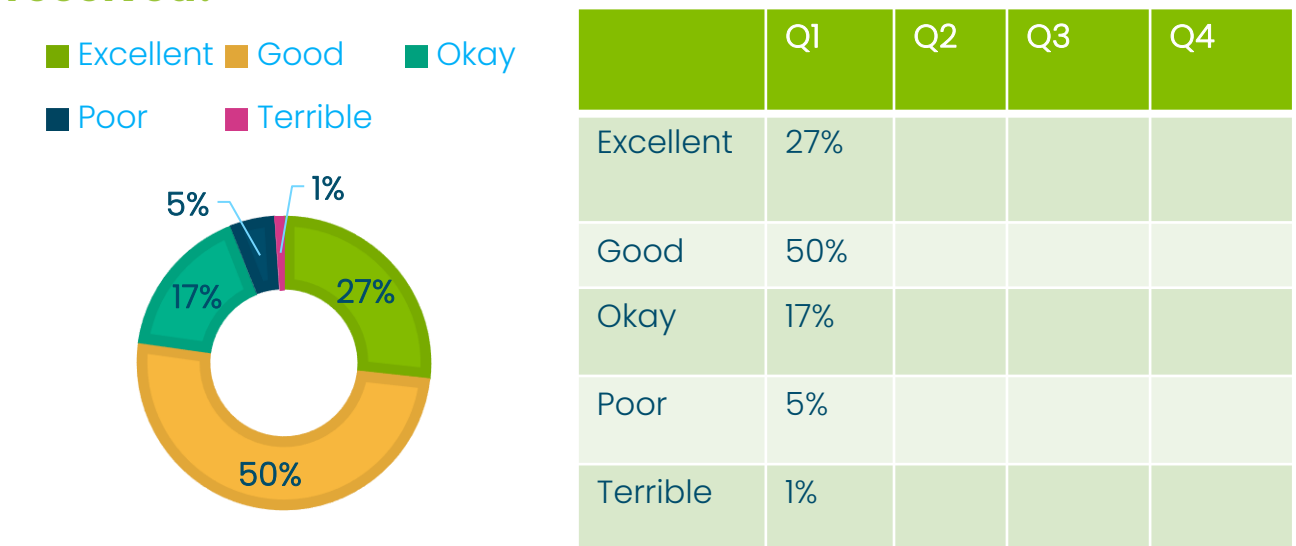
### Q4) How do you find the quality of telephone consultations?



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



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



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## Thematic analysis

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

Each experience we collect is reviewed and up to 5 themes and sub-themes are applied. The tables below show the top 5 positive and negative themes received between April and June 2023 based on the free text responses received.

Top 5 Positive Themes	Total count
Quality of treatment	56 (80%)
Staff attitudes	50 (71%)
Communication with patients	26 (63%)
Staff attitudes – health professionals	21 (88%)
Booking appointments	19 (34%)

Top 5 Negative Themes	Total count
Getting through on the telephone	53 (65%)
Appointment availability	39 (63%)
Booking appointments	35 (63%)
Communication with patients	15 (37%)
Staff attitudes – administrative staff	10 (43%)

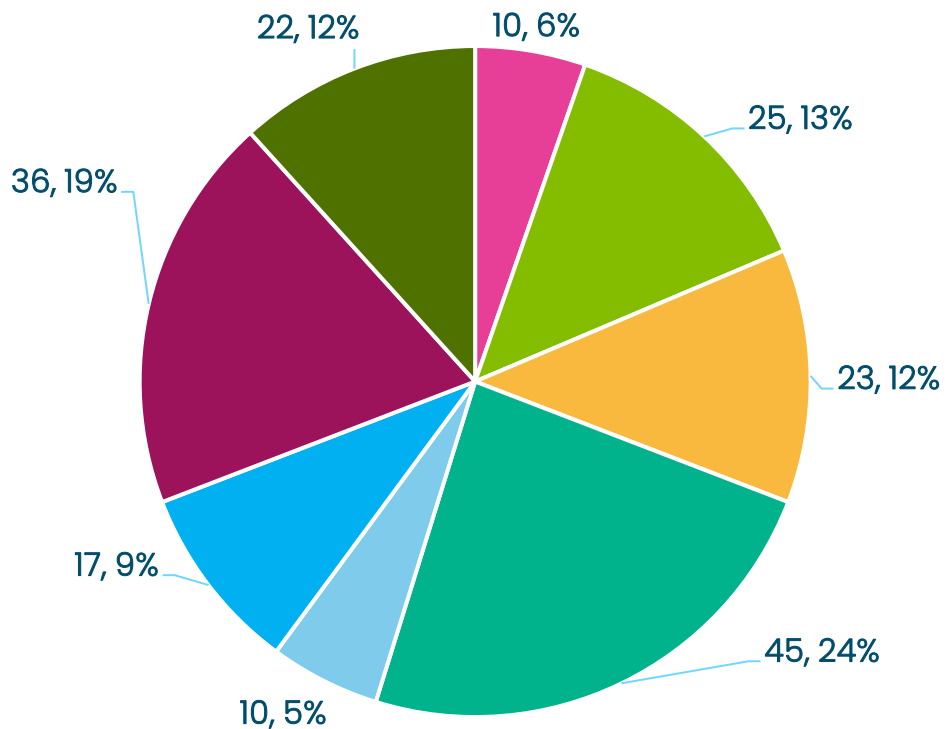
## Primary Care Networks

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 April – June, the services which received the most reviews were Five Elms and Orpington PCN. This quarter the PCN which received the most reviews was Orpington and last quarter, January – March, it was Bromley Connect.

### Total Reviews per PCN



- |  |  |  |
|--|--|--|
| <span style="color: #e91e63;">■</span> Beckenham | <span style="color: #8bc34a;">■</span> Bromley Connect | <span style="color: #ffc107;">■</span> Crays Collaboration |
| <span style="color: #009688;">■</span> Five Elms | <span style="color: #90caf9;">■</span> Hayes Wick      | <span style="color: #00bcd4;">■</span> MDC                 |
| <span style="color: #9c27b0;">■</span> Orpington | <span style="color: #5e35b8;">■</span> Penge           |  |



## PCN Access and Quality Questions

In order to understand the variance of experience across the borough we have compared the PCNs by the average star ratings given for the snapshot access and quality ratings 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, (green) negative (pink) or neutral (blue) sentiment.

Positive ■ Neutral ■ Negative ■

PCN NAME	ACCESS (out of 4)		QUALITY (out of 5)			
	Getting an appointment	Getting through on the phone	Of Telephone consultation	Of Online consultations	Of Staff attitudes	Of Treatment and Care
Beckenham	1	2	4.5	4.5	4.5	4
Bromley Connect	2.7	2.4	3.3	3.4	3.7	4.1
Crays Collaboration	2.4	2.3	3.6	3.6	3.8	3.7
Five Elms	2.5	2.5	3.8	3.8	4.2	4
Hayes Wick	3	3	4.2	N/A	5	4
MDC	1.9	1.9	4	4.2	4.3	4.5
Orpington	2.2	2.3	3.5	3	3.8	3.7
Penge	2.9	2.8	3.5	4.3	4.4	4.3

## PCN Themes

We have also identified the top 3 positive and negative themes for each PCN.

Primary Care Network	Overall rating	Top 3 Positive Issues	Top 3 Negative Issues
Beckenham No of reviews: 10	4	1. Quality of Care/Treatment	1. Booking appointments
		2. Staff attitudes – health professionals	2. Getting through on the telephone
		3. Quality of staff – health professionals	3. Staff attitudes – health professionals
Bromley Connect No of reviews: 25	3.5	1. Quality of Care/Treatment	1. Booking appointments
		2. Staff attitudes	2. Getting through on the telephone
		3. Getting through on the telephone	3. Communication around prescriptions
Crays Collaboration No of reviews: 23	3.1	1. Staff attitudes	1. Getting through on the telephone
		2. Staff attitudes – health professionals	2. Appointment availability
		3. Quality of Care/ Treatment	3. Booking appointments
Five Elms No of reviews: 45	3.5	1. Staff attitudes	1. Appointment availability
		2. Quality of Care/Treatment	2. Getting through on the telephone
		3. Booking appointments	3. Booking appointments
Hayes Wick No of reviews: 10	2.9	1. Staff attitudes - administrative	1. Appointment availability
		2. Treatment experience	2. Accessibility and reasonable adjustments
		3. Appointment availability	3. Booking appointments
MDC No of reviews: 17	3.6	1. Communication with patients	1. Getting through on the telephone
		2. Staff attitudes – health professionals	2. Appointment availability
		3. Staff attitudes	3. Booking appointments
Orpington No of reviews: 36	3	1. Quality of Care/Treatment	1. Getting through on the telephone
		2. Communication with patients	2. Appointment availability
		3. Staff attitudes	3. Communication with patients
Penge No of reviews: 22	4	1. Communication with patients	1. Getting through on the telephone
		2. Staff attitudes	2. Appointment availability
		3. Quality of Care/Treatment	3. Quality of appointment – telephone consultation

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## What has worked well?

Below is a list of the key positive aspects relating to GP practices between April and June 2023.



### Quality of treatment

56 people highlighted the positive experience they had in terms of the quality of treatment. People expressed how impressed they recently had been with the service they had received at their GP practice.



### Staff attitudes

50 people shared positive feedback about staff attitudes, both administrative and clinical. Service users found healthcare professionals were 'kind' and caring when listening to their health concerns.



### Communication with patients

26 people were satisfied with the care they received from a GP practice and commented on good levels of communication as well as clear treatment explanation from healthcare professionals.



### Staff attitudes – health professionals

21 people left positive feedback about staff attitudes, specifying healthcare professionals. Residents found clinical staff to be 'responsive' and 'supportive' when accessing a GP practice.



### Booking appointments

19 people shared positive comments related to access a GP practice and being able to book an appointment easily over the telephone and/or online.

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## What could be improved?

Below is a list of the key areas for improvement relating to GP practices between April and June 2023.



### Getting through on the telephone

53 people said getting through to their GP practice using a telephone can be difficult. People shared their frustrations at being unable to get through to a receptionist when trying to book an appointment and long waiting times of over 30 minutes.



### Appointment availability

39 people shared negative reviews on the challenges with appointment availability at a GP practice. Service users felt that some receptionists were less empathetic, and unfriendly at times, and found that it could be difficult at times to book an appointment.



### Booking appointments

Similar to the comments above, 35 people commented that it can be difficult when trying to book an appointment over the telephone and / or online. Waiting times to book an appointment with a health care professional.



### Communication with patients

We received 15 negative comments related to communication. Some people felt that they weren't being listened to by their GP practice or that information should be clearer for patients when discussing a diagnosis or treatment.



### Staff attitudes – administrative staff

10 people left negative reviews related to staff attitudes, specifically administrative staff. Comments included rudeness over the telephone, lack of support trying to book appointments, and poor communication.

## 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 we found when analysing overall experience ratings (1=Terrible 5= Excellent). A full demographics breakdown can be found in the appendix.



### Gender

Most of the feedback, from individuals there were happy to share their gender, was positive (67%). 121 people shared their gender and the majority of those responses identified as female (96).



### Age

Most reviews across all ages were positive. The largest numbers of negative reviews (30%) came from 55-64 year olds, followed by 45-44 and 75-84, both with 13%. 128 people shared their age on our feedback forms. The largest number of reviews came from people aged 25-34 (27) and 35-44 (24).



### Ethnicity

122 people shared their ethnicity on our feedback forms and the majority of responses were positive. White: British / English / Northern (87) was the largest ethnic group.



### Long Term Condition

Out of 125 people, that completed the monitoring information pages on our form, 15 said they had a disability and 38 said that they had a long term condition (LTC). Most of the feedback shared was positive.

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# Experiences of 'Other' services



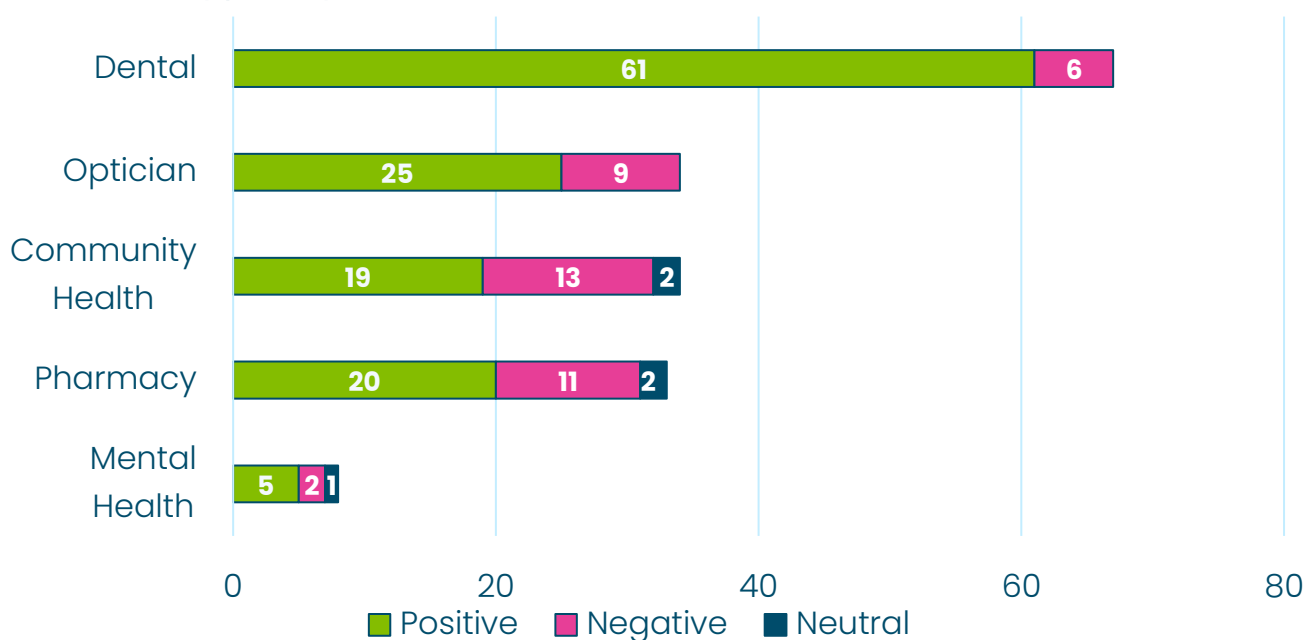
# Experiences of 'Other' services

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

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

Service Type	No of Reviews	Percentage of positive reviews
Dental	67	61
Community Health	34	19
Optician	34	25
Pharmacy	33	20
Mental Health	8	5

## Service Type by Sentiment



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

## Dental – What has worked well?



### Treatment and care

53 people gave positive feedback about their experience accessing a dental service. Comments included excellent treatment and care provided by both non-clinical and clinical staff.



### Staff attitudes and professionalism

38 people left positive comments about staff attitudes and professionalism at a dental service. Comments included support, clear communication, and excellent customer care and treatment.

## Dental – What could be improved?



### Management of service

A small number of people (3), left negative feedback related to the management of the dental service. People commented on more clarity around service costs and affordability. They would like to see better communication prior to a dental appointment.



### Waiting times

Most of the responses we received were very positive about waiting times and the quality of care and treatment provided when accessing a dental practice. However, a small number of people (2) were unhappy with the waiting times (punctuality and queuing on arrival).



---

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

## Community Health – What has worked well?



### Treatment and care

8 people were happy with the treatment and care they received and left a positive reviews about accessing a community health service. People commented on how staff remembered their names and give service users a lot of support.



### Staff attitudes

11 people left positive comments about staff attitudes and the support and care that they received when accessing a community health service. Comments included how helpful staff are, provide a lot of attention, give good advice and are friendly.

## Community Health – What could be improved?



### Treatment and care - experience

7 people left negative feedback regarding their experience, in terms of treatment and care, when accessing a community health service. Some comments were left regarding improving staff training to ensure that health care professionals understand their patients and listen to their needs.



### Waiting times

A few comments(4) were shared with our team that were about negative experiences with waiting times to be seen by a healthcare professional when accessing community health services..

---

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

## Optician – What has worked well?



### Treatment and care – experience

13 people gave positive feedback about their experience accessing a dental service. Comments included the quality of treatment and care received, and healthcare professionals being thorough and providing an excellent service.



### Staff attitudes

16 people left positive comments about staff attitudes and professionalism when visiting an optician. Comments included continuous service user support, friendly and helpful staff.

## Optician – What could be improved?



### Management of service

A few respondents (6), left negative feedback regarding the management of the service. Comments included issues with prescriptions and incorrect eye tests, and miscommunication related to notification for glasses being ready to collect.



### Treatment and care – experience

Most of the responses we received were positive about staff attitudes and the treatment received when visiting an optician. However, a few comments (5) were left relating to poor treatment and care provided by staff. Comments included lack of communication, increasing costs affecting people's wellbeing, and poor customer service.

# Appendix



# Demographics

Gender	Percentage %	No of Reviews
Man(including trans man)	30%	102
Woman (including trans woman)	70%	237
Non- binary		
Other		
Prefer not to say	1	0%
Not provided		
<b>Total</b>		<b>340</b>

Ethnicity	Percentage %	No of Reviews
White: British / English / Northern Irish / Scottish / Welsh	80%	250
Irish	0%	1
Any other White background	4%	14
Asian British	3%	9
Chinese	0%	1
Indian	1%	2
Pakistani	0%	1
Black British	4%	11
African	1%	4
Caribbean	1%	2
Any other Black / Black British background	0%	1
Black African and White	0%	1
Black Caribbean and White	0%	1
Any other Mixed / Multiple ethnic groups background	1%	2
Any other ethnic group	4%	13
<b>Total</b>		<b>313</b>

Age	Percentage %	No of Reviews
Under 18	1%	4
18-24	3%	9
25-34	12%	40
35-44	13%	41
45-54	10%	31
55-64	14%	45
65-74	21%	67
75-84	17%	55
85+	9%	29
Prefer not to say		
Not provided		
<b>Total</b>		<b>321</b>

Disability	Percentage %	No of Reviews
Yes	23%	71
No	76%	239
Prefer not to say	1%	2
Not known		
Not provided		
<b>Total</b>		<b>313</b>

# Demographics

Long-term condition	Percentage %	No of Reviews
Yes	50%	156
No	48%	150
Prefer not to say	1%	3
Not known	2%	6
Not provided		
<b>Total</b>		<b>315</b>

Sexual Orientation	Percentage %	No of Reviews
Asexual	2%	7
Bisexual	0%	1
Gay Man	0%	0
Heterosexual/ Straight	95%	308
Lesbian / Gay woman	0%	0
Pansexual	0%	0
Prefer not to say	2%	8
Not known	0%	0
Not provided		
<b>Total</b>		<b>324</b>

Religion	Percentage %	No of Reviews
Buddhist	0%	0
Christian	40%	123
Hindu	2%	6
Jewish	1%	2
Muslim	3%	8
Sikh	0%	0
Spiritualism	1%	2
Agnostic	1%	3
No religion	52%	159
Prefer not to say	1%	3
Other religion		
<b>Total</b>		<b>306</b>

Pregnancy	Percentage %	No of Reviews
Currently pregnant	2%	4
Currently breastfeeding	4%	6
Given birth in the last 26 weeks	5%	9
Prefer not to say	2%	3
Not known	1%	2
Not relevant	86%	141
<b>Total</b>		<b>165</b>

# Demographics

Area of the borough	Percentage %	No. of reviews
Beckenham Town & Copers Cope Ward	6%	18
Bickley & Sundridge Ward	4%	13
Biggin Hill Ward	3%	10
Bromley Common & Holwood Ward	16%	52
Bromley Town Ward	9%	29
Chelsfield Ward	2%	5
Chislehurst Ward	4%	14
Clock House Ward	0%	0
Crystal Palace & Anerley	3%	11
Farnborough & Crofton Ward	5%	15
Hayes & Coney Hall Ward	1%	3
Mottingham Ward	1%	2
Orpington Ward	24%	75
Penge & Cator Ward	2%	7
Plaistow Ward	0%	1
Shortlands & Park Langley Ward	3%	8
St Mary Cray Ward	2%	6
St Paul's Cray Ward	3%	10
West Wickham Ward	2%	6
Out Of Borough	6%	18
<b>Total</b>		<b>318</b>

Unpaid Carer	Percentage %	No of Reviews
Yes	5%	14
No	95%	286
Prefer not to say	0%	1
Not provided		
<b>Total</b>		<b>301</b>

Employment status	Percentage %	No of Reviews
In unpaid voluntary work only	1%	2
Not in employment & Unable to work	10%	32
Not in Employment/ not actively seeking work - retired	49%	155
Not in Employment (seeking work)	3%	10
Not in Employment (Student)	2%	5
On maternity leave	6%	20
Paid: 16 or more hours/week	24%	77
Paid: Less than 16 hours/week	4%	12
Prefer not to say	1%	4
Not provided		
<b>Total</b>		<b>317</b>

# healthwatch

Healthwatch Bromley  
Waldram Place  
London  
SE23 2LB

[www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)


t: 020 3886 0752

e: [info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

 @HWBromley

 [Facebook.com/healthwatch.bromley](https://www.facebook.com/healthwatch.bromley)

 @healthwatchbromley

 [healthwatch-bromley-09ba67229](https://www.linkedin.com/company/healthwatch-bromley-09ba67229)

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# Update on GP Access

Health Scrutiny Sub-Committee

21 November 2023

Page 57

Agenda Item 10



# GP Access: a local priority

Improving access to general practice is a Bromley priority.

Initiatives were reinvigorated as the pandemic eased to modernise general practice operations and maximise use of new ways to access primary care in order that those patients who most needed it could continue to use the more traditional forms of access.

GP Access has also become a national priority.

NHS England published a [Recovery Plan for Delivering GP Access](#) in May 2023, and expanded the initiatives and schemes in support of realising that plan in September.

Page 58 The NHS England framework was accompanied by a national campaign launched in October 2023 which contains similar themes and messaging to the Bromley campaign from 2022.

South East London NHS

**Your primary care services are here to help you**

Primary care services include those provided by your GP practice and local pharmacy.

- Your GP practice team** has expanded and has extra staff able to care for many different conditions. You will get help from the most appropriate member of the team.
- Try eConsult or the NHS App** if you don't need an urgent appointment. Demand is higher than ever so there are queues on the phone lines. Please be patient. Check if you can refer yourself to a specialist for your condition – you don't always need to see your GP first.
- Your practice's social prescriber** is here to help, if you are finding it hard to cope. They can help you with other worries that are not health related.

Your high street pharmacist is your NHS on the high street. Pop in to your local pharmacy, they offer advice on minor ailments and health queries.

#YourPrimaryCare

Visit [www.seelondonics.org/Bromleyprimarycare](http://www.seelondonics.org/Bromleyprimarycare) for more information

NHS

**We're here to help you**

The Reception Team are specially trained to help you get the right care

We can help by:

- getting you an appointment with the right healthcare professional as quickly as possible
- identifying services you can access with a GP referral
- making appointments for new kinds of care or services you may not be aware of.

Talk to us to find out more.

Your health matters Help us help you

Rachel Thorwald-Frith Practice Reception Team

This report seeks to update on progress with GP access improvements against the four priority areas in the national Delivery Plan, and introduce the broader programme of innovation to improve GP access in Bromley.

# Delivery Plan ambitions

The plan has two central ambitions:

**1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.**

Patients should no longer be asked to call back another day to book an appointment, and there will be investment in general practice to enable this.

**2. For patients to know on the day they contact their practice how their request will be managed.**

- a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
- b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
- c) Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).



Many of these initiatives are in train across Bromley, and the focus now is on establishing this in a consistent manner across all GP practices, taking up the opportunities newly available and targeting additional support.

# Four priority areas in the Delivery Plan

The Delivery Plan makes a clear acknowledgement of the unprecedented demand for general practice appointments in challenging circumstances.

It sets out the national approach to respond to this demand and best meet the needs of local communities, with programmes designed to expand capacity and transform the way primary care services are delivered.

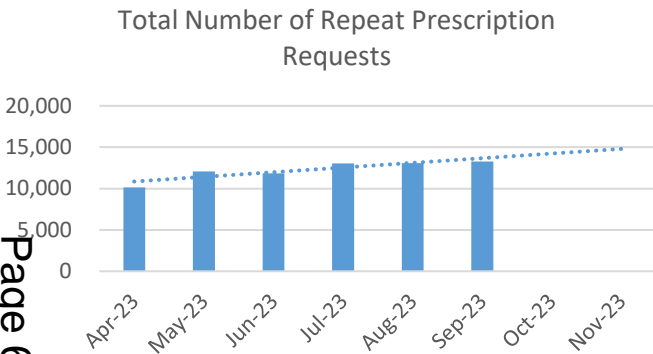
1		<b>Empower patients</b>	<ul style="list-style-type: none"> <li>Improving NHS App functionality</li> <li>Increasing self-referral pathways</li> <li>Expanding community pharmacy</li> </ul>
2		<b>Implement new Modern General Practice Access approach</b>	<ul style="list-style-type: none"> <li>Roll-out of digital telephony</li> <li>Easier digital access to help tackle 8am rush</li> <li>Care navigation and continuity</li> <li>Rapid assessment and response</li> </ul>
3		<b>Build capacity</b>	<ul style="list-style-type: none"> <li>Growing multi-disciplinary teams</li> <li>More new doctors</li> <li>Retention and return of experienced GPs</li> <li>Priority of primary care in new housing developments</li> </ul>
4		<b>Cut bureaucracy</b>	<ul style="list-style-type: none"> <li>Improving the primary-secondary care interface</li> <li>Building on the 'Bureaucracy Busting Concordat'</li> <li>Reducing IIF indicators and freeing up resources</li> </ul>

The work underway to deliver improvements to GP access in Bromley have been aligned to these national priority areas. The following slides indicate progress and just some of the ways we are tracking the impact of these initiatives to achieve improvement in Bromley.

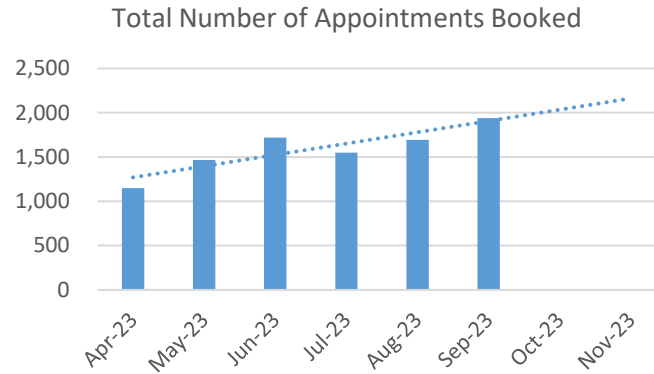
# Empower patients: progress

• Improving NHS App functionality

Enable patients to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App.



Page 61



• Increasing self-referral pathways

Expand (community) self-referral pathways, as set out in the [2023/24 Operational Planning Guidance](#).

Self-Referral Pathway	Bromley status with offering self-referral access
Musculoskeletal	Green
Audiology (for older people)	Green
Weight Management Services (Tier 2)	Green
Community Podiatry	Green
Wheelchair Services	Green
Fall Services	Bromley provision is designed as a specialist service requiring MDT assessment prior to referral and therefore exception to this requirement.
Community Equipment Services	Green

Preparing for Spring implementation (pending national announcement) of new **Community Pharmacy** initiatives:

• Expanding community pharmacy

- Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
- Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions, subject to consultation, to save appointments in general practice.

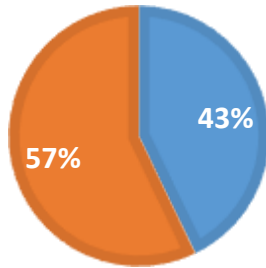


Implement new Modern General Practice Access approach

# Modern GP Access: progress

- Roll-out of digital telephony

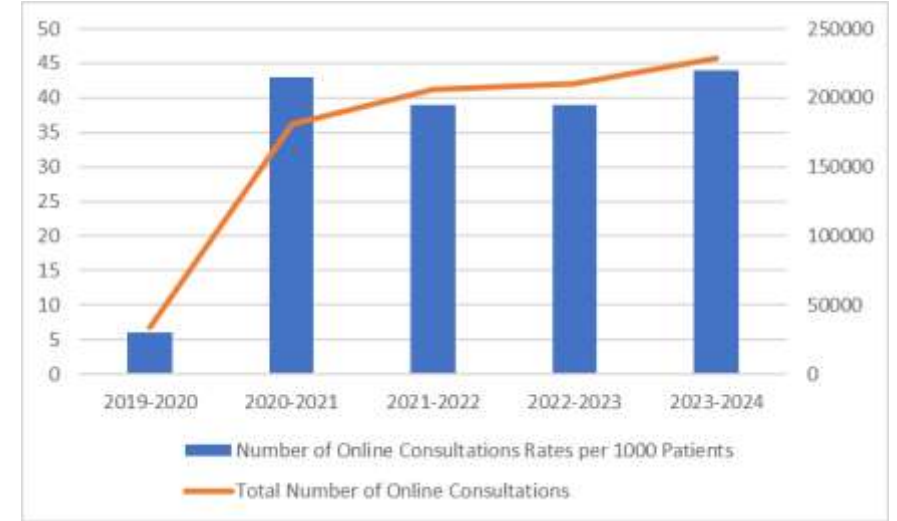
- Operating with digital telephony
- Switching to improved telephony system



Support all practices on analogue lines to move to digital telephony.

- Easier digital access to help tackle 8am rush

Provide practices with the digital tools for Modern General Practice Access.



- Rapid assessment and response



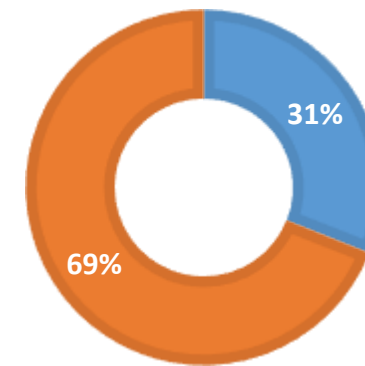
14% already undertaking quality improvement (QI) programme

Further 28% being nominated for next wave QI support

Training and transformation support to handle demand and deliver care efficiently.

- Care navigation and continuity

Provide practices with care navigation training to conduct triage at point of contact and direct requests



- Completed care navigator training/in progress
- Yet to commence care navigator training

Transforming GP services to be fit for the future requires investment in technology and quality improvement capacity to support changes in ways of working.



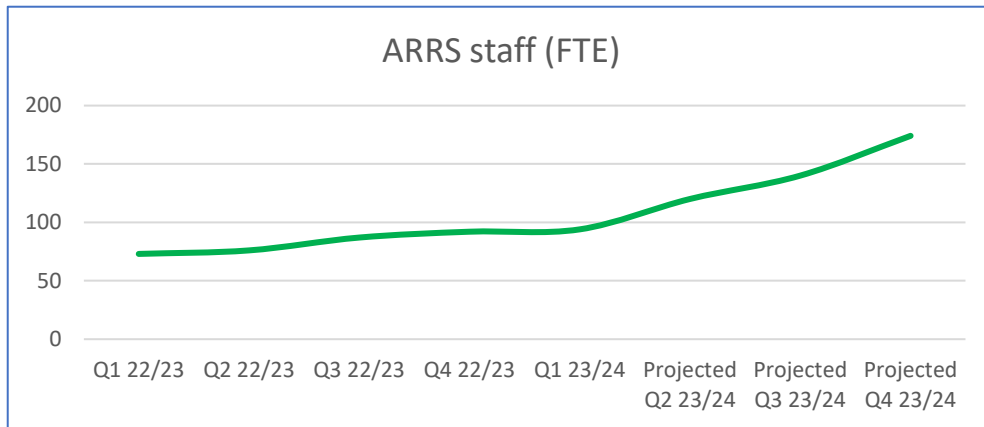


# Build capacity: progress

- Growing multi-disciplinary teams

Employ more direct patient care staff to deliver more appointments in primary care.

- Rapid rise in ARRS staff planned over next six months



- More new doctors
- Retention and return of experienced GPs

*Predominantly driven as national initiatives:*

Further expand GP specialty training and make it easier for newly trained GPs who require a visa to remain in England.

Encourage experienced GPs to stay in practice through pension reforms and create simpler routes back to practice for the recently retired.



### In Bromley we have established:

- Proactive Training Hub also delivering Primary Care Recruitment and Retention initiatives to support practices
- Investment in new GP trainers and GP trainer champion to help further expand GP training places in the borough
- Expanded non-traditional entry routes, including fellowships and apprenticeships



Primary Care has joined the One Bromley recruitment campaign to promote health and care roles within the borough and encourage people to take up careers in Bromley.

- Priority of primary care in new housing developments

Through local authority planning guidance amendments, raise the priority of primary care facilities when considering how funds from new housing developments are allocated.

*Awaiting developments following recent Royal Assent for the Levelling-up and Regeneration Act 2023*



Cut bureaucracy

# Cut bureaucracy: progress

- Improving the primary-secondary care interface



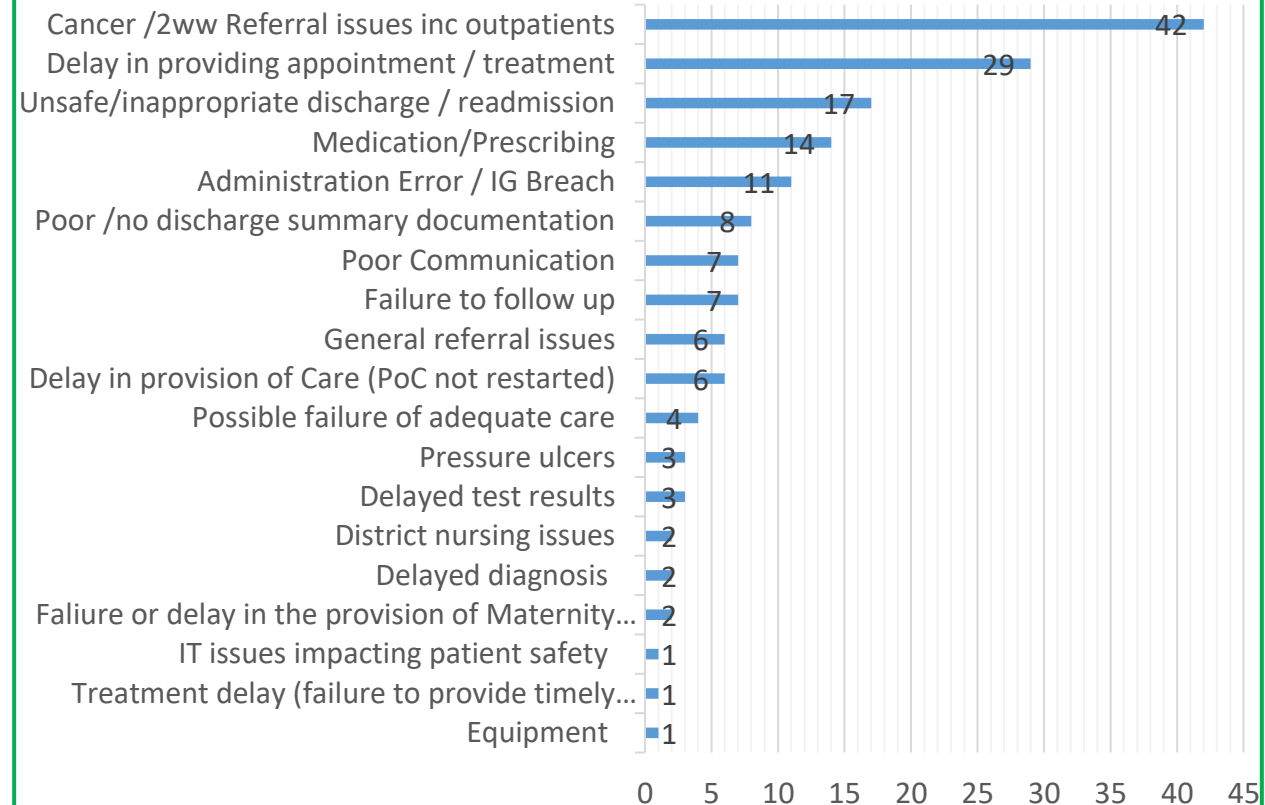
Reduce GP time spent liaising with hospitals by improving working together relating to patient-focused, operational, design-related and cultural domains.

- Meetings in train between primary care clinical directors and PRUH executive and clinical leadership
- Due to feed into a SEL-level forum expected in Spring (ie for common/cross-trust issues)

- Building on the 'Bureaucracy Busting Concordat'

Reduce requests to GPs for actions more suitable elsewhere (eg acute, other Government departments).

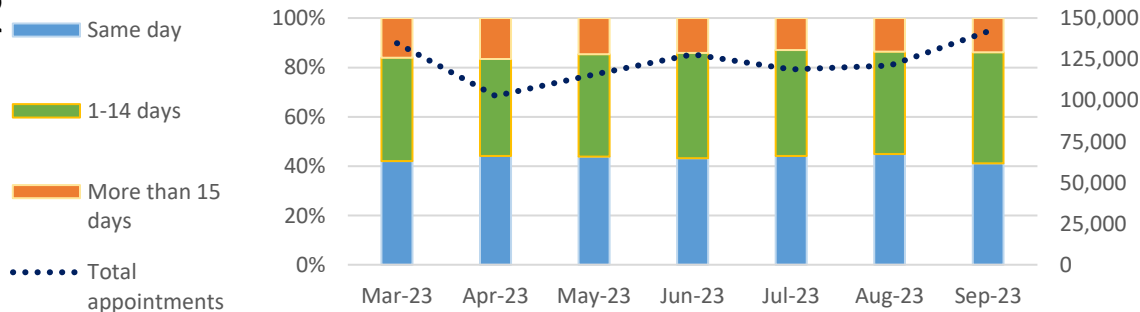
## Quality Alerts (Q2 23/24)



- Reducing IIF indicators and freeing up resources

Indicators reduced from 36 to five, focused on four clinical priorities and one on timely access to appointments.

GP Appointments Data for Bromley





# Leading transformation – role of PCNs

- Neighbourhood projects transforming access have been operating at PCN-level or multi-PCN level
- Development has initially targeted ways to minimise health inequalities, focusing on local needs, for example isolated people over-65s, young mums, people with serious mental health illnesses. Several case studies are provided in the appendix.
- Can be grouped around the core services in primary care:

## Same day care

Primary Care Networks with ARRS roles supporting core primary care offer in eight groups across Bromley.

Winter illness hubs – four locations across Bromley, same day face-to-face appointments bookable via practice, 111 and potentially other partners

Same day community discharge from hospital – linking with community locality teams

Virtual wards – enabling care at home rather than in hospital setting

## Complex/Long Term Condition Management

Integrated well-being service: proactive identification and interventions with over-65s in Core20PLUS5.

Young Mums Hub to improve health outcomes and offer advice.

Wellbeing Café – over 65s health checks and service talks

Integrated Care Networks – Proactive Care for people with long term conditions / at risk of hospital admission. 3 covering borough

Integrated diabetes service providing holistic model of care to improve outcomes.

## Preventative care

Bromley Children’s Integrated Partnership, to cover all PCNs by April 24

Pharmacy Hub focussed on DMARs for rheumatology patients

Renal-cardiometabolic multi-morbidity approach for CKD patients with diabetes and/or CVD, screening / community optimisation / case management with consultant.

Increasing co-working between practices and partners on geographic footprints for end of life care patients, underpinned by Gold Standard Framework

Enhanced access weekday evenings and Saturdays on PCN footprints

# Future of general practice access

## **The current model of general practice is changing.**

At its heart should remain responsibility for same day/urgent, complex/long-term condition management and preventative care.

## **These will require integrated neighbourhood teams in the future.**

Providing a strong platform for delivering and improving primary care services, PCNs are being asked to work in partnerships, bringing together a wide range of services involved in managing the health of local communities to form integrated neighbourhood teams. These teams and their services should be planned and organised around their local population needs.



## **Engaging patients is critical for the immediate and longer-term changes in GP access.**

To monitor effectiveness of the Delivery Plan, PCNs are required to engage patients through surveys, Patient Participation Groups (PPGs) and other feedback channels.

The patient experience of local trials to modernise GP access will be tracked to refine systems, evaluate effectiveness and inform any wider adoption across Bromley.

To invite patient support and involve local people in the journey, the local ICB team recently held a One Bromley Patient Network event on GP Access, involving local leaders from across primary care. PPGs exchanged ideas and shared examples of work done to support their GP practices. Continued joint working with PPGs will be essential for introducing the broader changes in GP access.

# Appendix:

## Bromley Primary Care Networks taking a neighbourhood approach to improving access

## **Bromley PCNs' approach to neighbourhood working**

**Delivering joint services that make sense geographically**

**Addressing specific healthcare needs across multiple PCNs**

**Bringing services closer to the home of patients**

**Connecting and sharing learning across PCNs**

**Maximising shared workforce and resources**

## Case Study 1: Orpington PCN and Crays PCN Frailty Hub in partnership with Bromley Healthcare



## Case study 1: Orpington PCN and Crays PCN Frailty Hub

**Before officially working as a neighbourhood team with Bromley Healthcare and Crays PCN, Orpington PCN had started a collaborative approach to open the Wellbeing Café.**

### How did it come about?

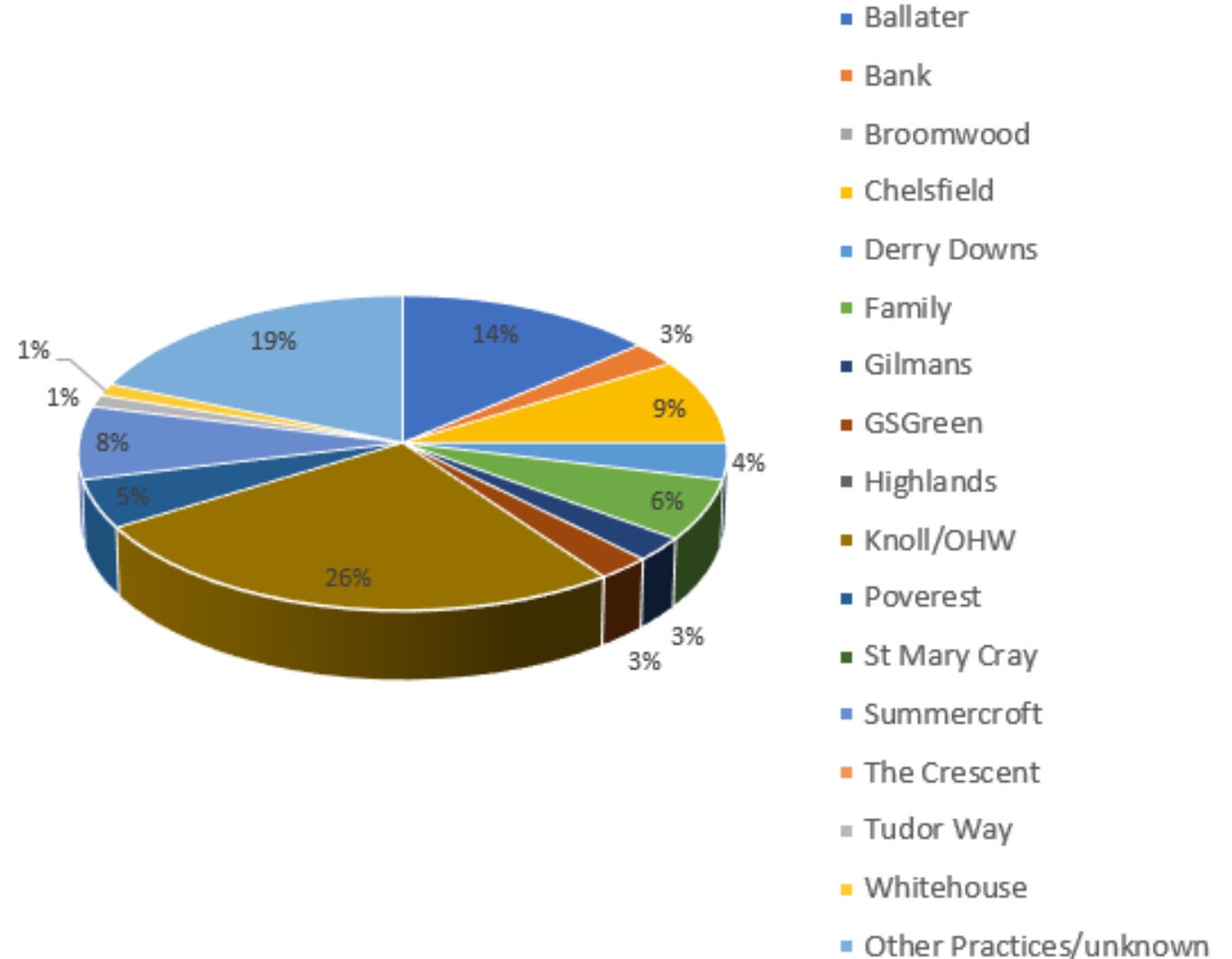
Initiated in July 2022 by Orpington PCN, supported by Bromley Healthcare based on a review of local people who hadn't contacted their GPs in over 2 years.



# Café Attendance Data

From 3rd August 2023

- Collecting data every session on attendance and onward referrals as well as activity from the café
- Using a Snomed code to keep an EMIS register of attendees
- The patients attending were noted to be not only from Orpington PCN practices but other PCNs too



## What we've learnt

- Social element with over 75 attendees at each cafe
- It has become a happy, comfortable, safe space to engage with healthcare professionals
- Sessions are based on feedback and requests
  - Talk Together Bromley
  - fit-to-move sessions,
  - mindfulness,
  - art classes
- Social prescribers attend and this helps residents understand their role
- Digital inclusion support will be next with training for residents on how to use NHS digital tools such as eConsult
- Guidance and signposting is also given to residents by care co-ordinators as to how to access healthcare, ie the role of the ARRS staff

“I came to the OWC and they were doing a talk on blood pressure which come with a chance to have ours taken. I am so happy I had my blood pressure taken. My blood pressure was really high and it was decided to see my GP. I am now on medication which I am still trialling but I am hoping it will help improve my tiredness and ultimately my blood pressure. I am so grateful for the OWC for identifying this for me. It truly is a great space and initiative”  
Pearl





## Case study 1: Orpington PCN and Crays PCN Frailty Hub

### What is it?

Orpington PCN is working with Bromley Healthcare and Crays PCN to design a new service to improve anticipatory care for people aged 65+ and reduce health inequalities within the local population.



### Who is it for?

Local people in Orpington and Crays PCNs aged 65+ with complex needs and long-term health conditions, including those from marginalized, seldom-heard and underserved communities.



### How we are developing the service?

- Understand local needs and what matters to communities of interest
- Tackle potential complexities that certain communities may face
- Aid inclusivity by allowing service design leads to hear the voices and perspectives of those who may traditionally be excluded



## Case study 1: Orpington PCN and Crays PCN Frailty Hub

### **Who is the service for and how will it reduce population health inequality?**

The focus for this service will be patients aged >65 with rising frailty, multi-morbidity and other inequalities.  
Case Management approach care

### **All over 65s in the Orpington/Crays population will be invited to the Hub to access support with:**

- Undiagnosed or poorly controlled long-term conditions with a particular focus on hypertension and COPD
- Mental Wellbeing Issues
- Keeping warm, reducing isolation and tackling social issues, including the cost of living issues facing our population

### **There will be targeted invitations (via care coordinator outreach) for:**

- Health Checks – SMI and Learning Disability
- Core20PLUS5 cohort and investigate how differently we could provide service

# What can local people influence in co design?

## What's in scope

- How people get access to professionals such as nurses and care coordinators
- Patient need – wellbeing, checks and screening
- Patient experience – identifying gaps in skills and upskilling our workforce

## What could change as a result of this?

- Care Co-Ordinator performing blood pressure and pulse checks which used to need nursing staff.
- Training of residents in the use of eConsults and also knowledge of services to which residents can self-refer.
- Long term health condition checks.
- Learning disability health checks
- Timing of clinics
- Locations – ease of access

## Case study 1: Orpington PCN and Crays PCN Frailty Hub

# Recruitment – Resources to put co-design into action

### Recruitment Update:

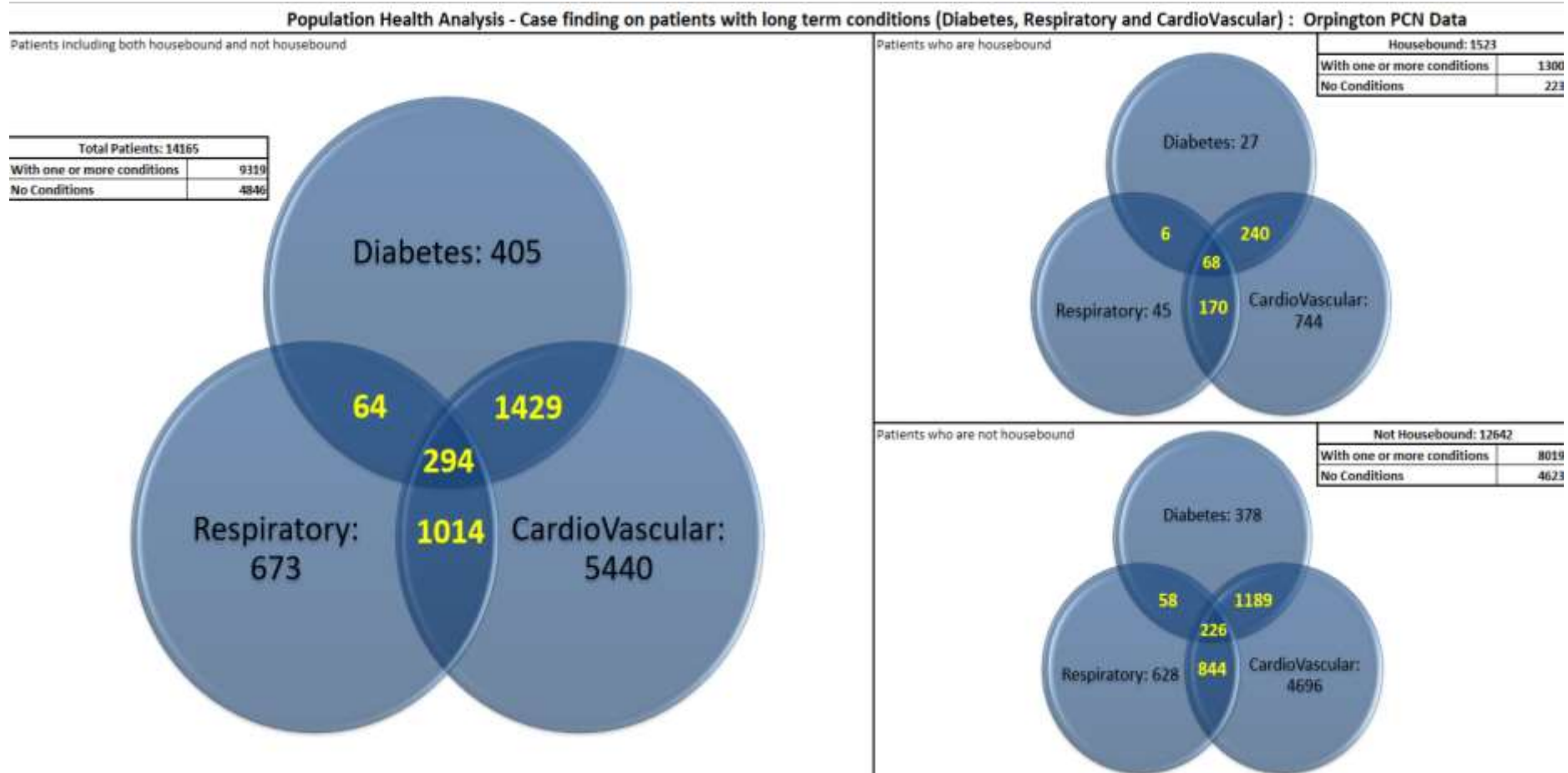
- Band 7 Clinical lead appointed and clinics have been set up
- Band 3 HCA appointed and started housebound visits based on our proactive case finding.
- A Nursing Associate has been recruited, planning induction now

### Challenges:

- No model joint contract
- Line management
- Record keeping
- Estates survey

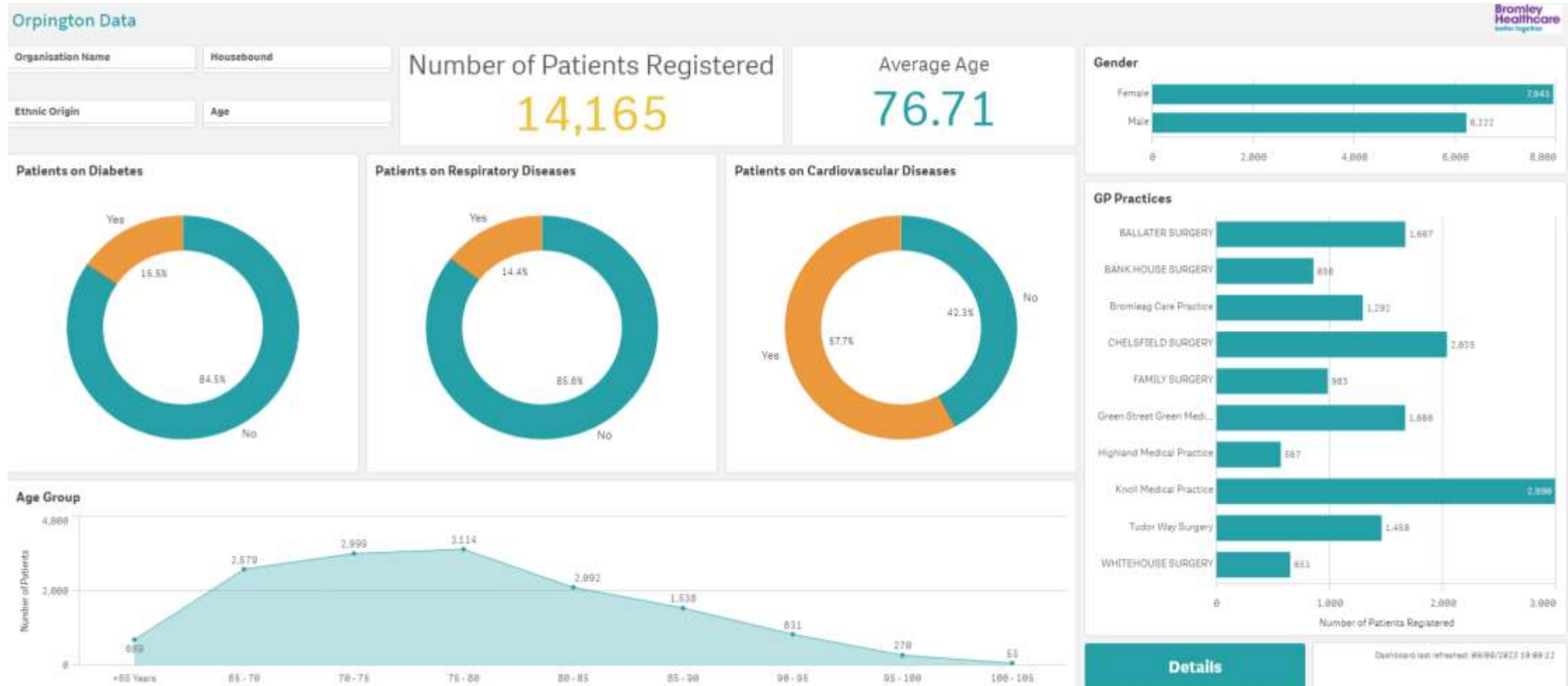
Case study 1: Orpington PCN and Crays PCN Frailty Hub

# Fuller Pilot Data – Starting to proactively case find LTC patients



Case study 1: Orpington PCN and Crays PCN Frailty Hub

# Fuller Pilot Data – Dashboard



## Next Steps

**Opened a clinic and began appointments in October 2023**

**Develop proactive case finding and a dashboard to show pilot outcomes**

**Complete co-design with the Band 7 clinical lead involvement**

**Upskill ARRS staff**

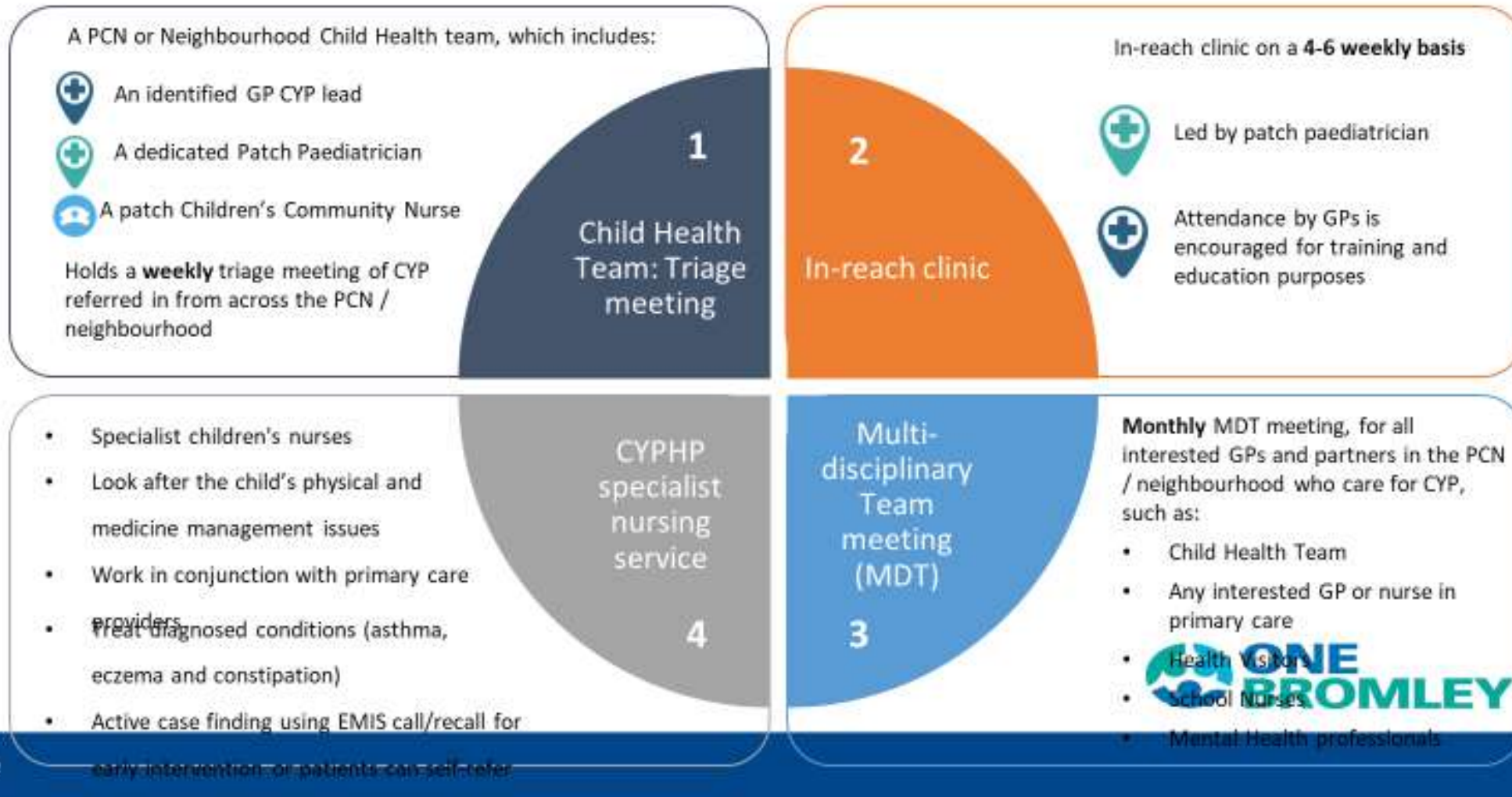
## Case Study 2: Beckenham PCN B-CHIP





Case study 2: Beckenham B-CHIP

# Each local Primary Care Network or Neighbourhood has:



Case study 2: Beckenham B-CHIP



# 1. Child Health Team: Triage meeting



## ATTENDANCE

Patient visits a primary care provider to understand more about their health issue.

See Paediatric Referring Guide for more detail:

## REFERRAL

GP refers patient to PCN or Neighbourhood Child Health Team via email and/ or puts patient straight onto the triage list on EMIS

## CHILD HEALTH TEAM TRIAGE MEETING

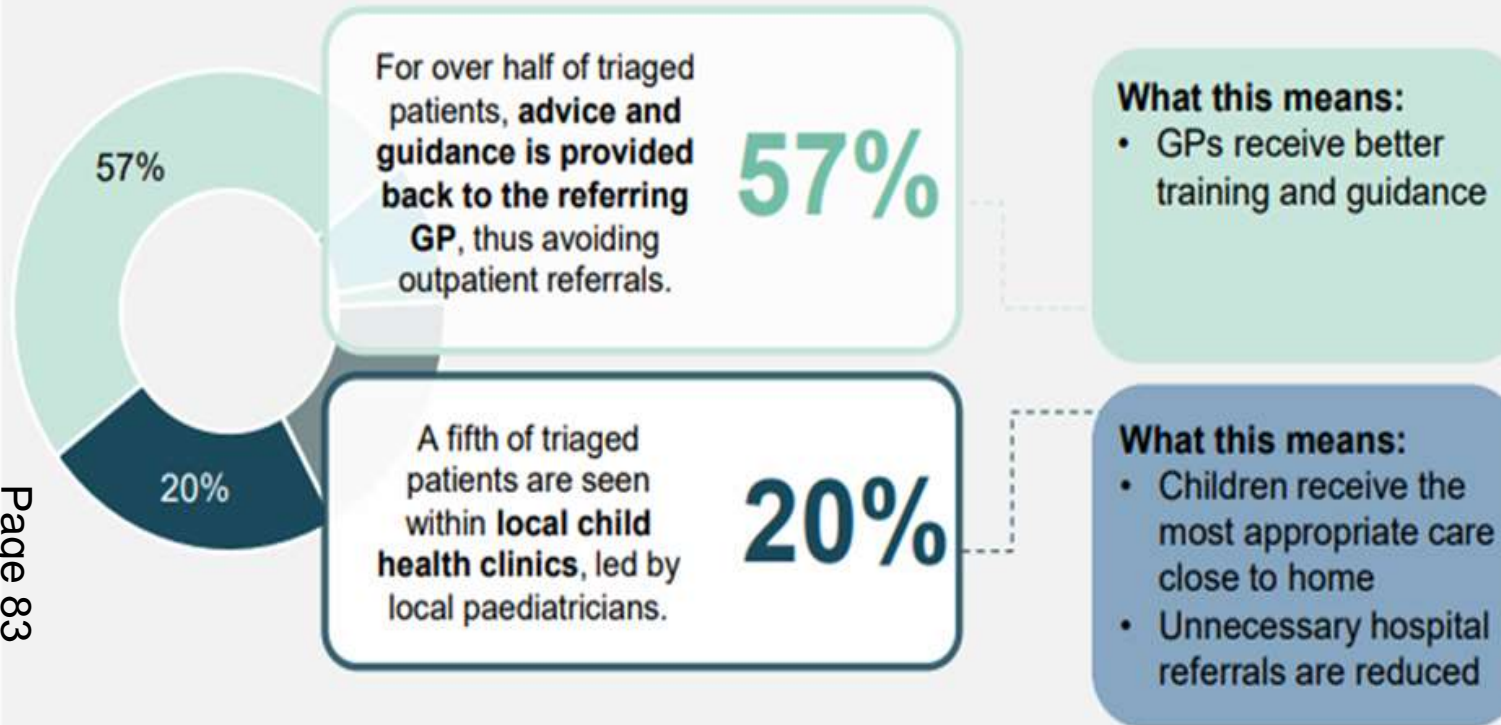
PCN or Neighbourhood Child Health Team discusses in detail all clinical queries and referrals, either virtually or in person. This happens on a weekly basis.

## RECOMMENDED TREATMENT

The Child Health Team recommend the best treatment for the patient:

- Advice and guidance** : The triage team make a recommendation to the referring clinician on further management or investigation. This is provided through 'tasks' within EMIS.
- Specialist community nursing service**: the child is reviewed by a CYPHP specialist nurse
- In-reach Clinic**: a paediatric specialist and GP work together at a local GP practice, age-appropriate site (e.g. school) or virtually to look after children's health and wellbeing
- A specialist team**: where specialist input is deemed appropriate, the GP is asked to refer on to a specialist team. If possible, the paediatrician will refer on behalf of the GP.
- Multi-disciplinary Team meeting (MDT)**: Complex cases may be reviewed during a monthly MDT discussion and a recommendation provided

### BENEFIT OF THE MODEL ON PATIENT CARE



### REDUCTION IN PRIMARY CARE APPOINTMENTS

Primary care appointments before and after local child health clinic



40% reduction in the number of primary care appointments for patients in the 6 months following the local child health clinic.

# Clinician Feedback

## GP FEEDBACK IS VERY POSITIVE...

Having a named consultant for queries and questions. Teaching sessions tailored around our learning needs

The ability to triage quickly, get good feedback and the monthly meetings are excellent as we get to know the consultants and the educational aspect relevant and clear

Quick reply to my advice request – really like the weekly review.

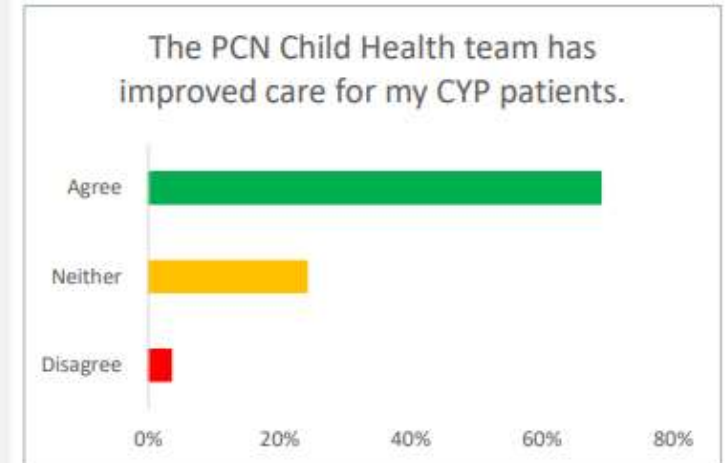
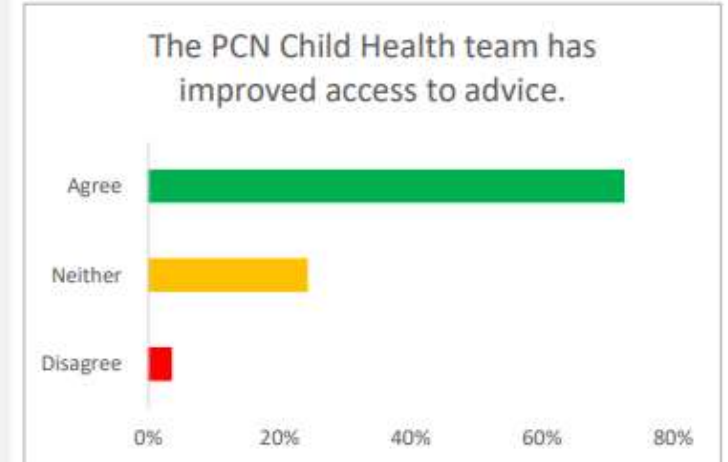
Weekly access, easier to have dialogue and learning opportunity.

Educational presentations useful and relevant

Booking appointments easy and helpful. Comments received back via task easy to use

I like that the notes get into EMIS quickly when they are seen in a local clinic.

On-site local child health [in-reach] clinics work really well, especially the clinical team de-brief post-clinic.



## Case study 2: Beckenham B-CHIP

# Patient feedback

...AND PATIENT FEEDBACK IS TOO

A long enough appointment to explain a complicated history. Seeing a specialist at the local GP rather than at the hospital meant a much nicer environment too.

The paediatrician was caring, thorough and really listened.

It's at our GP surgery so my child did not seem concerned as it was a familiar place.

The speed with which we were offered an appointment (3 weeks). Location of appointment very convenient as the surgery is a short walk from my child's school so minimised her time out of class

## Why do this in Bromley?

The need for change and to implement the model is evidenced by large waiting times for children to be seen, with potential to support children better & more effectively through optimised capabilities in the local system

There has been a 50% to 60% increase in the number of General Paediatric referrals to hospital since the COVID-19 pandemic.

**2017/18: 2,813 referrals**

**2018/19: 2,597 referrals**

**2019/20: 2,615 referrals**

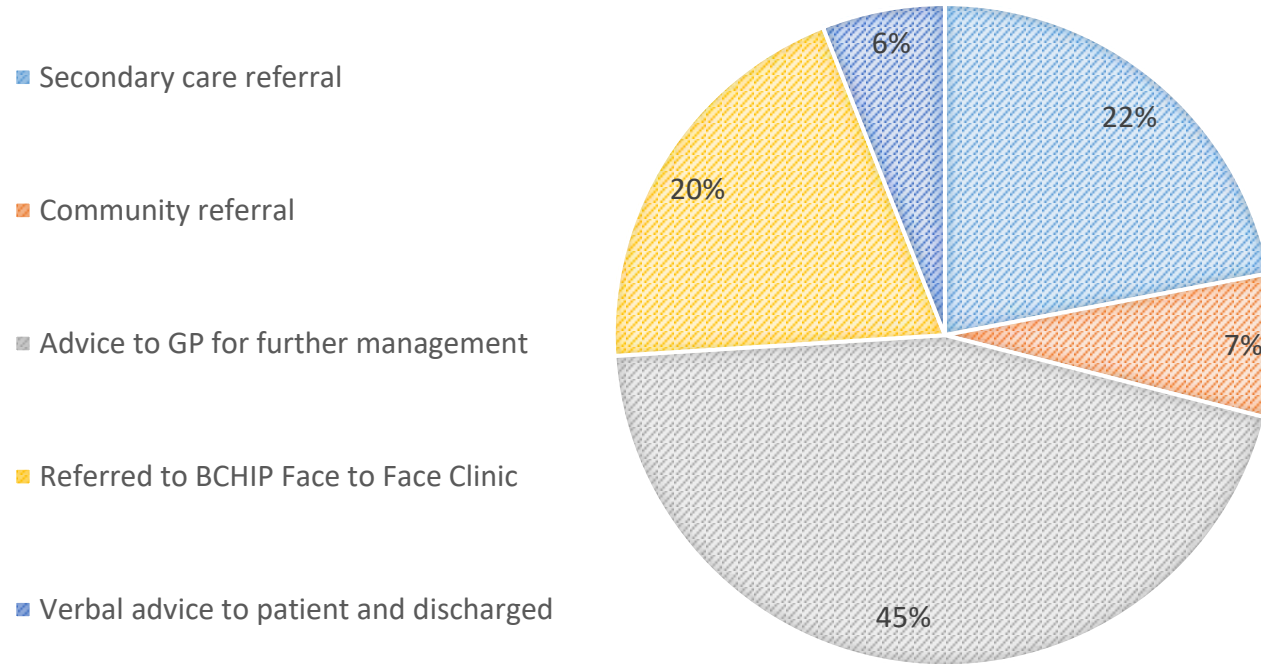
**2020/21: 3,294 referral**

**2021/22: first 15 weeks – 1,125 referrals  
(extrapolated – 4,000/yr)**

Despite an increase in supply of appointments (300 additional appointments this year, from a baseline of 1400 new patient consultations per year), there is currently a >23 week wait for a Paediatric outpatient appointment at the PRUH

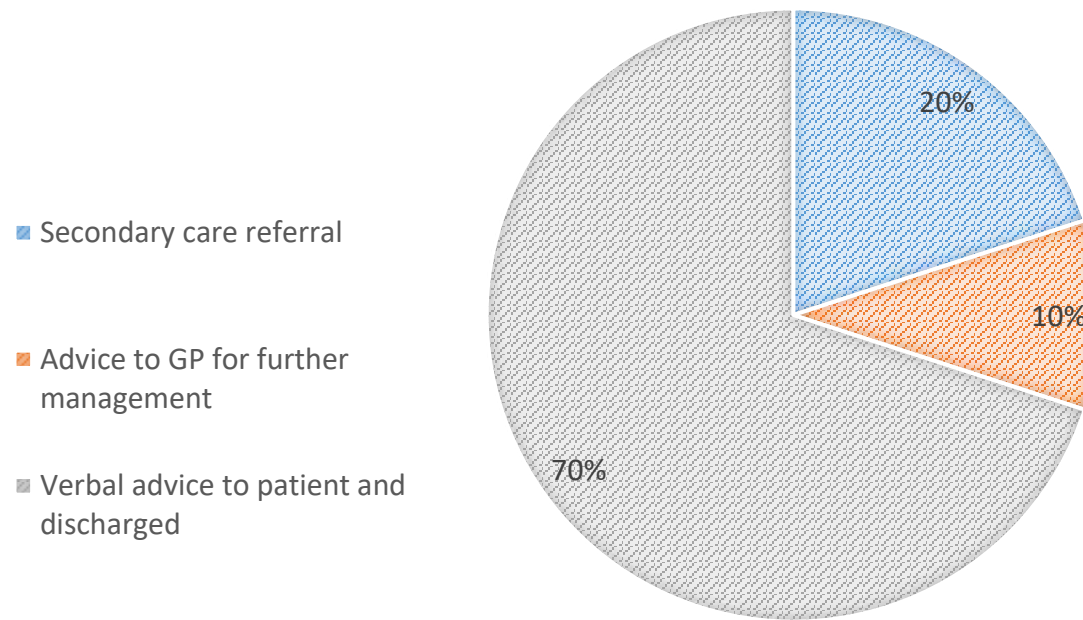
Case study 2: Beckenham B-CHIP

# Beckenham PCN - number of referrals into the BCHIP triage service received to date: **82**



## Case study 2: Beckenham B-CHIP

# B-CHIP face to face clinic outcomes





Report No.  
CSD23128

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Tuesday 21<sup>st</sup> November 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

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1. Reason for report

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

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2. **RECOMMENDATION**

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

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

## Impact on Vulnerable Adults and Children

1. Summary of Impact: None

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## Transformation Policy

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

## Financial

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

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: Not Applicable
- 

## Property

1. Summary of Property Implications: Not Applicable
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
- 

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

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

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, 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
<p>Minute 46 20<sup>th</sup> April 2023</p> <p><b>Update From King's College Hospital NHS Foundation Trust</b></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>Site Chief Executive – PRUH and South Sites</p>	<p>Presentation provided to September meeting.</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&amp;E area.</p>	<p><b>Completed</b></p> <p><b>In progress</b></p>
<p>Minute 5 5<sup>th</sup> September 2023</p> <p><b>Update From King's College Hospital NHS Foundation Trust</b></p>	<p>A copy of the South East London Carnall Farrar report to be circulated to Members following the meeting.</p> <p>A build timeline for the endoscopy unit to be circulate to Members following the meeting.</p>	<p>Site Chief Executive Officer</p>	<p>Document circulated on 18<sup>th</sup> September 2023.</p>	<p><b>Completed</b></p>

## Health Scrutiny Sub-Committee Work Programme 2023/24

Health Scrutiny Sub-Committee		21 <sup>st</sup> November 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust (to include <i>Postpartum Haemorrhage</i> )		Standing item
Update from Oxleas NHS Foundation Trust		
GP Access		Standing item
Bromley Healthcare Strategy		
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Health Scrutiny Sub-Committee		30 <sup>th</sup> 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 Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Health Scrutiny Sub-Committee		12 <sup>th</sup> 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 Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item

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