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DATE: 22 January 2024

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 30 JANUARY 2024 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 16th January 2024**.

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 24th January 2024**.

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 21ST NOVEMBER 2023** (Pages 3 - 14)
- 5 **UPDATE FROM THE LONDON AMBULANCE SERVICE** (Pages 15 - 26)
- 6 **UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST** (Pages 27 - 36)
- 7 **BROMLEY HEALTHCARE STRATEGY** (Pages 37 - 56)
- 8 **GP ACCESS** (Pages 57 - 66)
- 9 **SEL ICS/ICB UPDATE** (Pages 67 - 72)
- 10 **HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT** (Pages 73 - 114)
- 11 **SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**
- 12 **WORK PROGRAMME AND MATTERS OUTSTANDING** (Pages 115 - 120)
- 13 **ANY OTHER BUSINESS**
- 14 **FUTURE MEETING DATES**
4.00pm, Tuesday 12th March 2024

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 21 November 2023

Present:

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Alisa Igoe, David Jefferys, Charles Joel,
Tony McPartlan and Alison Stammers

Michelle Harvie

Also Present:

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

16 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

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

17 DECLARATIONS OF INTEREST

Councillor Stammers declared that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership.

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

No questions had been received.

19 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 5TH SEPTEMBER 2023

RESOLVED that the minutes of the meeting held on 5th September 2023 be agreed.

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

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH and South Sites and Frances Barnes, Senior Head of Midwifery – KCH, Denmark Hill to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Chairman led Members in congratulating the Site Chief Executive on her permanent appointment to the role.

The Site Chief Executive informed Members that Epic, an electronic patient record system, had been jointly launched across King's and Guy's and St Thomas' (GSTT) on 5th October 2023. The roll out had gone as well as expected. It was noted that they were still in the implementation phase and issues were being experienced in relation to reporting access which had been anticipated. There had been some issues specifically within primary care and they were working with colleagues to rectify this.

With regards to performance, Members were advised that the figures for elective recovery looked concerning, however this had been impacted by the reporting issues and they were monitoring the accuracy of this data. It was noted that some activity had been scaled down due to the implementation of Epic – there were challenges in addressing the elective backlog, however clear plans were in place. The cancer diagnostics were below trajectory, partly due to industrial action and Epic, but processes were in place to ensure patients were tracked. The Site Chief Executive advised that emergency performance was also below trajectory and remained a challenge. However improvement plans were in place, and they were working closely with community partners on admission avoidance and hospital@home services.

Members were informed that the new MRI at the PRUH was on track and a microwave thyroid ablation procedure had been completed. The mortuary redevelopment was also underway and on target for handover in January 2024. The new EV charging facilities in the car park would be installed by March 2024 and, following a question at the last meeting, it was confirmed that the stability of the car parking deck had been fully tested and there were no concerns. The endoscopy unit had now been signed off – there had been an increase in the cost due to the length of time for tenders to be issued and returned, but was on track to be completed by March 2025. In terms of next year's programme, further works would be undertaken including a complete roof replacement; nurse call system replacement; and ward lifecycle refurbishments.

The Site Chief Executive informed Members that the annual King's Stars Awards event had been held on 2nd November 2023 to celebrate the efforts of staff across the organisation. More than 300 nominations were submitted earlier in the year and winners were announced on the night.

In response to questions, the Site Chief Executive said that the challenges related to Epic had been anticipated as they were moving a number of electronic patient record systems onto one, but this would ultimately provide a number of advantages. There had been issues around transition, particularly for the Outpatients department, and it would take time for clinicians to familiarise themselves with the system. The challenges related to reporting were being resolved fairly quickly – data was being collected at a local level, but it did not automatically feed into the Epic system. Clinicians were highlighting issues around ordering tests – there were workarounds, but these took longer. A system of governance and escalation was in place for each clinical speciality, and they were also receiving support from Epic and other hospitals that already had the system in place. It was hoped that these issues would be fully resolved by January 2024. There had been a few incidents of patients receiving results/diagnosis before their GP surgeries and the text alert system had been turned off for a period. These were being looked at as ‘serious incidents’ – patients should not be getting alerts or access to records until they were offered a follow up appointment/discussion.

The Senior Head of Midwifery informed Members that a major postpartum haemorrhage (PPH) was blood loss of more than 1,500mls. It would additionally be defined as major obstetric haemorrhage in cases where more than 4 units of blood was transfused, and radiology was required to control bleeding. Pre-labour risk factors included previous caesarean birth; placenta praevia; raised BMI; increased maternal age; uterine abnormalities and ethnicity. Intrapartum (during labour) risk factors included induction of labour; prolonged first stage, second or third stage of labour; operative birth; and caesarean section.

In 2021 the rate of major PPH at the PRUH stood at 5.5%, which was higher in comparison to the national PPH guidance rate of 3.3%. It was noted that a study had been undertaken in 2022, which was much larger, and stated that the national average was 3.5%. The actual year to date PPH rate at the PRUH was 3.6%, and the rolling 12-month rate was 3.2% (as at July 2023) – these figures were comparable to Denmark Hill (3.5% and 3.4% as at June 2023). An audit and deep dives were continuing to be undertaken by the obstetric team at the PRUH – the most recent audit concluded on 15th November 2023 had showed that the PRUH’s rate stood at 3.5%. Currently there were no major concerns in relation to major obstetric haemorrhage at the PRUH site. A number of recommendations had been put in place including identification of risk factors; prophylactic uterotonics offered to all women for the third stage of labour; and early escalation of PPH had been added back into the face-to-face mandatory training. A Member enquired if an increase in the PPH rate would be related to more patients having underlying risk factors. The Senior Head of Midwifery said that this was a possibility, and this was monitored to ensure there were not any trends emerging. It was noted that the obstetrician leading the audit was looking at the finer details, including giving consideration as to whether there were any elements within the practices of those clinicians that were associated with the higher figures.

In response to questions, the Senior Head of Midwifery advised that during the pandemic training had been held online and included early escalation of PPH. When training returned to being held face-to-face it had unfortunately been missed off the list but had now been added back in. With regards to the number of emergency and elective caesarean sections that were affected by major obstetric haemorrhage, the Senior Head of Midwifery advised of the following rates:

- category 4 (completely elective) – 4.34%
- category 3 – 6.88%
- category 2 – 4.74%
- category 1 – 6.48%

It was noted that the PRUH's PPH rate of 3.5% was for all births. For emergency caesarean sections there was always a consultant obstetrician available via telephone overnight, who was on call from around 9.00pm-7.00am and could be on site if required – there was a stipulation that they be able to arrive at the hospital within 30 minutes. The Site Chief Executive highlighted that they met current guidance in terms of consultant presence on the maternity unit, which was based on the number of births. The Senior Head of Midwifery highlighted that if complex cases were identified the consultant would not leave the hospital until the baby was delivered.

In response to further questions, the Senior Head of Midwifery advised that following all instrumental and operational births a debrief was held by an obstetrician in the post-natal period. Information was also provided electronically (via Epic and the website) and included a leaflet on increased blood loss. This would also be part of the discharge discussion and a midwife would conduct a home visit in the 24 hour period following discharge. It was noted that all women would be seen within 24 hours, at day 5 and again by day 10. If there were any concerns, further visits would be undertaken, and information was provided in terms of escalating post-natal bleeding.

In terms of the number of deaths as a result of major obstetric haemorrhage, the Senior Head of Midwifery advised that sadly there had been 14 deaths (2017-2019) and 17 deaths (2019-2021) – these figures were for the whole of the UK. It was noted that the deep dive looked at potential risk factors including ethnicity. It was confirmed that 'Code Blue' was well established within the maternity services – the theatre team, haematology support, obstetrician team and midwifery team were bleeped on the expectation of a Code Blue.

In response to a question regarding PPH potentially being an indicator for overall maternity care, the Senior Head of Midwifery said that there were no concerns that any of the underlying factors were due to the care provided. As mentioned there were a number of risk factors related to PPH which they would continue to monitor. Members requested that an update on postpartum haemorrhage be provided at the first meeting of the new municipal year.

The Chairman thanked the Site Chief Executive and Senior Head of Midwifery for their update to the Sub-Committee.

RESOLVED that the update be noted.

21 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

The Chairman welcomed 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 the ‘Right Care, Right Person’ (RCRP) approach and demand on services.

The Service Director informed Members that they were currently three weeks into the implementation of the RCRP approach – this was the new threshold to assist the Metropolitan Police Service in determining when to attend calls related to health care incidents. There had been some apprehension about the implementation of the programme however the first few weeks had gone smoothly – Oxleas had not made escalations in terms of decisions that they felt had not been appropriate. Data from the police suggested that there had been a reduction in calls – they were currently undertaking some scenario testing to identify if this had resulted in increased activity within services. It was noted that during the same period they had introduced the new South East London ‘136 Co-ordination Hub’ for those that were detained by the police under Section 136 of the Mental Health Act. As a result they had seen a significant reduction in the number of conveyances to the Emergency Department (ED). Members were advised that daily meetings continued to be held regarding RCRP. There was still work to be undertaken in relation to welfare checks which remained one of the biggest areas of risk for causing increased activity for health and social care partners.

In response to questions regarding planned future work, listed on page 9 of the pack, the Service Director said that a number of the items would be completed by the end of the calendar year, and the remainder by the end of the financial year. To date, all actions agreed had been implemented within the agreed timeframe and there were no reasons to believe any would be delayed.

With regards to demand for services in Bromley, the Service Director advised that community mental health services had seen the most significant increase. The Hub was seeing 600-800 referrals a month which was a 50% increase in demand compared to 2019. This had limited some of the progress and benefits of the transformation programme, however they were starting to see a shift in demand following some successful interventions being implemented. Patients were being placed into group programmes quickly and the ‘did not attend’ (DNA) rates were very low within the initial assessment service. Their partnership with BLG Mind was strong and the service would shortly be co-located in the Rachel Notley Day Centre, Beckenham which would further enhance joint working.

With the significant increase in demand for community mental health services, an increase in demand for crisis and bedding services would usually be anticipated – however this had not been the case and suggested that the work

around community transformation had been successful. Bedding services remained a challenge as they often used more beds than they had within the Oxleas footprint. They had a bed recovery programme in conjunction with the ICS which had been further enhanced and developed. There were a number of actions, with the aim to be able to “live within their means” by April 2025 – this would significantly ease the pressure on the ED and there were also a number of other initiatives that would have an impact on this much sooner.

In response to a question, the Service Director advised that The Hub would attempt to contact service users on five occasions – depending on the urgency of the referral this may include a doorstep visit. If the service user did not engage following these attempted contacts they would be written to advising of a 14-day opt-in period, following which their referral would be closed.

The Chairman thanked the Service Director for her update to the Sub-Committee.

RESOLVED that the update be noted.

22 BROMLEY HEALTHCARE STRATEGY

This item was deferred to the next meeting of the Health Scrutiny Sub-Committee on 30th January 2024.

23 SEL ICS/ICB UPDATE (VERBAL UPDATE)

The Place Executive Lead advised that pressure was being experienced within the Trust following the roll out of the Epic system – there had been a lot of pressure for general practice in relation to the way results were received and reviewed. In response to questions, the GP Clinical Lead advised that the hospital provided pathology services for primary care. These were reported, and results were coded in a particular way which fed into referral/recall systems. Following the roll out some codes had now changed or were reported differently, and they were working closely with primary care across the South East London to resolve these issues as quickly as possible. The delays and issues with coding had impacted on workload and caused some frustration within primary care. However there would be a number of benefits going forward, including the use of My Chart which was an excellent care navigation offer. Patients could interact with the app, and it would also help hospitals interact directly with its patient cohort.

With regards to acute services the Place Executive Lead noted that they had been impacted by periods of industrial action, with more to follow. The hospital had done a good job in ensuring that minimum standards were met, however this had resulted in increased waiting lists. Across South East London they were managing to “keep their heads above water” in relation to

this years' target of patients not waiting more than 78 weeks, but this was a considerable challenge.

Members were advised that, as mentioned at the previous meeting, a national management cost reduction exercise was being undertaken – all ICBs had been asked to reduce management costs by 30% by April 2025, with 20% of these reductions in place by April 2024. The ICB had reviewed its activities and delivery to ensure they were fit for purpose, meeting core requirements and statutory functions. The proposed structure, which included the Bromley team, was out for consultation until 29th November 2023. A management response would be provided by mid-December 2023 and the structure would be implemented in the new year. They were working with partners to ensure the right structures were in place to deliver the One Bromley priorities and it was noted that not all processes would be completed for 2024. In response to questions, the Place Executive Lead noted that the management cost reduction just related to the ICB team, and did not include partner organisations, and a broad approach had been taken. There was already a lot of sharing of resources, information and intelligence – they had looked at what they could do differently as a partnership, for example using the Better Care Fund (BCF) to support some posts. They were looking to reduce the baseline cost of running an ICB team – inevitably there would be some redundancies, but savings would be made in terms of the ongoing costs.

The Place Executive Lead informed Members that the autumn/winter campaign for flu and COVID-19 immunisations had commenced in September. Bromley residents were able to access the vaccinations in a number of ways – through their GP practice; the Health Hub in The Glades Shopping Centre; Primary Care Network (PCN) sites; and 20 pharmacies. Bromley had one of the best uptake percentages across London however it was not at the level seen in previous years. It was noted that the programme would continue until Christmas and would be scaled down in the new year. All of the care homes in Bromley had been visited with the offer of flu and COVID-19 vaccinations for residents – Bromley Healthcare had also been assisting with the delivery of vaccinations for those that were housebound. It was noted that a further COVID-19 vaccination programme was expected to take place in spring 2024.

In response to a question from the Chairman, the Place Executive Lead advised that following learning taken from previous campaigns GP practices had been asked to use a variety of different methods to contact patients, rather than using text reminders all of the time. The Chairman considered that there did not appear to be as much advertising pressure in relation to the vaccinations and noted that private companies seemed to be stepping away from offering vouchers to staff for the flu jab. The Place Executive Lead said that there may be less need due to more staff working from home, but they could look at undertaking more media work with organisations and campaigns to improve uptake. Other Members echoed the comments made by the Chairman – it was noted there were lots of reminders on social media, however the target audience would not necessarily use these platforms. It was agreed that the Place Executive Lead would provide information to

Councillors which could then be shared with residents. In response to a question, the Place Executive Lead advised that a number of pharmacies delivering the vaccinations had free on-street parking nearby.

With regards to mental health services, the Place Executive Lead said there was an increasing need for capacity – they were seeing an increased number of people in A+E with mental health issues, and some of these individuals were staying there for long periods of time. As previously mentioned they had been working across South East London to increase capacity in terms of bed number and enhance the psychiatric liaison service.

Members were advised that a consultation regarding paediatric oncology services would be running until 18th December 2023. For patients living in SEL, Kent, Sussex and Surrey, specialist children's cancer services were currently provided by The Royal Marsden NHS Foundation Trust, however if a patient required paediatric intensive care they would be transferred to St George's Hospital, Tooting. Two options for the new paediatric oncology centre were proposed:

- Evelina London Children's Hospital, Lambeth, south London with conventional radiotherapy services at University College Hospital; or,
- St George's Hospital, Tooting, south London, with conventional radiotherapy services at University College Hospital.

The Place Executive Lead informed Members that there were national initiatives to improve access to primary care services. These were divided into four categories:

- empowering patients to access primary care;
- implementing new technologies;
- building capacity within general practice; and,
- cutting bureaucracy.

Members requested that a written report be provided to future meetings of the Sub-Committee.

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

RESOLVED that the update be noted.

24 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 1 Patient Experience Report for Healthwatch Bromley, covering the period from April – June 2023.

The Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the document provided a snapshot view of the feedback gathered from patients across the borough. During the Quarter 1 period, 658 reviews of health and care services were shared, and 65 engagement visits were undertaken. It was noted that the Quarter 2 report

had been published the previous day and would be presented at the next meeting.

In response to questions, the Operations Co-ordinator advised that, following a request from internal committee members, the next report would provide a breakdown of responses by hospital Trusts. Regular visits were made to the PRUH and Orpington Hospital and therefore their number of reviews were significantly higher. When visiting organisations to get feedback on services participants were also asked to share wider feedback on other services they had accessed across the borough. There would be a similarity in the majority of the data collected by Healthwatch services that came under the remit of Your Voice in Health and Social Care and the reports had been redesigned to align across these borough. However some data/information may be included following other requests received – they would be happy to receive feedback in terms of areas for improvement.

The Operations Co-ordinator advised that Healthwatch Bromley attended a number of governance meetings across the borough and the reports were distributed to a large number of local partners, including Oxleas, King's, and the SEL ICB. The reports provided a snapshot for a particular quarter – they then looked at the information gathered across the year to identify any emerging issues or opportunities for further research. It was noted that it was not the responsibility of Healthwatch Bromley to address the themes highlighted, they provided the data to local partners to open up further discussion.

In response to questions, the Operations Co-ordinator informed Members that Healthwatch Bromley aimed to try and conduct as many visits as possible, but this also required partners/services to respond to their request for engagements. They always looked for new opportunities to reach out and they would be happy to consider other areas, such as new services that would be offered by pharmacies, to investigate further – however the number of engagements was limited as they relied heavily on volunteers.

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

RESOLVED that the update be noted.

25 GP ACCESS

The Chairman welcomed Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS (“Associate Director”), Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership (“GP Clinical Lead”) and Dr Claire Riley, GP and Clinical Director for Orpington PCN (“Clinical Director”) to the meeting to provide an update on GP access.

The Associate Director highlighted some key points from the presentation provided. As previously mentioned, the local priorities for improving GP access were reflected in the delivery plan published in May 2023. Work had included:

- empowering patients – Bromley practices had expanded the functions available through the NHS app. An increase in repeat prescriptions, appointment bookings, and general use of the app was being seen – each contact was potentially an avoided phone call.
- implementing modern GP access – this related to patients understanding how their requests would be handled, based on clinical need, and respecting their preference for a response. There was an end to end reshaping of how patient requests were received, assessed and consultations offered.
- building capacity – additional roles were implemented within the wider general practice teams. It was noted that eight new GP trainers had been supported in the borough to expand training places. The training hub was also offering virtual training.
- cutting bureaucracy – the interface between primary and secondary care was important in ensuring there were as few handoffs as possible, and patients were not going back and forth to get the care, advice and support required.

The Chairman highlighted that it was positive to see the increased use of the NHS app and other online platforms. It was requested that an age breakdown of patients using these functions be provided in the next report to the Sub-Committee.

In response to questions, the Associate Director said it was recognised that practices sometime made changes without involving their patients as much as they needed to, and this was being emphasised to them through various forums. As mentioned at the last meeting, support guides had been developed to help structure conversation on access with the Patient Participation Groups. In one area of the borough major changes were due to take place with the introduction of a new system and they had been providing support to practices in terms of ongoing engagement with their patients. The GP Clinical Lead considered that there was variation across the borough but there was a move to try and standardise access. It was highlighted that whichever means was used to contact a GP practice it should result in the same offer, and practices should be explaining this to their patients. A Member advised that their Patient Participation Group had introduced a newsletter to supplement the communication from the practice, which helped remind and direct patients to the NHS app.

The Clinical Director provided two examples of Bromley Primary Care Networks taking a neighbourhood approach to improving access – one related to frailty and the other children as a cohort. The frailty case study focussed on the Wellbeing Café in Orpington. This had been established over a year ago and was held twice a week – approximately 75-80 patients attended each café. This had helped improve access as they were educated on how to use

digital platforms such as e-consult and the NHS app – every attendee had visited PCN and GP practice websites and knew how to utilise them. The café provided a safe space for attendees to meet and engage with healthcare professionals and helped to tackle social isolation. A joint project had been developed between the Orpington and Crays PCNs to look at frailty-specific health needs – focus groups had been involved in the co-design and focussed on cardiovascular disease, respiratory disease and diabetes. Following the success of the café other PCNs across the borough had been providing similar projects, some specific to the needs of their patients such as Mottingham, Downham and Chislehurst PCNs Young Mums Hub.

The Bromley Integrated Child Health (B-CHIP) project had initially been started within the Crays and Beckenham PCNs. This introduced a model whereby a child who visited their GP and needed to be referred to the hospital would immediately be added to a triage list – the GP surgery and consultant paediatrician discussed this triage list on a weekly basis and made a decision in terms of the best pathway. This model had resulted in referrals being avoided in 50% of cases and 20% were seen at the monthly paediatric clinic held in the GP surgery – this had reduced the number of GP appointments. This model would next be implemented in Penge, Bromley Common and Five Elms PCNs, with the aim for it to be scaled out across the whole borough next year.

In response to a question, the Clinical Director said that a wide range of care co-ordinators and social prescribers were involved with the Wellbeing Café, and both roles were vital in supporting patients. Social prescribers signposted patients to help with things such as financial difficulties, housing issues and other support. The impact of this had been seen in terms of the large number of referrals made by the café to external social prescriber appointments. Mytime Active also offered a huge amount of support to the café, including delivering exercise classes. Members commended the work being undertaken in relation to the new initiatives and expressed well wishes in terms of rolling them out to other areas of the borough.

The GP Clinical Lead highlighted that although general practice continued to maintain its responsibility of same day urgent care, prevention of long-term conditions the work at a neighbourhood level would be crucial. It was noted that an engagement session had also been held with Patient Participation Groups from across the borough and co-production would be an important part of the transformation journey.

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

RESOLVED that the update be noted.

**26 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 virtually on 19th September 2023. An in depth update had been provided regarding the autumn/winter vaccination programme. As mentioned earlier in the meeting, the consultation on the proposals for the reconfiguration of children's oncology services was underway and would run until 18th December 2023 – it was agreed that a link to the consultation would be circulated to all Members following the meeting.

It was noted that a meeting of the Committee would be taking place that evening, which coincided with the Adult Care and Health Policy Development and Scrutiny Committee. Further dates into the new year were still to be confirmed.

RESOLVED that the update be noted.

27 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD23128

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

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

- Update on postpartum haemorrhage – King's College Hospital NHS Foundation Trust (summer 2024)

RESOLVED that the update be noted.

28 ANY OTHER BUSINESS

There was no other business.

29 FUTURE MEETING DATES

4.00pm, Tuesday 30th January 2024
4.00pm, Tuesday 12th March 2024

The Meeting ended at 5.54 pm

Chairman



London Ambulance Service
NHS Trust

London Borough of Bromley Health Scrutiny Sub-Committee LAS Performance Report

30th January 2024

About us

We are the capital's emergency and urgent care responders. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

A day in the life of London Ambulance Service

We answer **5,700** calls in 999



We treat **3,000** patients on scene or over the phone

We answer **6,000** calls in 111

Patient-facing staff



1,300

call handlers in 999 and 111

1,550

Emergency medical technicians, assistant ambulance practitioners and Non-Emergency Transport Service (NETS) crews

3,200

paramedics, including 100 advanced paramedic practitioners

380

nursing and medical staff

Support staff



400

make ready staff, restocking and refuelling ambulances

80

cleaning staff

60

repair workshop staff



Teaching and apprentices

130

staff in clinical education & standards

1,130

students

680

apprentices



Workforce

Over **10,000** people working, studying and volunteering with us



Page 16



2,600+

operational support and corporate staff



7,400+

operational staff



21% from an ethnic minority background



32% of new starters recruited in 2022/23 were from an ethnic minority background

Our clinicians typically go to:

240

fallers

230

patients with breathing problems

200

patients reporting chest pain

Delivery of **4** babies



28

confirmed cardiac arrests

42

suspected strokes

33

suspected heart attacks

Our three missions 2023-28

Our care

1 Delivering outstanding emergency and urgent care whenever and wherever needed.

- Rapid and seamless care
- Individualised clinical responses
- Outstanding care and leadership of major incidents and events
- A learning and teaching organisation



Our organisation

2 Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

- Inclusive and open culture
- Well-led across the organisation
- Improved infrastructure



Our London

3 Using our unique pan-London position to contribute to improving the health of the capital.

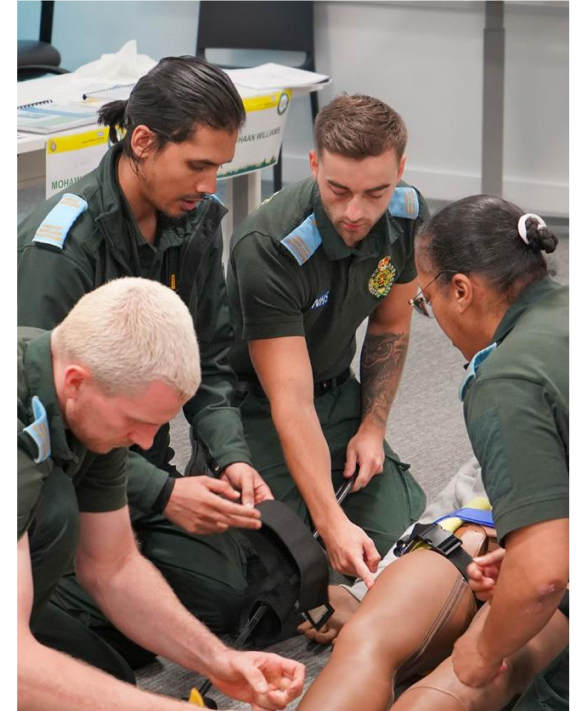
- A system leader and partner
- Proactive on making London healthier
- Green and sustainable for the future



Our People

- Across LAS: 2022/23 saw our biggest ever recruitment drive with **1,600 new starters**, including over 750 frontline ambulance staff and almost 400 call handling staff.
- In Bromley: Six new Trainee Assistant Ambulance Practitioners and 12 Newly Qualified Paramedics joined in the last four months with a further five Newly Qualified Paramedics set to join in February.
- In Bromley: We have around 60 students from Greenwich University placed locally, supporting our future workforce. A further five colleagues have completed their in-house paramedic science apprenticeship courses, delivered in partnership between LAS and Cumbria University.

Across LAS: Our 2023 NHS Staff Survey closed with a response rate of 68.4% and is set to show significant improvements in our culture. The response rate was even higher across Bromley, at 71%.



LAS in the borough of Bromley

- Bromley is part of South East London Integrated Care Board, along with Bexley, Greenwich, Lambeth, Lewisham and Southwark.
- LAS has four 'ambulance groups' in South East: Deptford, Oval, Bromley and Greenwich.
- Bromley has three ambulance stations across the borough: Bromley Forest Hill and St. Paul's Cray.

We are the only pan-London NHS Trust

330,000 people in Bromley
9 million Londoners



Around **883 people** working in South East London



44,483 patients received face-to-face care across the Bromley group in 2023

Of which:
5.5% conveyed to alternative locations or service providers
29.2% referred to community services or discharged on scene with advice.



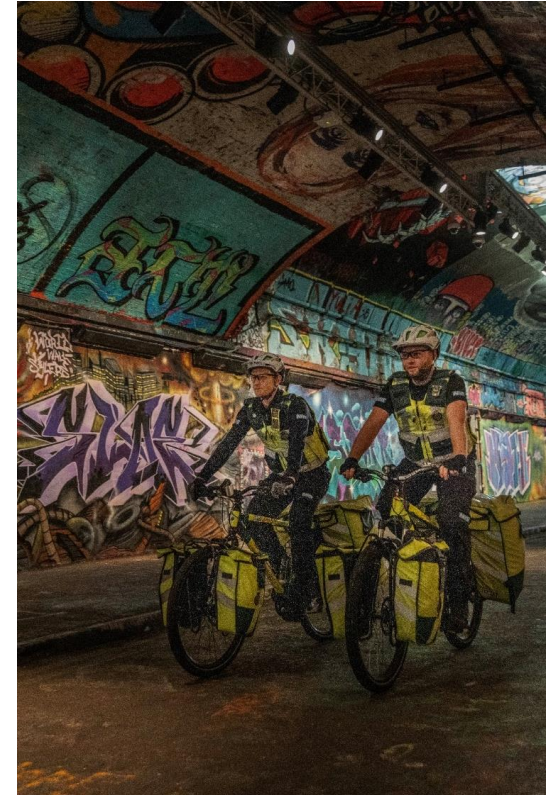
7 mins 34 secs
average response times in 2023 to most serious 999 calls across South East London (Category 1)



247 frontline colleagues working across stations in Bromley

South East London – our patients

- Generally older population, with **12% of residents aged over 65**.
- **Wide difference in diversity levels**, with 24% of people in Bromley and 49% in Southwark from ethnic minority backgrounds.
- **Third-highest rate of detentions under the Mental Health Act** of any area in England.
- **Over 40% of children are overweight** when they leave primary school.



Local highlights from 2023

- Our new **Teams Based Working** approach is empowering our frontline staff to choose their preferred way of working, shape their rotas and make sure they have better access to their managers and training days. Surveys show staff are happier, feel more part of a team and have more opportunities.
- **Training opportunities** in Bromley are being used to discuss a range of topics, such as end-of-life-care and violence reduction. This has increased our crews' confidence in their decision-making and improved patient care, while increasing non-A&E conveyances, staff survey compliance and statutory and mandatory training compliance.
- We have rolled out **Body Worn Cameras**, which are now accessible to staff across all stations to reduce the number of assaults against staff and to support the prosecution of perpetrators.
- Introduction of **45-minute handover process** has reduced ambulance hours lost at the Princess Royal University Hospital from 276.3 in February 2023 to 26.1 in November 2023.
- Working with **Bromley Youth Offending** team at Bromley Council. As part of a rehabilitation programme, LAS team educates young people on the impact of knife injuries with an aim to prevent future injuries and incidents.

Moving Forward: Local priorities

- Working with **King's College Hospital Trust** to champion the use of **Alternative Care Pathways** (ACPs) within the Bromley Group to reduce unnecessary conveyances of patients to emergency departments and ensure our patients are getting the most appropriate care for their needs.
- **Working with care homes** to make best use of community care pathways to help prevent unnecessary ambulance attendance and conveyances to emergency departments. We are achieving this through **data analysis with SEL ICB colleagues, collaborating with a range of healthcare professionals, and encouraging the use of Universal Care Plans** to ensure patients' care preferences are documented and upheld.
- Adopting '**tethered fleet**' - Ambulance vehicles to be looked after and serviced locally to ensure they are kept in good condition, giving staff a sense of ownership over our fleet so they are encouraged to look after them.
- Piloting a new way to staff the quick-response vehicle in Forest Hill to ensure the stability of Category 1 response times across North Bromley.
- Occupational workplace reviews and **Personal Development Reviews** of staff (clinical and developmental appraisals) to be prioritised to increase staff engagement, development and retention.

Our performance in December

Category of call	LAS mean response time	SEL mean response time	National mean	National target
CAT 1	00:08:00	00:07:51	00:08:44	7 minutes
CAT 2	00:52:06	00:46:41	00:45:57	18 minutes
CAT 3	01:42:23	01:29:39	02:37:05	2 hours
CAT 4	02:45:41	03:18:35	02:55:44	3 hours

Support our work: London Lifesavers

- London Ambulance Service is aiming to make London a city of lifesavers, by organising **life-saving CPR and defibrillator training** for communities, organisations and schools.
- The **London Lifesavers schools programme** – launched in September, 2023 – will see our paramedics teach life-saving skills to Year 8 children in every borough over the course of the campaign.
- Support the campaign:
 - Encourage local community groups, businesses and not-for-profit organisations to **sign up for training with our experts**.
 - Promote London Lifesavers to your local **secondary schools**, encouraging them to express an interest on our website.



Resources and useful contacts

- **Monthly newsletters to stakeholders** – Get the latest news from LAS each month. Contact londamb.StakeholderEngagement@nhs.net to receive these updates.
- **London Lifesavers campaign** – Sign up for training with our experts and promote the campaign to your community and secondary schools. Contact londamb.londonlifesaver@nhs.net or visit our website for more information.
- Read our new **LAS Strategy 2023-28** on our website and share with communities.
- Hear more from our teams in your local stations and sector. Contact londamb.StakeholderEngagement@nhs.net.
- Work, volunteer or study with us. Contact londamb.999recruitment@nhs.net or londamb.graduaterecruitment@nhs.net to contact our recruitment department.

Cathy-Anne Burchett

Associate Director of Operations
South East Operational Management
London Ambulance Service

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

 londonambulance.nhs.uk

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Bromley Health Scrutiny Sub-Committee Update 30 January 2024

Angela Helleur,
Site Chief Executive, PRUH and South Sites



PRUH and South Sites update

- Elective recovery
- Emergency performance
- Estates and service updates

Trust-wide update

- Apollo programme: Epic and MyChart
- Finance update

Elective recovery (1)

We continue to reduce long waiters across all waiting time cohorts in line with the **NHS Elective Recovery Plan**, that addresses backlogs built up during the pandemic and through industrial action. Whilst Epic was launched successfully, we continue to work through our Stabilisation phase to support staff required with system familiarity to accelerate processes and return activity to pre-Epic levels.

Exceptionally long waits

Five patients have waited for treatment at the PRUH for over 100 weeks.

- None of these are urgent and all have plans for appointments leading to treatment in line with Patient Choice and resource availability.

Waits by specialties

We continue to address long wait cohorts across specialties

- We have 39 patients awaiting surgery and other planned interventions with waits over 78 weeks on an admitted pathway (as at 15 January 2024). Seventeen of these patients have dates for their next event booked. We also have 15 patients on a non-admitted pathway. Thirteen of these patients have dates for their next event booked. The majority of these pathways relate to Orthopaedics.

Capacity to address long waits

Additional capacity is critical to reducing the total waiting list further

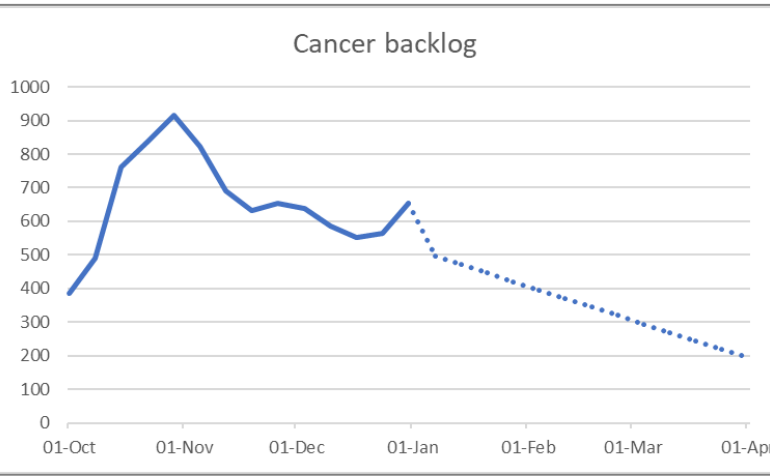
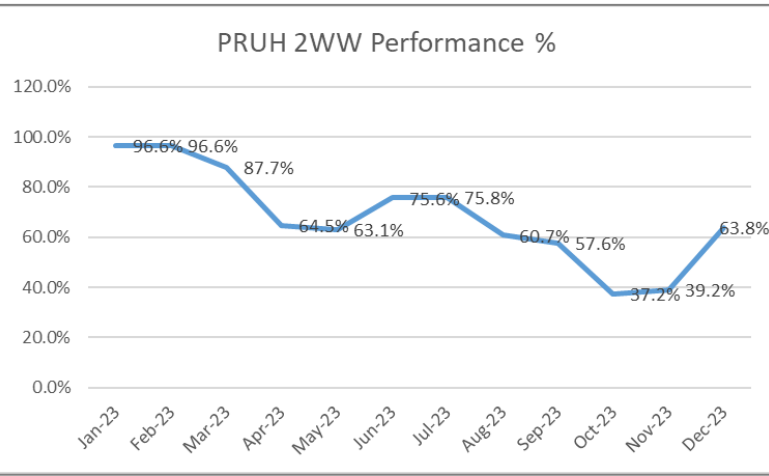
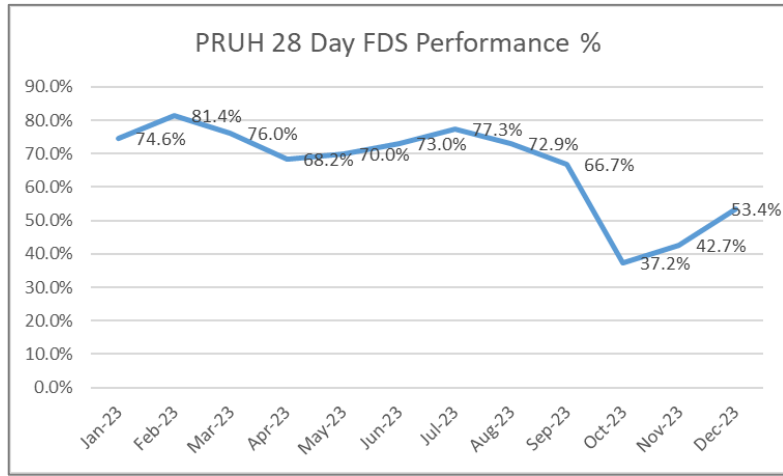
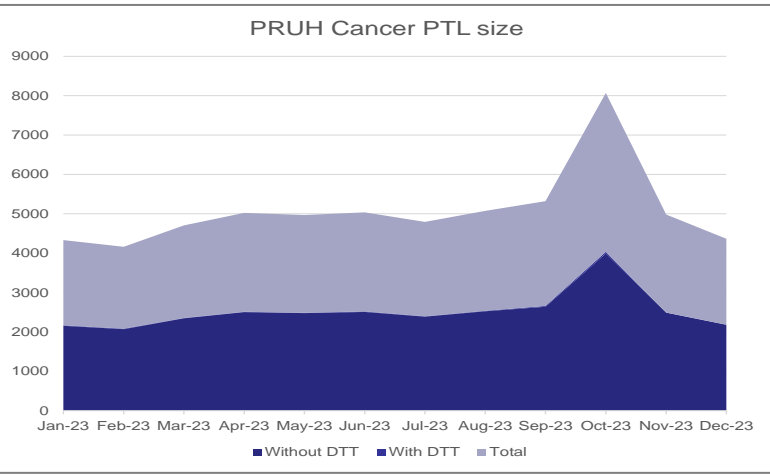
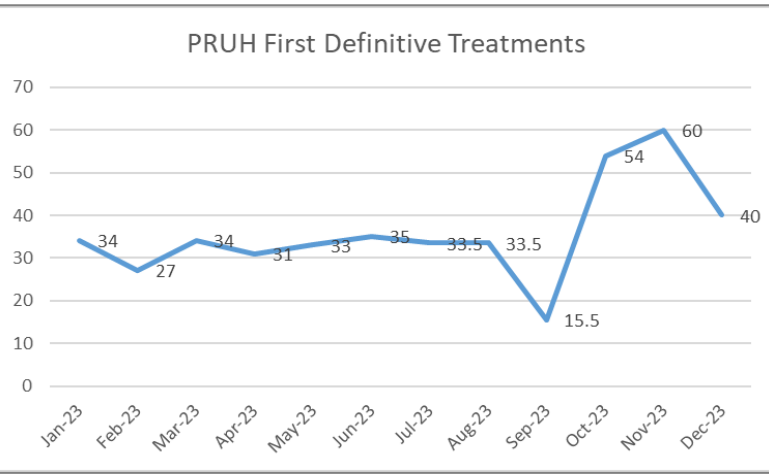
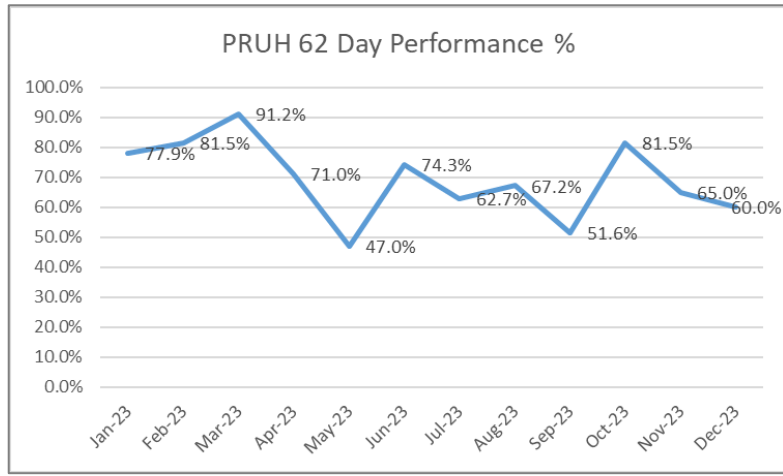
- Our total waiting list has grown from 35,893 in August 2023 to 38,479 as at 15 January 2024 (+2,568)
- We continue to work with partners to reduce the 1,920 patients waiting over 52 weeks or either a procedure or outpatient appointment (up from 167 at last report).

Diagnostics Waiting Times and Activity

- DM01 remains our most challenged pathway area in terms of data quality across the Trust.
- Our November 2023 compliance has reduced from 19.40% reported in October to 24.80% reported in November.
- The largest increases in breaches were seen in Non-Obstetric Ultrasound (+1,355 breaches).

Elective recovery (2)

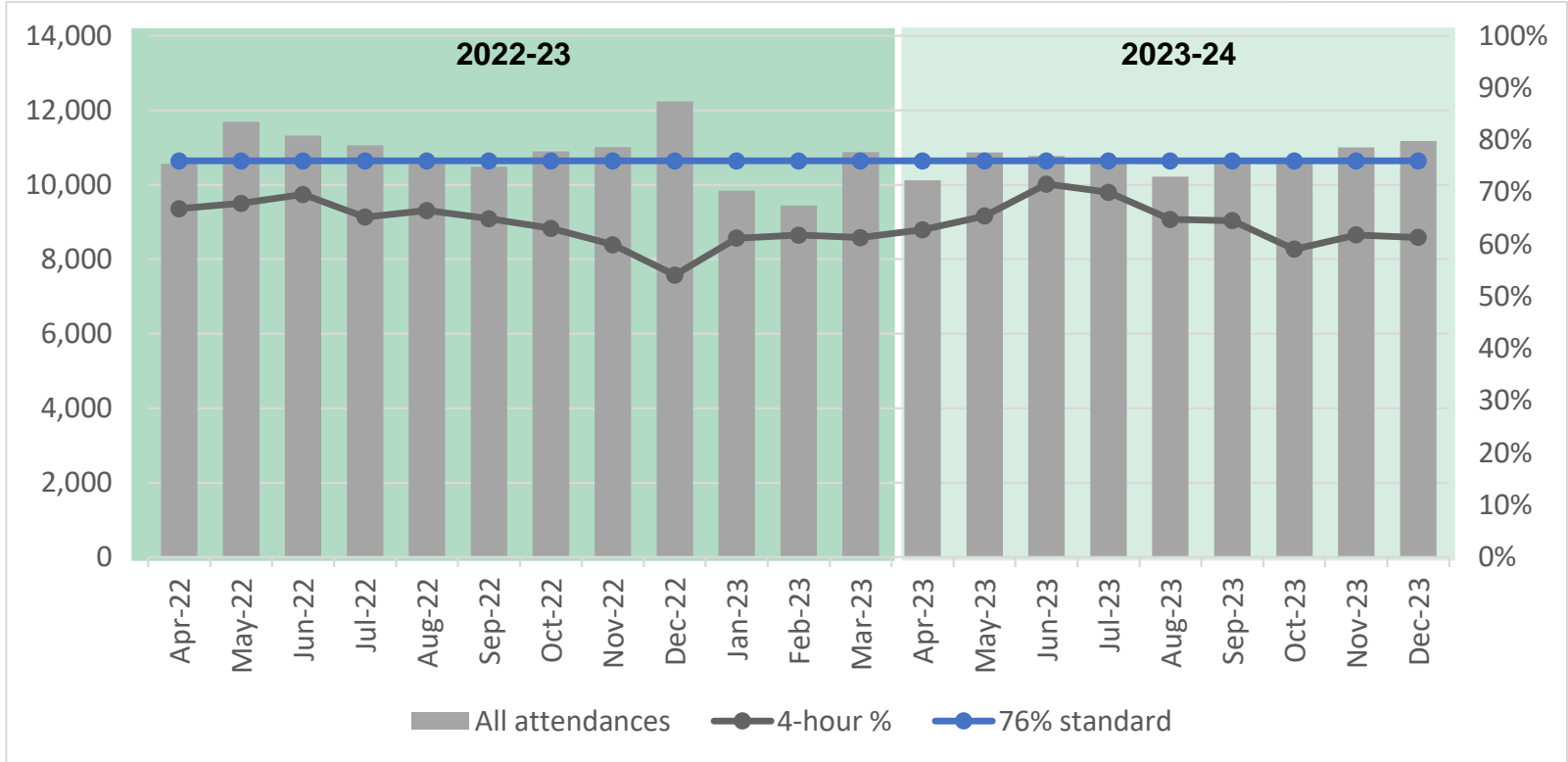
Our Faster Diagnosis Standard (FDS) performance continues a positive trend since October. Whilst our cancer backlog spiked in December, our longer-term run rate indicates a March backlog position of ~193. Actions in place to mitigate this position. Please note that our December data is provisional.



Emergency performance (1)

- Attendee levels remain lower than prior year, though variable (see over). However, the months of December and October 2023 experienced the second and fourth highest attendance levels respectively since April 2023. Overall performance against the four-hour wait target for A&E remains challenging but improving since a low in October of 59.07%. In December 2023 it was 61.33% (vs 54.12% for the prior year).
- Between 1 and 15 January 2024, the site had 14 days at either level 3 or 4 of the Operational Pressures Escalation Levels (OPEL) framework, the highest possible level of readiness and escalation actions necessary to keep patients

Total attendances and 4-hour performance since April 2022



We continue our work to address our longer lengths of stay which contribute to poor flow across the site. We have produced a comprehensive dashboard to help monitor trends and support the operationally focused Patient Flow Programme.

Emergency performance (2)

Ambulance attendances, handover and Decisions to Admit

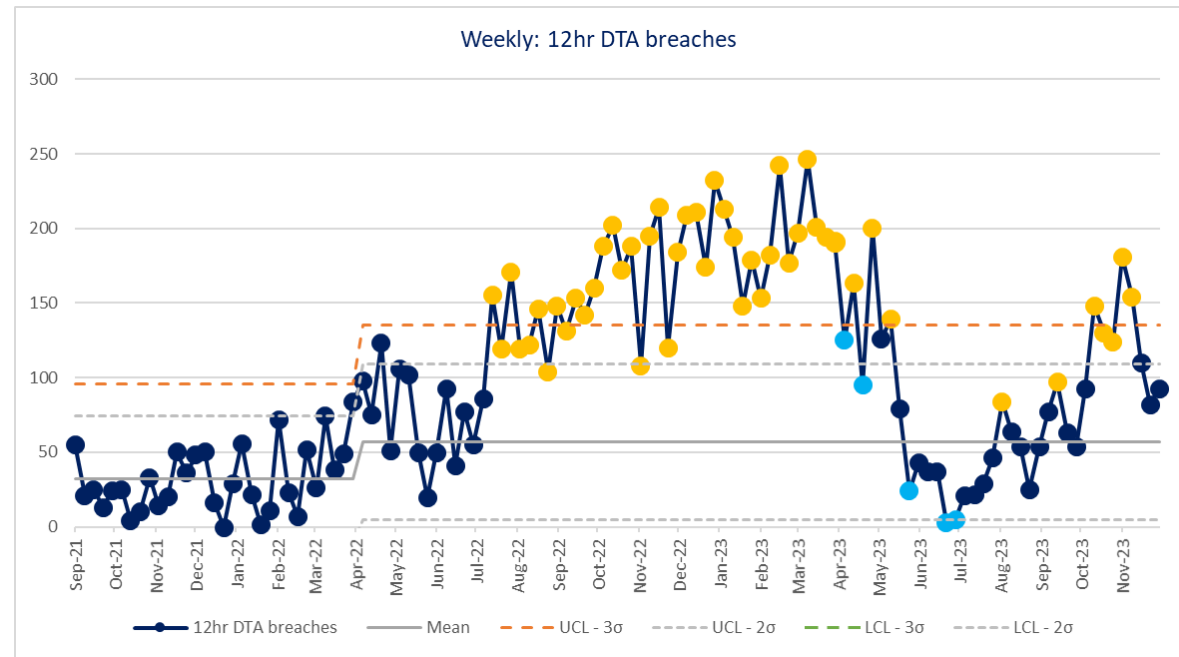
The PRUH has a higher proportion of arrivals to the emergency department by ambulance than most, 35% in September (King's College Hospital, Denmark Hill was 32%), placing it in the 1st quartile. The number of arrivals has remained fairly stable whilst our comparative handover delay position has deteriorated during the winter months.

Decisions to admit (DTAs) decreased to 517 in November (17.23 each day) from 568 in October (18.32 each day) then up to 548 in December (17.68 each day).

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

Site	Delay (hh:mm:ss)
Queen's Hospital	333:29:52
North Middlesex Hospital	290:26:40
Northwick Park Hospital	212:02:04
Whipps Cross University Hospital	191:22:21
Newham General Hospital	166:55:15
King's College Hospital (denmark ..)	163:46:14
St George's Hospital (tooting)	135:17:25
Princess Royal University Hospital	134:19:17 #8 in London
Barnet Hospital	110:39:02
Queen Elizabeth Hospital	107:12:33
St Helier Hospital	102:07:08
Ealing Hospital	94:04:28
St Thomas' Hospital	81:08:21
Hillingdon Hospital	74:59:19
Kingston Hospital	71:37:46

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Strike impact on elective care

Junior doctors have taken strike action on 34 days over the last 10 months.

We reported the following number of patients affected by their recent industrial action.

No further strikes have been announced but with no agreement, we determine that further action is likely.

Junior doctors and hospital dental trainees industrial action period	Day case activity rescheduled	Inpatient activity rescheduled	Outpatient activity rescheduled
Began on Wednesday 20 December at 7.00am and finished at 7.00am on Saturday 23 December 2023	24	73	1,201
Began on Wednesday 3 January at 7.00am and finished at 7.00am on Tuesday 9 January 2024	80	59	1,286

ENDOSCOPY UNIT

The Trust has met all ten pre-planning conditions, now subsequently discharged by Bromley planning. This position has allowed construction to begin. The cost has increased over the initial estimates due to a number of factors. These have been reviewed extensively to ensure value for money. Despite the delay, we aim to adhere to the expected completion of end of 2024/25.



RADIOLOGY UPGRADES

The new MRI 2 installation is well underway. The supplier has delivered and installed the new magnet in advance of the existing replacement. The final commissioning was completed in December 2023. The current MRI is planned to be replaced in Q4.

NEW MORTUARY OPENS

Our new mortuary facility opened on 8 January 2024, with an increased capacity of 202 fridges, four new post-mortem tables and a mixture of semi-obese, obese and bariatric units. This is also the public mortuary for Bromley and Bexley.

As well as the improved use of space, the new mortuary is fully secured with cameras and is only accessible with swipe access.

FLOW UPGRADES AND OTHER DEVELOPMENTS

A range of other capital projects across the PRUH are being undertaken. Ongoing work includes creating 16 new beds with expanded High Dependency Unit (HDU) provision and 16 neonatal cots, installing cooling units and a further power substation, plus completing a series of Omnicell upgrades. The additional estate capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments.

Apollo programme: Epic and MyChart update

Key objectives and outputs of the stabilisation phase for Epic have been agreed and the programme team have developed a plan for addressing the key issues arising. Examples of work we are doing include:



Patient communication

- Issues related to the functionality of patient communications within the system are ongoing and we are working hard to resolve. Some progress has been made allowing for text messages and letters to patients via Epic resuming in November after a temporary switch off.
- We are working to rectify an issue with our Hybrid Mail service which has led to delays in hard copy letters being sent to patients. A fix is in place and the backlog is being tackled. Patients are currently being contacted by phone as needed. This issue does not affect GP correspondence.

GP referrals

- We are continuing to work through the process of ensuring all clinics can facilitate direct booking by GPs. As of early December, we have resolved this issue for over 85% of clinics Trust wide. Where required manual processes and service support are being deployed to cover bookings.

Key achievements since launch

- Over 85% of the frontline workforce across King's and Guy's and St Thomas' (GSTT) are now trained
- Over 41,000 members of King's and GSTT staff have accessed Epic since go live
- Over 150,000 patients have registered for MyChart, more than 40,000 new registrations after the launch period

Current financial position

The Trust was reporting a **£52.4 million** deficit at the **end of November 2023**.

This represents a significant variation to our planned deficit at the start of the year of **£49 million**, and is driven by a number of factors, including (but not limited to):

- The costs associated with strikes
- The challenging delivery of our cost improvement schemes
- High energy costs linked to inflation
- Costs linked to caring for a high number of patients with mental health needs

We are working at pace to reduce costs, so we can reduce the deficit before the end of the financial year (March 2024)



Bromley Healthcare Strategy

January 2024

CQC report assurance – final closedown

Record Keeping (RK) assurance

Monthly RK audit, weekly spot checks. Review of EMIS templates. SOPs updated.

Compliance monitored by the performance and Audit Team and communicated in Divisional and Scrutiny and Challenge meetings.

Assurance: Annual KPMG RK Audit gave significant assurance with minor improvements

PMO rollout

A PMO system has been set up, communicated and adopted.

Assurance: This is monitored by the by the PMO team and Project Manager on the Board

Patient and public engagement

85% of FFT responses are positive. Engagement Strategy developed and agreed with ICS approach. Lived experience to be embedded,. Co-design of services with patients

Assurance: CEO update. FFT data

District Nursing recruitment

CEO dashboard

Governance balancing oversight and strategy

The Bromley Healthcare Strategy, Community First was launched in April 2023. To date 29 Strategic Reviews with teams have been delivered.

Overall judgement of OFSTED inspection of our Children’s Respite Care: Good.

SEND Inspection in Greenwich achieved the highest possible rating and highlighted excellent partnership working

Development and delivery of belonging sessions

In place and ongoing. In staff survey and annual conference and awards

End of life – Frailty

Improved training/EMIS template

Assurance: Audits, Celoxis PMO system

Lone working

Lone Working Group have updated the Lone Working Policy and service specific detail has been added to service SOPs. Relevant staff have Peoplesafe Devices.

Assurance: Monthly reporting on usage of Peoplesafe Devices

Bromley Healthcare CQC Audit Programme

100% audits migrated to revised programme. Clinical audit proposals to be reviewed and approved at Audit and Research Approval Panel.

Assurance: On Celoxis and monitored. Reported to Exec and Board

Freedom to Speak Up Guardians

We have three Freedom to Speak Up Guardians (FTSUG) in place, and twelve Freedom to Speak Up Guardians. The Guardians are regularly included in the CEO weekly bulletin and are listed on the intranet so our people know how to contact one if required.

Assurance: A bi-annual FTSUG report goes to the People and Culture Committee and it is part of the KPMG programme for 23/24

CQC Tactical Projects		
	Status-all closed	Assurance
DBS Checks	100%	Monitored on CEO dashboard
KPMG External Data Review	100% of arising recommendations completed in timescales	Completed
Mandated 2-2.5 year checks	Mandated checks achieved targets	HV safety netting dashboard & compliance against KPIs
Checks & oversight of deferred visits	Deferred visit process established & monitoring in place	Oversight from Exec and service
Clinical supervision recording	Robust central repository and reporting in place	Health roster report showing compliance using the new app
Notifications	100% of unexpected deaths where patient in receipt of regulated activity from BHC notified to CQC	CEO dashboard
Accessible Information Standard	Improved compliance from internal approach	Positive rating from KPMG for AIS Audit. Monitored by Performance & Audit team
Sepsis & moving & handling Foxbury	85% of moving & handling and NEWS 2 training completed on time	CEO dashboard/HR dashboard for mandatory training. Monitored Dev+ & Safer Care Group
Medicine administration records	Monthly audit of MAR charts shows improvement	Progress of audits & actions monitored on Celoxis
Drug Fridges	90% twice daily checks	Fridge logs evidence checks & issues
Oxygen Cylinders	100% Oxygen cylinders at Foxbury secured	Monthly Pharmacy Audit evidences checks
Foxbury Pressure Ulcers	Ensure the number of BHC acquired PUs reduce	CEO dashboard- downward trend. Incidents discussed at weekly Performance & Scrutiny meeting
Clear plans for overdue EHCP assessments within 6 weeks	Internal & external processes have been improved.	EHCP & CEO dashboard

Clinical competencies

Recording reviewed and centralised system created.

Quality improvement

QI Champions identified. QI team in place. QI culture being developed further.

HV skill mix and recruitment

Band 5 Development Nurses in post with training. Career pathway and specialisms in place

Assurance: CEO dashboard, Exec

Oversight of performance

New performance framework in place

Assurance: KPMG review of Governance gave significant assurance with minor improvements

CCNT base

Permanent base established

MCA

Level 2 training mandatory for registered clinical staff.

Assurance: CEO dashboard/HR dashboard

Community services integration

How Bromley Healthcare is integrating in the system

Key: Pink outline indicates multi-partner pathways or service delivered to partner.

Local Authority

Children and Young People Hub

Community Paediatrics and Audiology

PCN

Integrated Therapies (SLT, OT, Physio, Dietetics)

Public Health Nursing (0-19)

Hollybank respite centre

Children's centres

42,000 referrals; 250,000 contacts;

B-CHIP (triage)

Children's Community Nursing Team

Children's Hospital @ Home

Adult Hospital @ home

PCN practices

Penge
Beckenham
Hayes
Orpington
The Crays
MDC
Five Elms
Bromley - Connect

Neighbourhood Team

LTCM
Fuller
Diabetes
Wound care

PCN

Integrated nursing

Domiciliary care

Talking therapies

Specialist Community:
• Podiatry
• Diabetes
• Dietetics
• BBM
• Tissue viability
• Wheelchair

52,000 referrals; 375,000 contacts;

Proactive Care Pathway

Case Management

Remote monitoring

Urgent Community Response (ANPs / Therapies / Rehab beds / Respiratory / GPOOHs)

25,000 referrals; 50,000 contacts;

Princess Royal University Hospital/ Other Acute

Patient / family self-referral



Neighbourhood and CYP hubs support (all admin support to patients/ families)

Care Coordination Centre 24/7

Digital and EMIS (including support for PCNs and practices)

Co-production function

Business intelligence (One Bromley initiatives / Segmentation / Stratification / EMIS analytics / safety net dashboards)

People (Scheduling, Bank, Recruitment, Additional Roles Reimbursement Scheme [ARRS] hosting, L&D)

Single Point of Access: Clinical Triage via Nurse and Therapist

Developing our 'Community first' strategy: Challenges of the decade

As outlined starkly by the South East London Coalition for Better Health and Equity, south east London face significant population health challenges.

Across our area:

- ✓ There remains a high burden of disease, both physical and mental
- ✓ 21-45% of premature deaths in our boroughs are attributable to socio-economic inequalities
- ✓ One in five children live in low-income homes
- ✓ Life expectancy improvements have stalled and can vary by up to nine years within a borough between the most and least deprived areas
- ✓ Quality of care is variable and often does not meet the requirements of the most disadvantaged or those with the greatest need, despite examples of world-leading services and research within south east London

Health inequalities continue to grow. We believe that community services will be the key that unlocks changes that are required right across our society to meet the challenges of our decade:



Equity of access to health and care*



Supporting people to live and age well*



Economic climate and rising costs*



National challenge with workforce shortages*



Supporting children with complex needs*



Joined-up care in partnership*

Developing our 'Community First' strategy: Engagement

Our strategy process was led by the Better Together Group (BTG), a representative group from across our organisation at all levels and in all boroughs, with a diverse range of ages, genders and ethnicities. They became our experts in the experience of working at Bromley Healthcare and their recommendations identified how we can become a healthier, more inclusive and innovative organisation living, while living up to the values we have chosen.



Engagement process



Better Together Group

Our representative colleague group collected feedback and insights during 256 instances of engagement with colleagues across the boroughs we serve.

Health and social care partners

20 interviews with partners across the South East London Integrated Care System and a survey to Primary Care.

Digital colleague events

2 interactive events brought together colleagues from across Bromley Healthcare, gathering over 600 instances of engagement.

Engagement with local people and communities

Feedback from Bromley Healthcare Patient Reference Group and our friends and family survey.

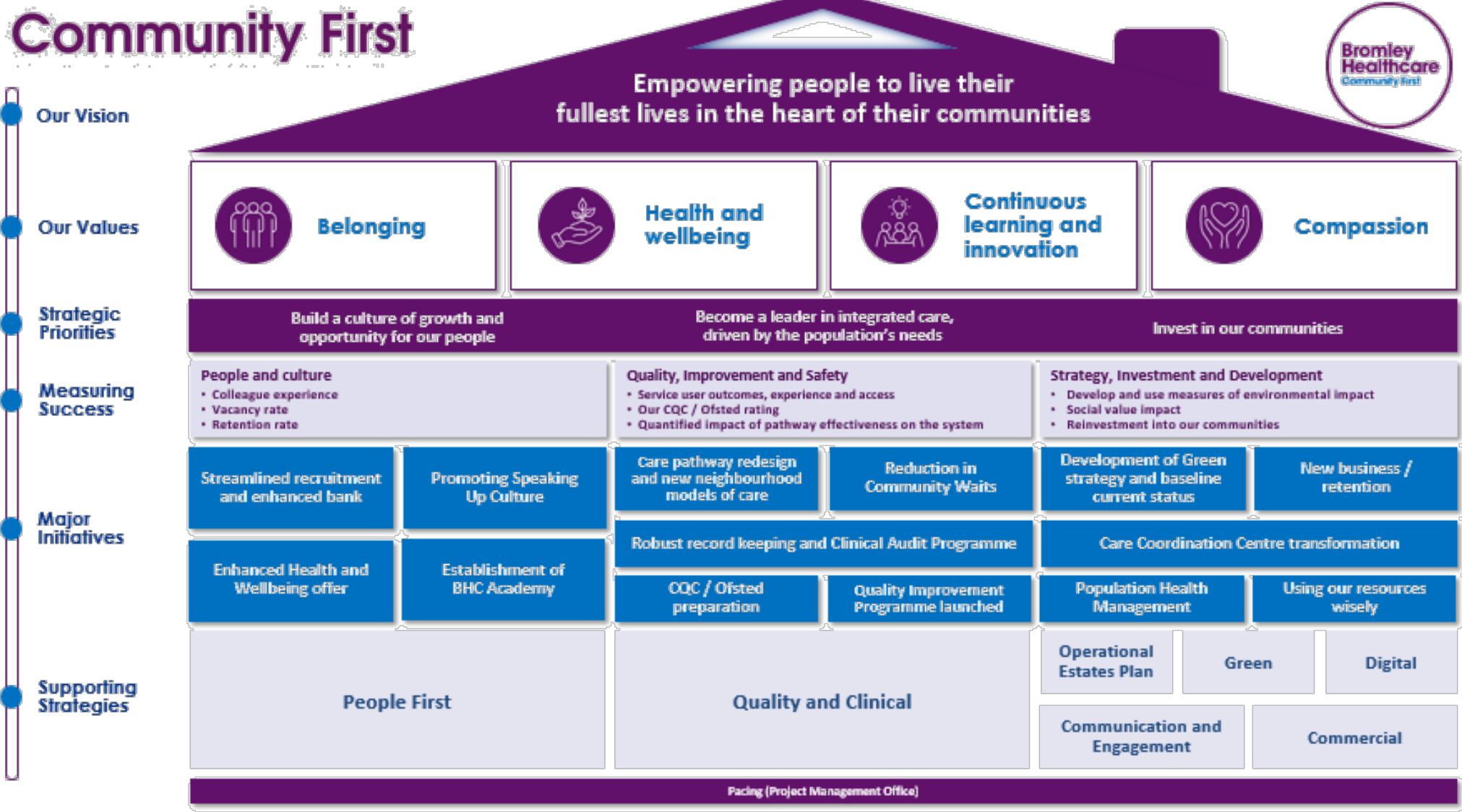
Board and Executive

10 interviews and 2 workshops with members of our Board and Executive teams.

Following all their individual conversations, the BTG had 2 workshops to synthesize all their rich insight into the six key themes.

The group used their research to produce a report that has played a really important part of our Bromley Healthcare Strategy for the next 5 years.

Developing our 'Community First' strategy: Strategy on a page



Our strategy in action:

Strategic goal 1: Build a culture of growth and opportunity for our people



“Shifting to a more relational way of working, supported by creating connections and trust within teams and across the organisation, will help us realise one another’s potential.”

- Better Together Group

“[There should be a priority] for training and professional development, supported by emphasis on developing safe spaces and opportunities to speak up and challenge the status quo, seeking and giving feedback at all levels and supporting all Bromley Healthcare members to get involved in forums.”

- Better Together Group

- Continue to reorient our clinical leadership towards our neighbourhoods so it is and feels a more equal and inclusive place to work.
- Invest in a programme of organisational development, designed to improve psychological safety.
- Develop our identity around our four core values and status as a community interest company.
- Take a digital-first approach.
- Invest in our project and programme management capability.
- Develop Health and Wellbeing offer.
- Streamlined recruitment, career progression.



Our strategy in action: Strategic goal 1: Update on wellbeing



Mental health support services and access to counselling

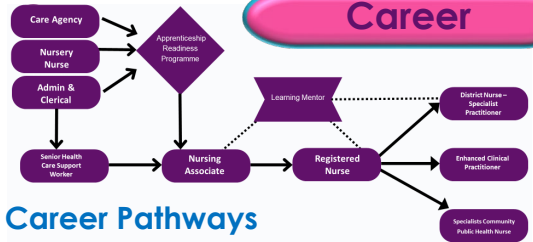


Mental Health First Aiders



Menopause presentations, learning and resources

Career



Career Pathways

Leadership programmes

Leadership programmes: 186 staff have attended one of three leadership courses since the programmes began in September 2020; 47% have been promoted. (52% in last year), with 23 internal promotions

Freedom to Speak Up

Speak up and make a difference

- Annual Ball and Awards
- Star/Team of the Month
- Quiz evenings
- Team away-time



Schwartz Rounds



Employee Experience Collaborative



Wellbeing Week - Walking Challenge



Staff physiotherapist

Physical



Security devices for lone working



Employee benefits e.g. bike to work; discounts and gym memberships



Community co-design



Lived Experience Advisory Group

Social



Tilly Majekodunmi
Head of Prescribing and Medicines Management
Bromley Healthcare

Belonging

A safe space where we can all interact.



Disability



Race, Equality and Cultural Heritage Network

Our networks



LGBTQ+ Collective

Financial



Pension and Finance schemes



Financial fitness tools

Community



Environmental, social and governance



Apprenticeships

Our strategy in action:

Strategic goal 2: Become a leader in integrated care driven by the population's needs



“[Bromley Healthcare] can be proactive; driving forward the patient-first agenda.”

- South East London resident

“Potentially look to become a prime contractor and consortium organisation to encourage innovation and collaboration as a medium organisation with a unique status compared to other healthcare organisations.”

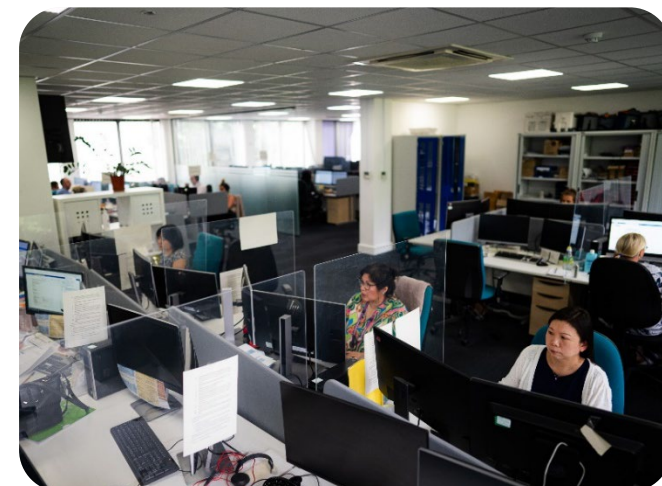
- A system partner

“Communication and navigating the system [is important]. [Bromley Healthcare can support] the communications between GPs, the community and social care – people want to only have to tell their story once.”

- South East London resident

- Build on our established strengths, e.g. working closely with neighbourhoods and primary care, as well as with the acute and social care providers around them.
- Develop new delivery models – which will require the development of new skills and organisational capabilities. Our existing care coordination will move gradually from supporting services to supporting neighbourhoods.
- Invest in our data and analytics capabilities to enable us to add predictive care to our existing strengths in performance management.
- Develop new ways of developing services in partnership with patients, service users and families as well as with professional partners.
- Collaborative team working.

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Our strategy in action:

Adult services : National Wound Care Strategy for lower limb

Bromley Healthcare is a Test and Evaluation site, working closely with the ICB and GPs across the borough to improve wound care for lower limbs



Improving the quality of care for patients presenting with a lower limb wound

Gill Harman; Tissue Viability Nurse Specialist, Bromley Healthcare

42% of wounds in England present on the lower limb

Background:
In 2018, NHS England commissioned the National Wound Care Strategy Programme to develop a National Strategy to improve the quality of care for patients with wounds. In 2019, lower limb ulceration cost the NHS £3.1 billion with an expected 4% increase year on year.

Introduction:
Lower limb wounds form a significant part of a Community Nurses Caseload. Evidence suggests unwarranted variation in care nationally. Issues include staff knowledge, skill and competence and inadequate tools and systems to record baseline data. Bromley Healthcare, supported by the Health Innovation Network (HIN), are working towards improving and streamlining care for patients in line with new National recommendations.

- 1. People**
- Audit of Community Nurse skills and competence
 - Formation of an OSCE for senior nurse sign off
 - Updated lower limb clinical guidelines
 - Formal training updated
 - Successful application to HIN to become the test and evaluation site for SE London
 - Key stakeholders established for wider project
 - Project plan established for wider project

Achievements to date

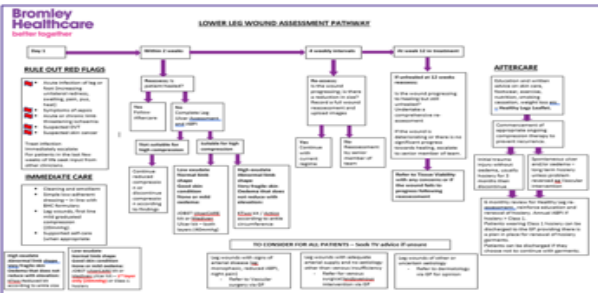
- 2. Process**
- New pathway developed and piloted in a Neighbourhood team
 - Discussion with ICB re changes, challenges and gaps in commissioning
 - New pathway implemented in all Neighbourhood teams
 - HEE training modules mapped to align with staff competence and skill level

- 3. Data/Technology**
- Data requirements reviewed and metrics reported
 - Successful application for funding for years pilot of a Wound App
 - Successful tender process to identify a Wound App provider

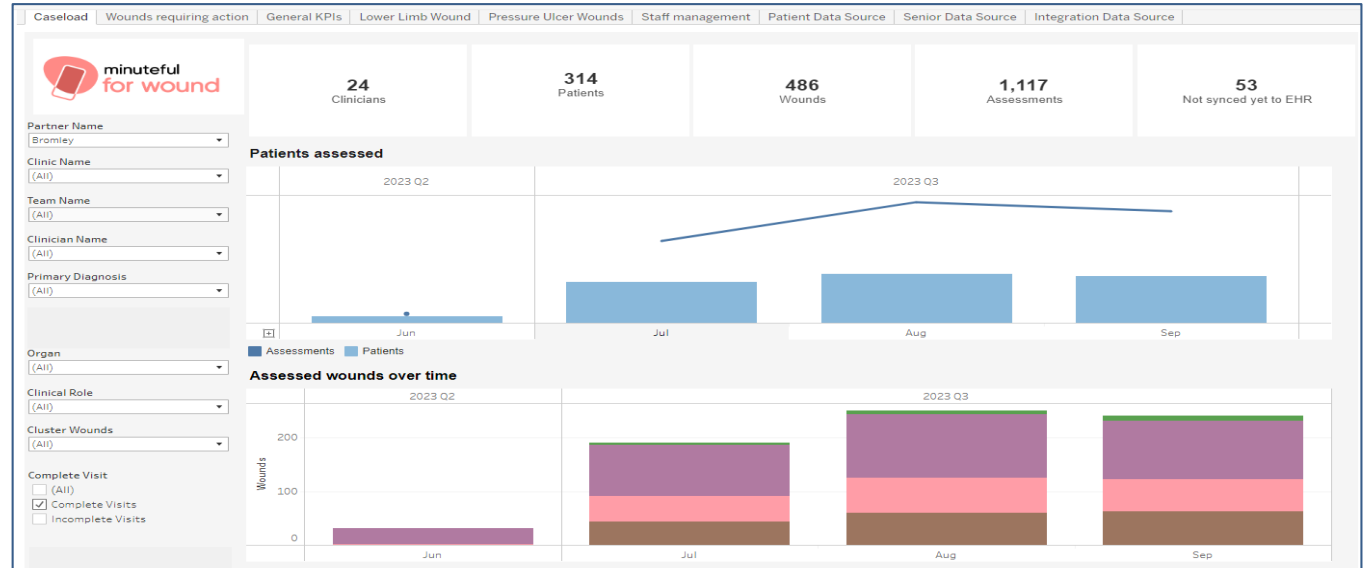


Scan the QR code to find out more about the National Wound Care Strategy Programme

New District Nurse Leg Ulcer Pathway



- Next steps**
- HEE education modules implemented and embedded
 - All relevant staff signed off using OSCE and process embedded in Neighbourhood teams
 - Widened metrics reporting
 - Working group established for Wound App and 1 year Pilot commenced
 - Wider engagement with Primary and Secondary care
 - Patient and public engagement



App automatically highlights wounds that are static or deteriorating so that additional focus can be given to these patients.



Our strategy in action:

Neighbourhood working

Case management pilot

Care for patients who have been pro-actively identified, including high-users of healthcare with complex needs. A case management team ensures that actions are followed up from a holistic review and kept on a Community Matron caseload for up to 10 weeks. Once completed, these patients are handed back into the care of their GP practice and a Care Coordinator.

The outcomes being monitored are a reduction in the patient's immediate health and care needs across the system, such as a reduction in escalation to hospital emergency and elective services.

1st phase: The pilot started in March with 13 patients identified at the ICN MDT).

2nd phase: High users of Rapid Response were identified with 60 patients found. 11 have been deemed appropriate and three consented for a visit.

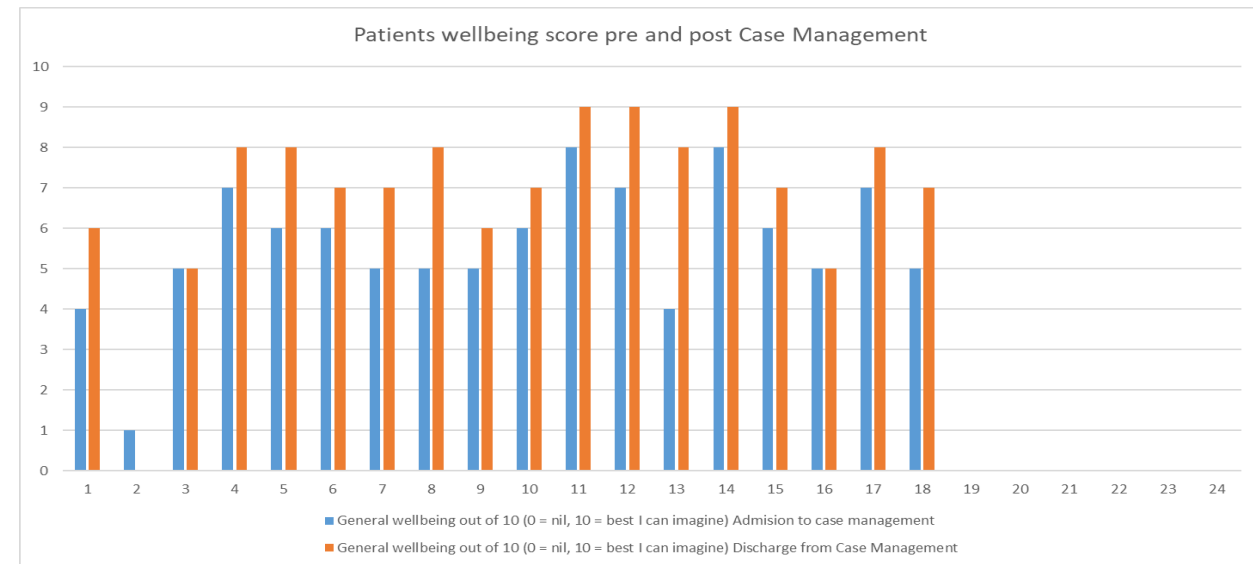
3rd phase is now underway. Case finding reports run using the GP EMIS system. 65 patients identified and the Care Coordinators are consenting and referring to ICN.

Initial feedback has been positive with patients pleased with continuity of care and having someone to contact to ask questions to by not calling their surgery. They also feel that many of the outcomes have given them a better quality of life.

Clinical outcome measures

- Improvement in Rockwood score
- Questionnaire pre and post discharge, measuring a patient's wellbeing out of 10 and how they are feeling about various aspects of their life.

Wellbeing data for patients who have been through case management for 10 weeks:



Integrated care : Adult services

Fuller pilot

Fuller Pilot in Bromley – Anticipatory Care Team (ACT)

The Fuller Pilot model will identify patients using proactive case finding through EMIS population reporting. Patients who have CVD, Diabetes and Respiratory conditions will be assessed in a clinic setting or at home.

This model enables us to be more responsive to the needs of patients and is focused on preventing future long-term problems associated with the patients' medical conditions, i.e. better Diabetic and BP control.

The Fuller Pilot is responsible for supporting people at risk of their condition worsening, ensuring that patients identified:

- Have a comprehensive initial assessment with various health checks.
- Receive a personalised care plan along with signposting as to how to improve their health and wellbeing.
- Be supported and educated and empowered to assist with patient self-management (where appropriate)
- Once patients have been successfully identified through case finding a clinic appointment will be booked by the integrated PCN Care Coordinator with a member of the team (Neighbourhood Nurse, Nursing Associate or Health Care Assistant). The assessment will be documented on EMIS

The Fuller Pilot has now been fully recruited to with over 50 home visit initial assessments completed and clinics to start in the next few weeks.

Clinical outcome measures

- Questionnaire pre and post discharge, measuring a patient's wellbeing out of 10 and how they are feeling about various aspects of their life and to assess current management of long term condition.
- Improvement in Blood Pressure.
- Improvement in HbA1C
- Improvement in lifestyle (smoking and alcohol)
- Hospital admission and GP attendance reduction.
- Onward referrals

Penge Holistic Diabetes Hub

Actively looking for patients who are not accessing diabetes care or education and offering it in a way that encourages engagement through the use of different locations or formats. This will be achieved through the use of the Nursing Associate to coordinate case finding with the practices to identify patients and organise localised care in a suitable environment, education around pre-diabetes interventions, diabetes management, and helping patients access psychological support around living with diabetes.

A mixture of one stop diabetic hub reviews, additional capacity to collect information on the diabetes care essentials and direct access to rapid intervention for Podiatry and Dietetic input.

Our strategy in action: Urgent Community Response

- **Rapid Response: The BHC team handle** over 50% of the SEL referrals and consistently exceed the 2-hour target of 90%.
- 97% of BHC patients are seen within 2 hours vs a national Benchmark average of 90%

Bromley - 2 Hours Performance



SEL Borough Combined Figures 2hour

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023
Number of 2hour Referrals (SEL)	763	633	731	660	650	704	655	625	611	586
% Compliance for 2hour(SEL)	93%	93%	87%	92%	88%	91%	93%	93%	93%	91%

- Page 49
- **Rehabilitation – Home Pathway:** Using NHS Benchmarking Network data, BHC patients are slightly less frail at admission, but show greater improvement, following a shorter stay, than the benchmark. 15% more BHC patients are living with frailty:
 - Waiting over 2 days: BHC 12%; Benchmark average: 39%
 - Sunderland score change (improvement): BHC 5.3; Benchmark average 3.9
 - Length of stay (days): BHC 21; Benchmark average 37.4
 - Discharged to own home: BHC 85.9%; Benchmark average 67.9%
 - Living with Frailty: BHC 82.8%; Benchmark average 67.7%

Case study: Confusion and respiratory

- 87 year old Male - referred by GP due to worsening confusion and cough.
- PMH: vascular dementia and ILD.
- History – more confused and needing support with transfers which is not usual. Has a chronic cough however now has increased sputum production, no haemoptysis.
- No fever, SOB, chest pain, nausea/vomiting, urinary symptoms. No neuro focal.
- Vitals - BP 97/62, 20rr, 96%, 73bpm, 36.7. NEWS2 score – 2.
- Examination – Crackles to left mid-lower zones on auscultation. No wheeze. Normal heart sounds. Urinalysis NAD.
- Grade 2 pressure sore found – treated. Skin assessment – Medley score: 14. Datix completed.
- CRB-65 – 2/4
- LRTI found – doxycycline prescribed. Safety netted.
- Onward referrals – DN to manage wound and BP review. RATT for mobility assessment.

- **Rehabilitation – Beds:** Using NHS Benchmarking Network data, BHC patients are slightly frailer at admission, but show greater improvement and move from severe to moderate dependency, during a shorter stay, than the benchmark (MBI = higher score = lower dependency). 7.7% fewer BHC patients are living with frailty.
 - Waiting over 2 days: BHC 0%; Benchmark average: 15%
 - MBI score change (improvement): BHC 24.9; Benchmark average 21.6
 - Length of stay (days): BHC 22.6; Benchmark average 26.8
 - Discharged to own home: BHC 81.7%; Benchmark average 63.5%
 - Living with Frailty: BHC 71.4%; Benchmark average 79.1%

Our strategy in action:

Collaborating with partners : Children's services

Bromley Children's Hospital at Home Service

Bromley Children's Hospital at Home Service went live in February 2021 and provides hospital level care to acutely unwell children in the comfort of their home. It has four pathways, IVAB (OD, BD and TDS), Respiratory, Gastroenteritis and Anxious families (health promotion, reassurance and prevention of re-attendance). The service is a One Bromley collaboration including Bromley Healthcare and Kings College Hospital:

The service reduces length of stay in hospital and admission avoidance. 2083 Bed days saved (IVAB only) and cost savings of £958,180

"This is an incredible service. Means that a sick child who needs IV medication can receive hospital grade care in the comfort and security of their own home"

"From start to finish the service was amazing. Clear communication when we needed to change times of medication. Just an absolute dream of a service"



"The nurses were incredibly warm, compassionate, professional and knowledgeable. They showed empathy and patience. I'm genuinely blown away by how brilliant this service is"

Bromley Child Health Integrated Partnership (BCHIP)

BCHIP is a collaboration between Paediatric Consultant from the PRUH, Primary Care GP and Community Children's Nurses from Bromley Healthcare. There are currently 5 PCNs involved.

Weekly virtual triage meetings discuss referrals and agree the most appropriate outcome for the child. Monthly clinics are run for face to face appointments with a Paediatric Consultant and GP within the child's PCN. There are also lunch and learn sessions.

Outcome of triage meetings



Advice and guidance to referrer on further management or investigation



Face to Face clinic: Paediatric Consultant and GP specialist work together at local GP practice



Specialist Children's Community Service



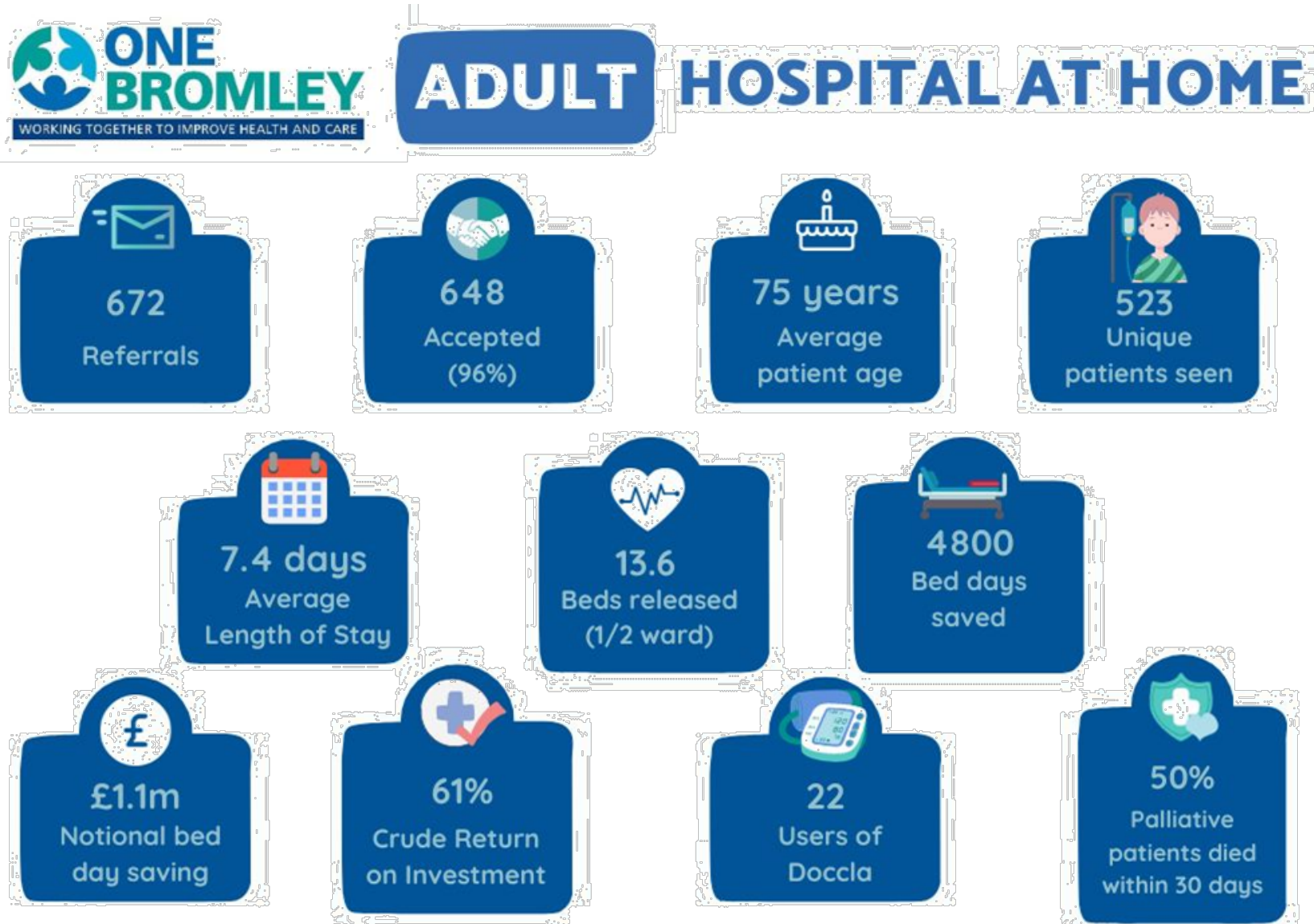
Hospital Referral to specialist team by GP if deemed appropriate

Aim: to reduce wait times and support children better and more effectively through optimised capabilities in the local system.



Our strategy in action:

Collaborating with partners : Adult Hospital at Home – A year in review October 2022 to October 2023



Our strategy in action:

Tri-borough Health Visiting update

Bromley 0-19 service now fully recruited. As at end Q2 KPI targets being achieved for NBV, 6-8 wk & HR1 checks. HR2 checks remain an area of focus.

HV Strategy- 4 Priority Areas under the Public Health Nursing Strategy	Actions	Update
Valuing and developing the workforce	Creation of Health Development Nurses (HVDNs)	7.6 FTE HV Development Nurses in post. Internal and external level 6 training in place and some have completed. 3 of the HVDNs have enrolled onto the SCPHN student HV programme
	Career pathway for Public Health Nurses	Band 7 specialist post opportunities which have been popular with the Public Health Nurses
	Leadership development of Band 6s upwards	<ul style="list-style-type: none"> - 2 days of update training delivered by the School and Public Health Nurses Association to all School Nurses in Bexley and Bromley - Seven staff are attending supervisor and assessor training from the Pan London HEE funding. - Cohort 1 have completed the iHV Leading Excellence in Practice Programme that is aimed at developing SCPHN leadership capacity and capability within 0-19 services to make a difference to children, families and communities. - Internal Stepping into Leadership Courses run by Bromley Healthcare
	Upskilling of the Community Nursery Nurses	SEND specialist has trained our staff and worked with the local early years providers and child minders to boost the integrated 2-2.5-year review and improve partnership working
	Professional forums including membership of the Institute in Health Visiting (iHV)	All qualified SCPHN are members of the iHV Termly forums delivered across all three boroughs for staff to come together
Working in collaboration	Partnership working	Working with early years providers to deliver an integrated 2-2.5-year review
Implementing frameworks to support practitioners to deliver safe and effective high quality care	Tools to assist delivery of high quality care	Maternity Cause for Concern RAG rating tool implemented tri-borough Staff using Acuity Tool Oversight of clinical caseloads to ensure people are receiving the right care
Providing families with accessible and inclusive care	Accessible and inclusive care	Health Advice Clinics and infant feeding sessions being delivered across the boroughs to ensure equitable access for service users
	Strengthening Families Health Visitors to work with families using a suite of interventions and the Family Partnership Model as a framework to guide behavioural change	Band 7 Strengthening Families (SF) Health Visitors for Greenwich: 8.6 FTE in post. Programmed launched in September 2023. Plans to roll out in Bexley as well if successful in tender

Our strategy in action:

Strategic goal 3: Invest in our communities



"[We want] a provider that could bring the skills and expertise to reshape what the offer to families is from conception ... coming up with ideas on how to improve, and helping to develop and make concrete steps towards these behaviour changes."

- A system partner

"We need to look holistically at the impact of transport. Our people want more options to work at home and have concerns about our energy consumption."

- Better Together Group

"Bromley Healthcare needs to build stronger local relationships with schools and colleges in our area to develop talent pipelines and provide learning opportunities and jobs for local people."

- A local health and social care partner

- We have the opportunity to have impact directly on health and wellbeing and indirectly as a large employer, as a purchaser by examining our supply chains to support local businesses where possible.
- We will continue to invest our profits to improve services, through our charity, through research and through development of our own work.
- We will reimagine the way we offer our services to minimise their negative impact on the environment. We will assess the tools we use, the journeys we make, the buildings we work in.
- We will need to make more use of the information we routinely collect in our work.



Our strategy in action:

Working with local people and communities: outreach and engagement



Greenwich 0 to 4
Health Visiting Service
#WBW2023

WORLD BREASTFEEDING WEEK 2023

1-7 AUGUST

Join Greenwich's Infant Feeding Specialists for a week-long Q&A, starting on Monday 31 July on Instagram stories, and have your breastfeeding questions answered.

Follow @greenwich_0to4 to join the conversation.



Help Bromley Healthcare to shape local community health and care priorities

About this survey
Bromley Healthcare are developing a new clinical and quality strategy that will help guide and inform our care. You can take part in our short survey to give us your views. Your answers will help us to see how we are doing overall and find out how we can improve.

Win a prize
At the end of the survey, you will have opportunity to enter into a prize draw for your chance to win a prize that has been donated to Bromley Healthcare*:

- 1 year-long membership at a Mytime Active gym
- £100 in shopping vouchers from John Lewis
- £50 in shopping vouchers from M&S
- Oral-B electric toothbrush



What did you like most about our services?

[More Details](#) [Insights](#)

547
Responses

Professional & friendly
Friendly staff
Great staff home visits
medical and other staff time
Good service
friendly and caring

service

Friendly service
friendly and helpful
caring
Helpful staff
nurse
staff helpful
staff were friendly
staff are lovely

Our strategy in action: Digital Transformation



Highlights of last month

- Network upgrade completed with all BHC networked - corporate and public WiFi service
- Majority of Storm automated text reminders roll out completed
- CCC Working Hours consultation started
- Online Booking Tender specification development continuation
- IT User Satisfaction up to 93.85% (vs 91.73.41% in Oct).
- IT and CCC service reporting enhancements added
- EMIS Templates Review for Podiatry completed
- GP IT Clinical Trainers and IT Team supporting practices with Tquest and ICE queries
- GP IT Laptop upgrade rollout started
- Cyber Essential Certification Process formally started

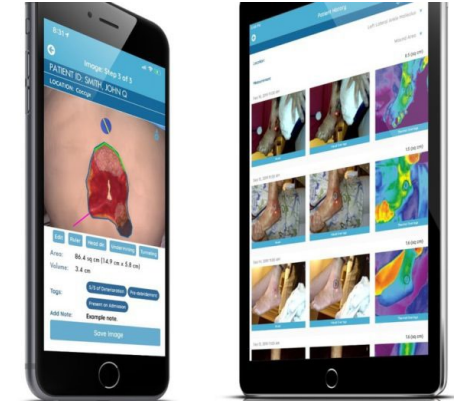
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- Healthy.IO Wound App pilot reach to be extended further following successful launch, indicating an improvement to patient pathways



BROMHEALTH - PUBLIC

Free Public Wi-Fi is accessible to staff, service users or patients, and their families or carers. Any mobile device can link to this service for internet access; please accept the Terms and Conditions for up to 24 hours of access.



Plans for next month

- Launch Online Booking Tender
- Complete CCC Working Hours Consultation
- CCC Storm Speech Recognition Pilot development
- Continue EMIS templates reviews with focus on Rapid Response
- GP IT Continue Laptop upgrade
- Continue Fortigate VPN pilot development
- Corporate Android Smartphone Pilot Launch

Patient experience: BHC continues to offer alternative methods for patients to feed back on the care they have received, including by text – the response rate continues to improve, whilst patient satisfaction remains high:

Home Pathway

"[The] Bromley Home Pathway team has been magnificent; they are a wonderful service. I am so impressed; they have been so, so good. All [the team] have been full of praise and have got me back up on my feet again. The Physio has been brilliant"

Sickle Cell Support Group

"Debbie and her team have always been amazing organising this event, her care for patients is amazing, very holistic. Always putting the family at ease when faced with challenging situations"

Children and Young People's Hospital @ Home

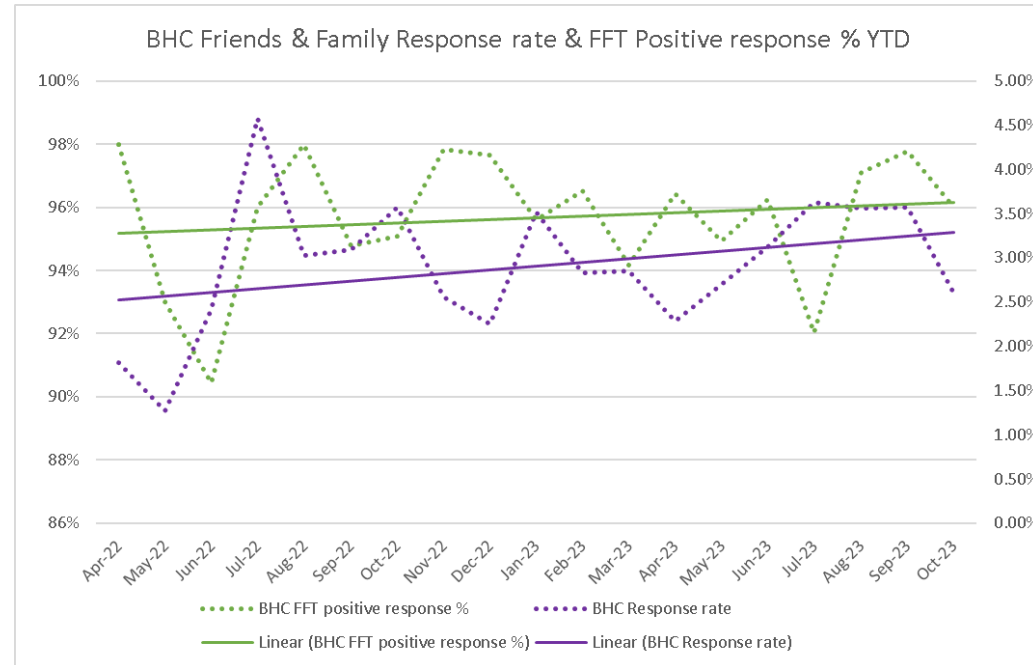
"The team were great from start to finish. They communicated really well. They made me and my son feel super comfortable and supported and cared for. They sought out treatment to help him feel a little better whilst reassuring me throughout. They were all so professional and in a weird way when we were discharged, I thought I'd miss their daily visits."

SEND Specialist

"You're one of the people I've encountered on this journey who I was unreservedly say made me feel truly listened to and made a difference. Thank you so much."

Rapid Response Team

"You cannot improve on the perfection given by the whole service ... no one could have done more, we couldn't have asked for anything more. The whole service is perfect."



*National submission data

Care Coordination Centre

"I wanted to compliment one of your staff for their service ... we have spoken to Michael who has gone up and beyond to help us. His friendly manner and willingness to do whatever he can to help in these circumstances has been a real comfort in a difficult time. He is a credit to your team."

GP Access: deployment of the NHS App in Bromley

Health Scrutiny Sub-Committee

30 January 2024

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Agenda Item 8



The framework for improving GP Access

GP practices have been asked to redesign their contact models to handle the increased levels of demand better.

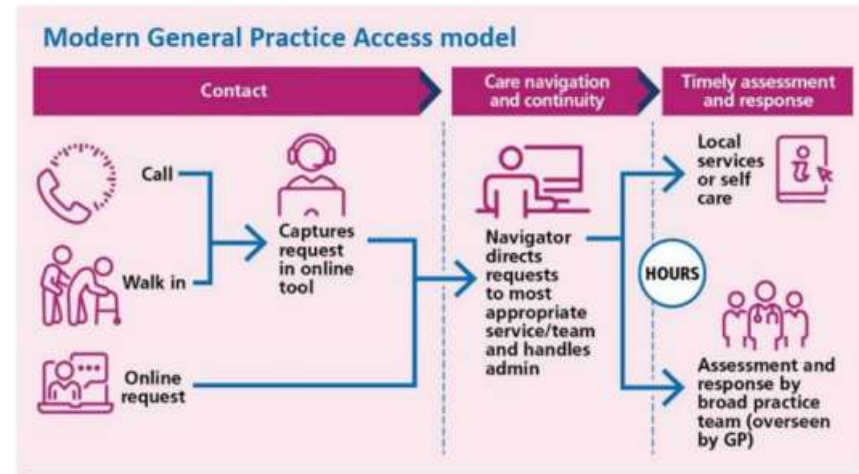
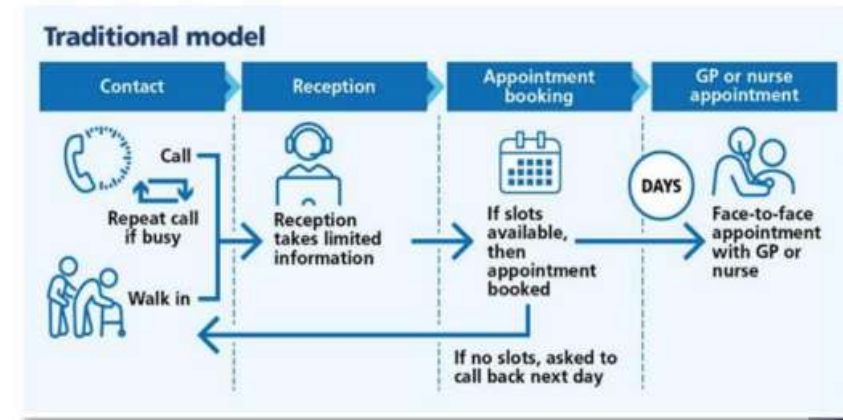
There is a national framework for this redesign defining a range of initiatives, including digital telephony systems, comprehensive triage at initial contact and the broader range of professionals delivering appointments in primary care, dependent on the patient's need.

Expanding use of the NHS App is a key part of the modernising GP access framework.

Providing a convenient means of offering primary care services via the NHS App is designed to reduce phone calls and potentially avoid the need to make an appointment, delivering a range of services quickly and simply for patients.

The NHS App was launched in 2019 and has been downloaded by over 30 million people.

The national target is for 75% of all adults to be registered by March 2024.



Empowering patients

The NHS App aims to empower patients to manage their care, with easier access to NHS services and their clinical records.

The functions available in the NHS App are extensive and continue to grow. The national development team leads a [programme of work](#) to continue the App's ongoing enhancements.

Across south east London, the NHS App will be integrated with an improved online consultations system to further expand the convenient offer to Bromley patients.

Functions already available include:



[Order repeat prescriptions](#)



[Nominate a preferred pharmacy](#)



[View GP health record securely](#)



[Book/check/cancel a GP appointment](#)



[Ask GP for advice/request care using an online form](#)



[Receive notifications and messages from your GP](#)



[Linked profiles \(proxy access\)](#)



[Book your COVID vaccine](#)



[Find your NHS number](#)



[Update data sharing preferences](#)



[Get health advice via 111 online](#)



[Register to take part in health research](#)



[Manage your organ donation decision](#)



[Register with a GP surgery](#)



[Find NHS services near you](#)



[Access the Health A-Z for health advice](#)

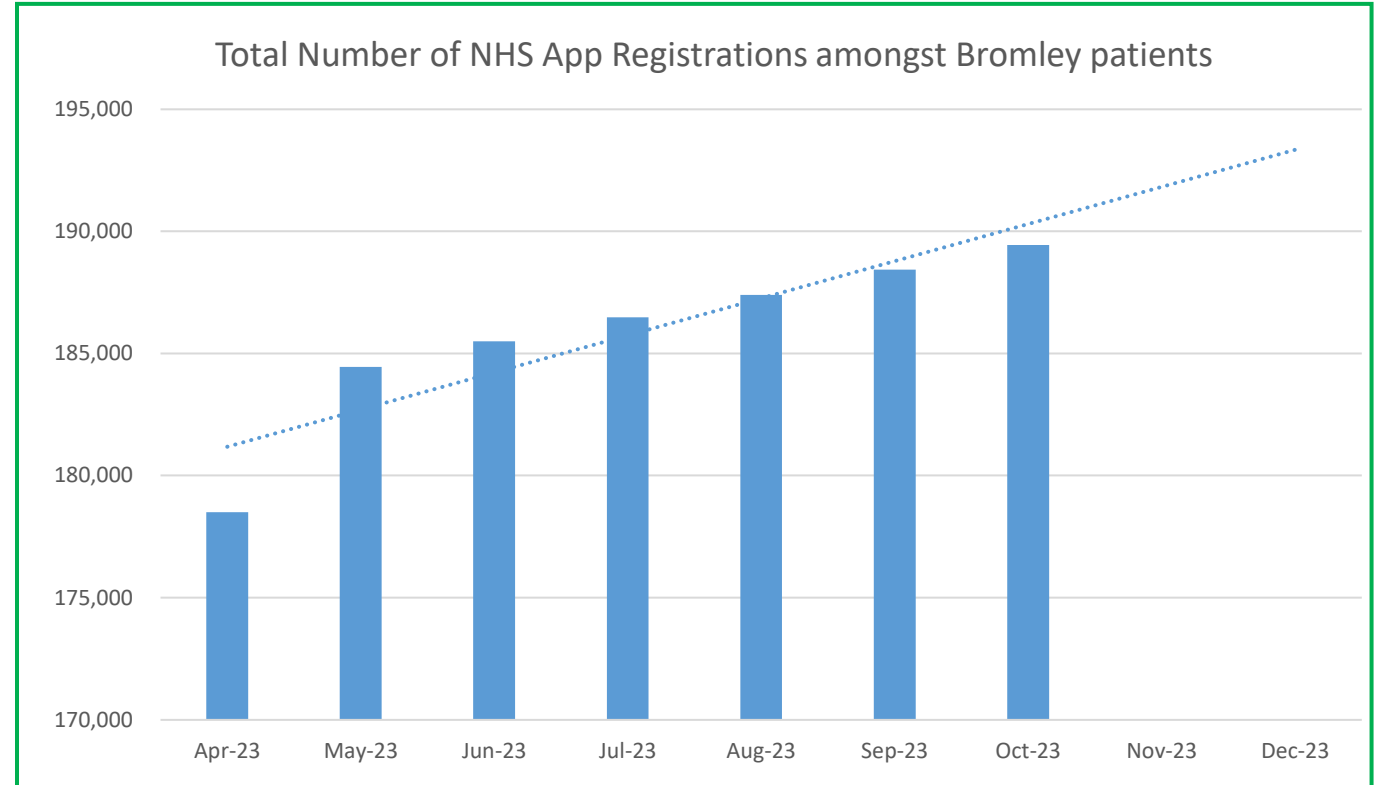
Bromley uptake is increasing



The NHS App is rapidly establishing itself as the digital front door to the NHS.

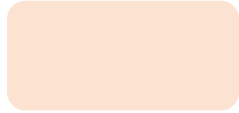
Registration volumes in Bromley have steadily increased. The NHS App is promoted by GP practices, through the Bromley NHS Ambassador, the local [Bromley Primary Care campaign](#) led by the ICB as well as via national media (see links to videos above).

The Bromley registration figures represent 61% of all patients over the age of 13.

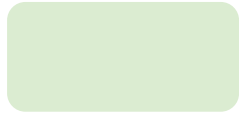


Around 190,000 people in Bromley have downloaded the NHS App.

Uptake appears variable by geography



Average level of uptake is **between 48%-55%** for the Primary Care Network (PCN)



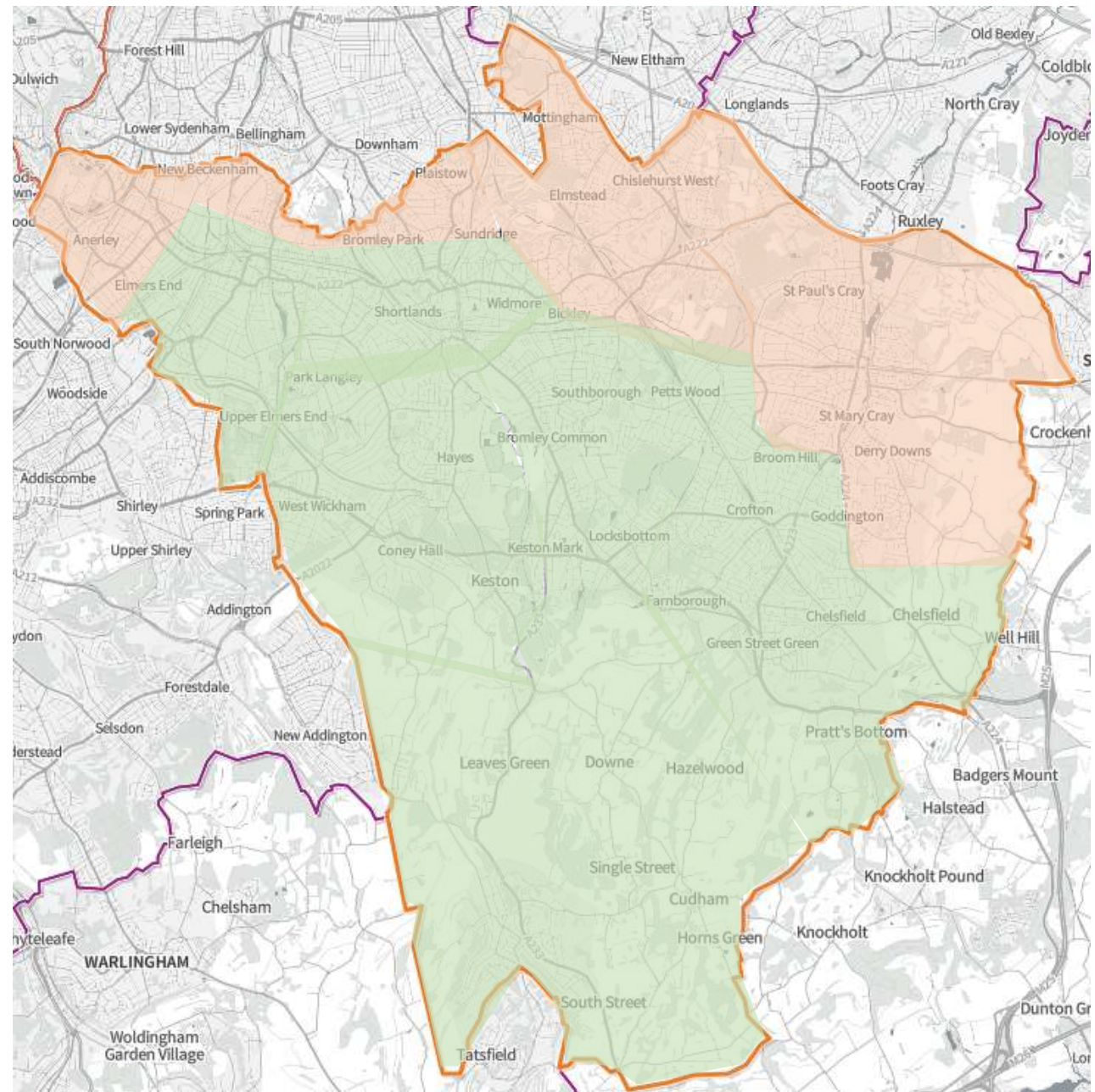
Average level of uptake is **above 66%** for the Primary Care Network (PCN)

Average uptake for London **54%**

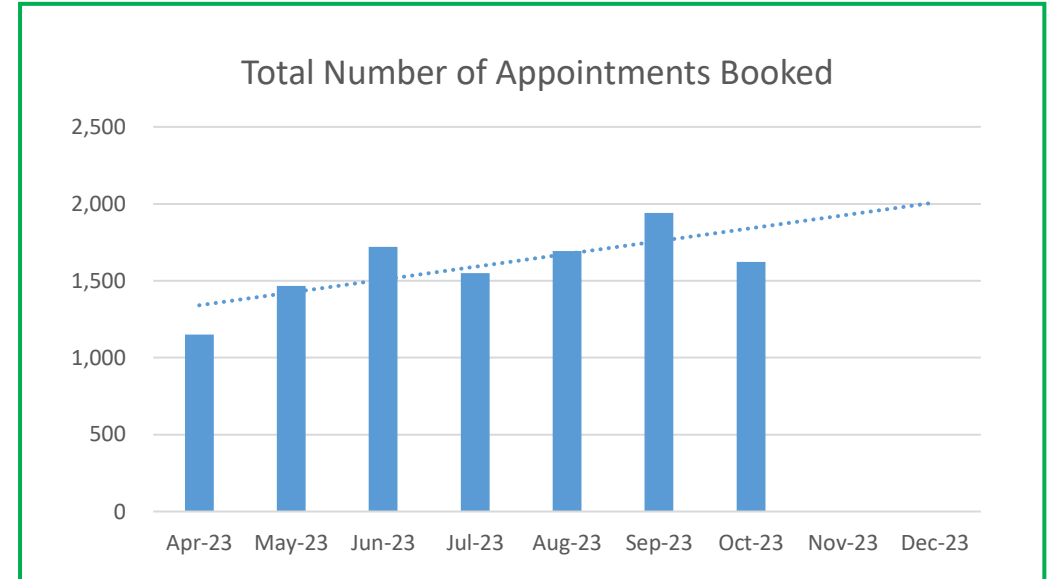
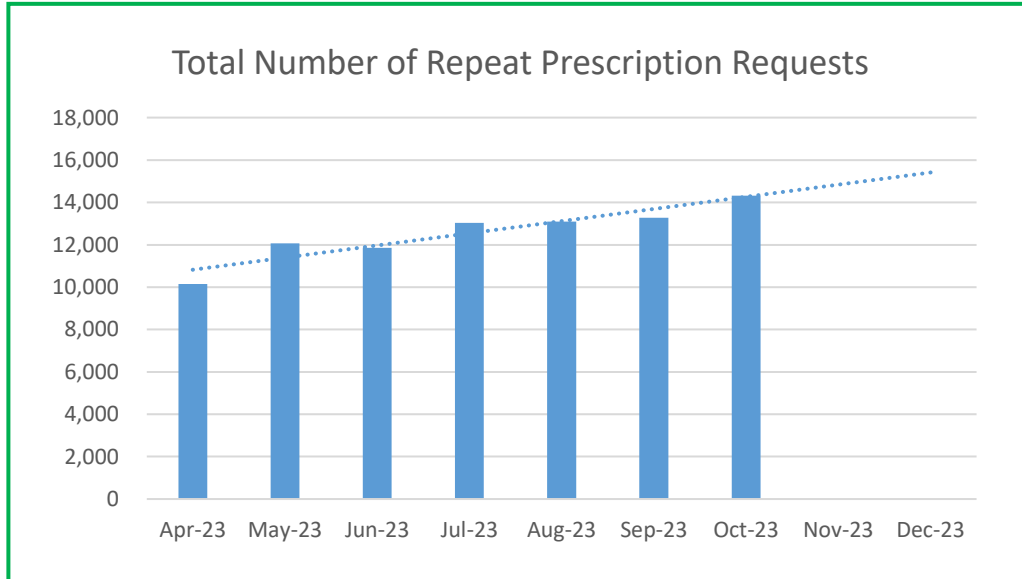
Average uptake for England **54%**

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Geographical variability appears to broadly align with the socio-economic map of the borough. This indicates areas where the ICB may need to provide additional support to improve patient uptake.



Growing utilisation in Bromley



The NHS App is proving increasingly popular as a means of requesting repeat prescriptions. Every request made via the NHS App avoids the need for a visit or phone call to the practice, and is more efficient for the practice too.

Utilisation of the NHS App's ability to book appointments is more mixed. Direct booking is intended for appointments that do not require triage, such as screening or health checks. Some practices have reported difficulty with ensuring the types of appointments available are well understood amongst patients.

The ICB is seeking more information on the demographics of patients using the functions within the NHS App to ascertain whether any patient cohorts may be at risk of being digitally excluded in this way or for particular aspects. Practices are mandated to provide non-digital ways of accessing primary care services for those who are unable or do not wish to use digital routes.

Promoting the NHS App

Practices are asking patients to use the NHS App as a means of accessing GP services.

Practices are promoting the App on their websites and in their voicemail messages. Digital leads in PCNs are responsible for reviewing uptake and providing targeted support to individual practices where registration levels or utilisation amongst their registered patients appears lower.

PPGs can play a valuable role in encouraging and helping others to download and use the NHS App.

A number of Patient Participation Groups across Bromley have successfully run 'NHS App workshops' and other promotion events to help fellow patients to download the NHS App and try it out on their smartphone or tablet.

Digital literacy workshops can help with health technology confidence.

Clear Community Web has run workshops in Anerley and online to help people become more comfortable with technology, including the NHS App. The ICB is looking to expand digital inclusion initiatives more widely.



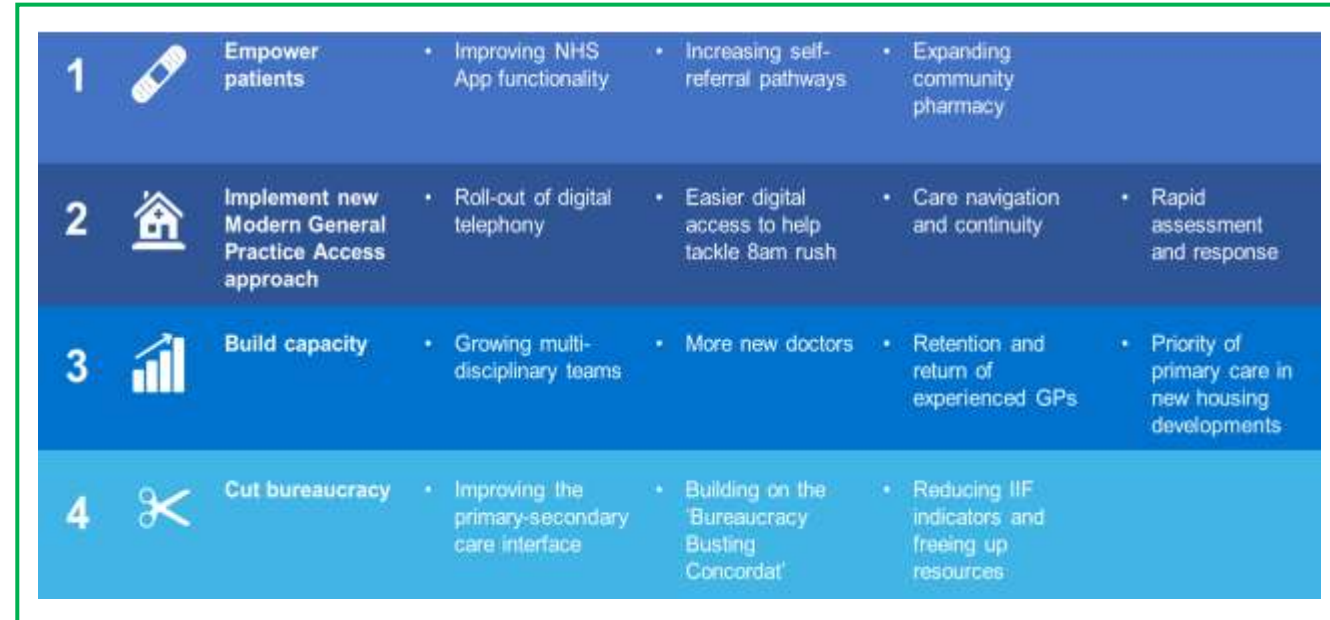
Inviting the support of our elected representative and other community leaders.

- Please encourage Bromley residents to download the NHS App – this is a safe and secure application managed and run by a national team.
- Please showcase your own use of the NHS App, eg to register as an organ donor, look up your test results or request your repeat prescription
- Please remind Bromley residents that using the NHS App can help ameliorate pressure on practice telephone lines, especially at peak points of the day.
- Please share any feedback on what works well in the NHS App, and what doesn't, as this can help to improve the experience of primary care services in the borough.



NHS App sits alongside broader changes

- **Increasing self-referrals:** Patients do not need an appointment for many specialist services – self-referral details are listed on practice websites.
- **Expanding community pharmacy:** ‘Pharmacy First’ due to switch on from 31 January 2024; mobilisation in Bromley underway in collaboration with GP and community pharmacy leaders.
- **Roll-out of digital telephony:** Every Bromley practice due to have digital telephony live by 31 March 2024.
- **Easier digital access:** new online consultation tool going live throughout Spring to enhance management of digital contacts.
- **Care navigation:** Consistent, structured triage at the first point of contact to handle queries and signpost appropriately.



Rapid assessment and response: Quality improvement initiatives to streamline internal processes and deliver care most efficiently in general practice.

Growing multi-disciplinary teams: Over 144 additional new staff have joined practice teams; nearly 30% of these are clinical pharmacists.

More new doctors: Investment in Bromley GP trainers to enable more local GP training places and increase newly qualified GPs staying in the borough.

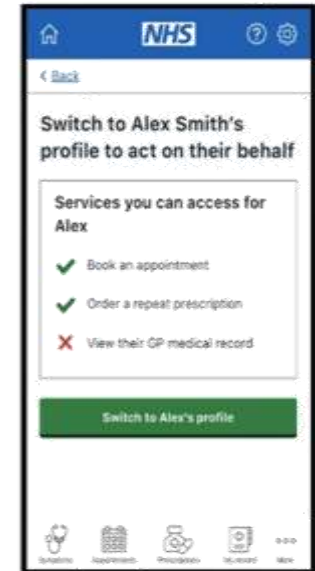
- **Retention and return of experienced GPs:** Proactive work by Bromley Education & Training Hub to encourage highly knowledgeable GPs to continue to work in the borough.

This suite of developments across primary care are targeting expanding services and improving ways of working within general practice. These aim to help Bromley achieve its core objectives of better access to primary care and improving the experience for patients .

Useful resources

- [HealthwaveHub](#) – NHS App Bitesize tips
- [Step-by-step guides](#) – Patient leaflets
- [NHS App Ambassadors](#) – 1 minute video

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Appendix: note on the data

- The NHS App data can only be drawn from a national NHS Digital Dashboard
- The ICB has requested more detailed data on usage based on demographics, eg by age, gender, geographical area, ethnicity, health conditions, vulnerability factors, etc.
- The Head of Customer Experience for the NHS App has confirmed that location and age is recorded but not available to ICBs at this present time.
- NHS England has advised this data gap is being escalated.

Report No.
ACH24-007

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: 30th January 2024

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

Title: SEL ICS/ICB UPDATE

Contact Officer: Dr Angela Bhan, Bromley Place Executive Lead, NHS South East London

Chief Officer: Andrew Bland, ICB Chief Executive Officer

Ward:

1. Reason for decision/report and options

- 1.1 To provide the Health Scrutiny Sub-Committee with an overview of key work, improvements and developments undertaken by SEL ICB and partners within the One Bromley collaborative.
-

2. **RECOMMENDATION(S)**

The Committee is asked to note the update.

Impact on Vulnerable Adults and Children

1. Summary of Impact: N/A
-

Transformation Policy

1. Policy Status: Not Applicable
2. Making Bromley Even Better Priority (*delete as appropriate*):
 - (1) For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (3) For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
 - (4) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.

(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

Financial

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

Personnel

1. Number of staff (*current and additional*): Not Applicable
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value Not Applicable

1. Summary of Carbon Reduction/Sustainability Implications:
-

Impact on the Local Economy Not Applicable

1. Summary of Local Economy Implications:
-

Impact on Health and Wellbeing Not Applicable

1. Summary of Health and Wellbeing Implications:
-

Customer Impact

1. Estimated number of users or customers (*current and projected*): Not Applicable
-

Ward Councillor Views

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

3. COMMENTARY

SEL ICS/ICB UPDATE

1.1 GP Access

GP access represents both a local and a national priority, forming part of the One Bromley strategy. The Bromley Primary Care team, working with PCNs and practices, is modernising the way patients contact their GP surgery and introducing new technology to improve the patient experience of contact and better manage demand for primary care services.

The workstreams include:

- **Implementing digital telephony** – switching every GP practice onto a digital telephony system, offering call queuing, call backs and more sophisticated call management through integration with clinical systems.
- **Improving patient experience** – collection, analysis and service improvement through locally collected survey data in addition to expanding the coverage of Friends and Family Test surveys.
- **Remote consultations** – expanding use of this as a core digital access channel and utilising at-scale hub models to manage queries efficiently and in a timely manner.
- **Empowering patients through modern technology** – revamped practice websites compliant with national digital accessibility standards; increasing NHS App registrations and maximising use of this functionality for repeat prescriptions, appointment booking, viewing patient records, and more; extending use of messaging systems for call/recall, reminders and health questionnaires; self referrals via online tools and establishing remote monitoring hubs for hypertensive patients.
- **Improved navigation** – triaging patients' needs effectively at the first point of contact, so patients are better signposted where appropriate or booked an appointment in a timely manner with the right clinician or other professional based on their clinical need.
- **Pharmacy First** – enabling community pharmacy to complete episodes of care for common infections through self-care, safety-netting advice and supply of certain medicines, avoiding the need to visit the GP practice.
- **Primary/secondary care interface** - making the best use of clinical time and NHS resources in both settings through improved organisation of care and as a result better patient experience of care.

It should be noted that a major change to the remote consultations tool will be taking place during Spring 2023 as a result of a SEL-wide procurement of a new provider. This will coincide with the roll-out of digital telephony for a number of practices, and the expansion of triaging initial contacts in line with national expectations.

1.2 Immunisations Update

The Winter Vaccination programme commenced in September 2023 for both Flu and Covid, the latter being brought forward in response to a new variant (BA 2.86). This led to an acceleration of the Covid autumn booster campaign.

Update on the Covid autumn booster campaign

Covid vaccine delivery partners and estate for the Autumn 2023 campaign comprised of:

- 1 borough-wide service: One Bromley Health Hub at The Glades
- 3 GP-led services: Orpington (Chelsfield), Penge (Oaks Park) and London Lane
- 20 Community Pharmacies across the borough
- 4 pop-up clinic events
- 12 outreach clinics at Orpington Health and Wellbeing Centre

This provision involved some changes to previous campaigns. This included additional community pharmacy services, a new GP-led service at Chelsfield, and a transfer of clinical provider at the One Bromley Health Hub, which was run by a clinical team from the Bromley GP Alliance.

The main public Covid Autumn booster campaign ended on 15 December 2023, with an extended period for outreach activity for under-served groups until 31 January 2024.

Despite a challenging campaign, with the support of One Bromley partners over 55,000 eligible patients received their Covid booster by the 15 December public campaign deadline. The indicative figures (which continue to be subject to change) are below:

Covid 2023 Booster Uptake:

Patient cohort	Uptake
Over 75	75%
65-74	63%
Immunosuppressed/At-risk	26%
Housebound	69%
Care Homes	84%

Source: Bromley Primary Care Data 18.12.2023

The One Bromley Vaccination Taskforce met regularly throughout the campaign to enable service providers, the ICB and Public Health to collaborate, assist each other with delivery issues and identify actions to improve uptake and address obstacles. Taskforce members are contributing to a lessons learned exercise so that the experiences and learnings can be shared at ICS level and beyond to help understand the issues and improve future campaigns.

Seasonal Flu 2023/24 campaign

To date, One Bromley partners have administered over 73,000 Flu vaccines, with the Bromley team supporting practices, community pharmacies and partners with a 'final push' before the campaign ends on 31 March 2024. This includes offering reminders to patients and promoting partner services at community pharmacies and catch-up clinics for school age children.

The current uptake figures (which are subject to change ahead of the final end of the campaign) are below:

Winter 2023/24 Flu uptake:

Patient cohort	Uptake
Over 65	75%
18-64 (at risk)	44%
2-3	48%
>18 months	48%

Source: Bromley Primary Care Data 01.01.2024

1.3 Bromley Health and Wellbeing Centre Revenue Business Case

The Bromley Health and Wellbeing Centre project is progressing well with significant achievements made over the last few months. The key highlights are:

- The RIBA Stage 4 design is now complete, and all documents are being prepared to go out to tender for the construction contractor shortly.
- Expressions of interest for contractors have been issued and 5 out of 7 suppliers were interested.
- Both the Revenue and Capital NHS Business cases have been drafted. The Revenue Business case went to the Primary Care Group on the 11th of January 2024 and was given approval. The Capital Business Case draft has been shared with NHS England for initial comment.
- The DV value for money report has been completed and received. It has recommended this project as representing value for money.
- Building Control approved the application of the 1st floor fit out to a Health and Wellbeing Centre on the 8th of January 2024.
- The Travel plan is being drafted.
- The NHS FM Services procurement for the Health Centre is underway.
- A public Webinar was held on the 14th of December 2023. We received positive feedback from attendees and have taken forward the various comments and suggestions. The slides and further information can be found here [The Bromley Health and Wellbeing Centre - South East London ICS \(selondonics.org\)](https://selondonics.org)
- Further engagement events are being arranged.

Finally, although there has been some programme slippage, it is not predicted to impact on end date and the centre is still due to open at the end of 2024 as planned, subject to final approvals.

1.4 Bromley All-Age Continuing Care Partnership Service

Over the last two years, Bromley has been transforming its All-Age Continuing Care service to better meet the needs of Bromley's growing population. One element of this work has been the successful procurement of a new partner agency to support an improved service. The ICB team in Bromley is pleased to announce that NHS Midlands and Lancashire Commissioning Support Unit (CSU) has been awarded this contract and will start running our continuing healthcare (CHC) nursing function from 1st April 2024. The CSU already delivers these services in Liverpool, Derbyshire and other parts of England, as well as working with NHS England on national CHC guidance.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

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5. TRANSFORMATION/POLICY IMPLICATIONS

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6. FINANCIAL IMPLICATIONS

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7. PERSONNEL IMPLICATIONS

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8. LEGAL IMPLICATIONS

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9. PROCUREMENT IMPLICATIONS

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10. PROPERTY IMPLICATIONS

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11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

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

12. IMPACT ON THE LOCAL ECONOMY

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13. IMPACT ON HEALTH AND WELLBEING

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14. CUSTOMER IMPACT

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15. WARD COUNCILLOR VIEWS

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Non-Applicable Headings:	4 to 15
Background Documents: (Access via Contact Officer)	[List any documents used in preparation of this report - Title of document and date]

Q2 Patient Experience Report

Healthwatch Bromley
July – September 23



Contents

Introduction	3
Q2 Snapshot	4
Yearly Comparison	5
Experiences of Hospital Services	6
Experiences of GP Practices	20
Experiences of 'Other' Services	35
Appendix	41

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

GPs and Hospitals have dedicated sections as we ask specific questions about these services when carrying out engagement. They are the top services about which we receive most feedback. Each of the 'experiences' sections highlights good practice, areas for improvement and recommendations.

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.

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 to raise awareness about patient experience and share recommendations on how services could be improved.

Methodology



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



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



Providing promotional materials and surveys in **accessible formats**



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

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

Between July and September 2023, we continued to develop our PEP by adapting our patient experience report template, following feedback from local partners.

Q2 Snapshot

This section provides a summary of the experiences we collected during July – September 2023 and a breakdown of positive, neutral and negative reviews per service. We analysed residents’ ratings of their overall experience to get this data (1* and 2* = negative, 3* = neutral, 4* and 5* = positive)



624 reviews

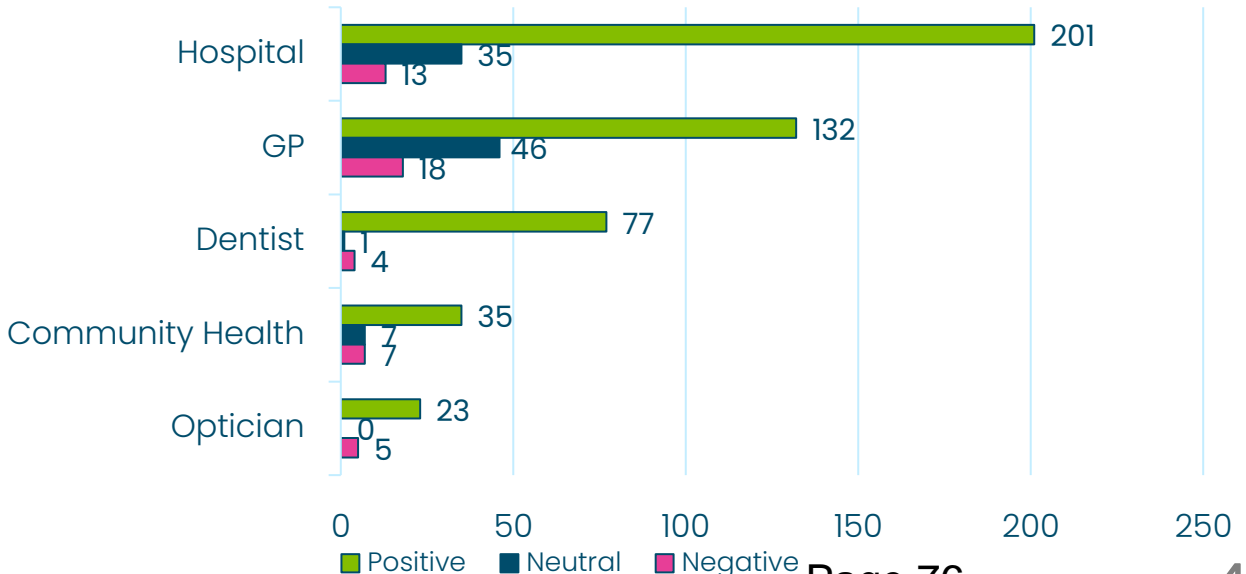
of health and care services were shared with us, helping to raise awareness of issues and improve care.

66 visits

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

Top five service types	Number of reviews	Percentage of positive reviews
Hospital	249	81%
GP	196	67%
Dentist	82	94%
Community Health	49	71%
Optician	28	82%

Sentiment of Reviews



Yearly Comparison

To judge whether experiences of health and care services are improving we compare our data throughout the year. The chart below highlights the percentage of positive feedback each service has received during 2023-24 so far. The total number of positive reviews has been included next to the percentage.

Percentage of positive reviews for each service type

Service Type	Q1 (Apr-Jun 23)	Q2 (Jul-Sep 23)	Q3 (Oct-Dec 23)	Q4 (Jan-Mar 24)
Hospital	81% (250)	81% (201)		
GP	60% (114)	67% (132)		
Dentist	91% (61)	94% (77)		
Community Health	56% (19)	71% (35)		
Optician	74% (25)	82% (23)		

What does this tell us?

- The percentages of positive reviews for hospital services were equally high (81%) in Q1 and Q2.
- GP services received a higher percentage of positive reviews from service users, with an increase of 7%.
- Both Community Health and Optician services saw a significant increase in positive reviews this quarter in comparison to Q1.
- All services have either remained relatively high, or they have seen an increase in positive reviews this quarter.

Experiences of Hospital Services



What people told us about hospitals

"Good Communication, treatment has been smooth, customer service and doctors are good."

"A&E has bad waiting times. Waiting rooms are packed. Parking could be improved and is expensive."

"Everything runs smoothly, and you are kept up to date."

"Communication breakdown between GP and Hospital. Communication and general support was poor."

"Good customer service. Hospital is organised. Doctors are nice.."

"Pharmacy could be improved. Better parking signage. Not good access for people that are in a wheelchair."

"Doctor's have been apologetic, helpful and understanding."

"Had to find own consultant due to a lack of workers."

Hospital Services

No. of Reviews	249 (related to 6 hospitals)
Positive	81%
Negative	5%
Neutral	14%

Questions we asked residents



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

The questions 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 good do you think the communication is between your hospital and GP practice?

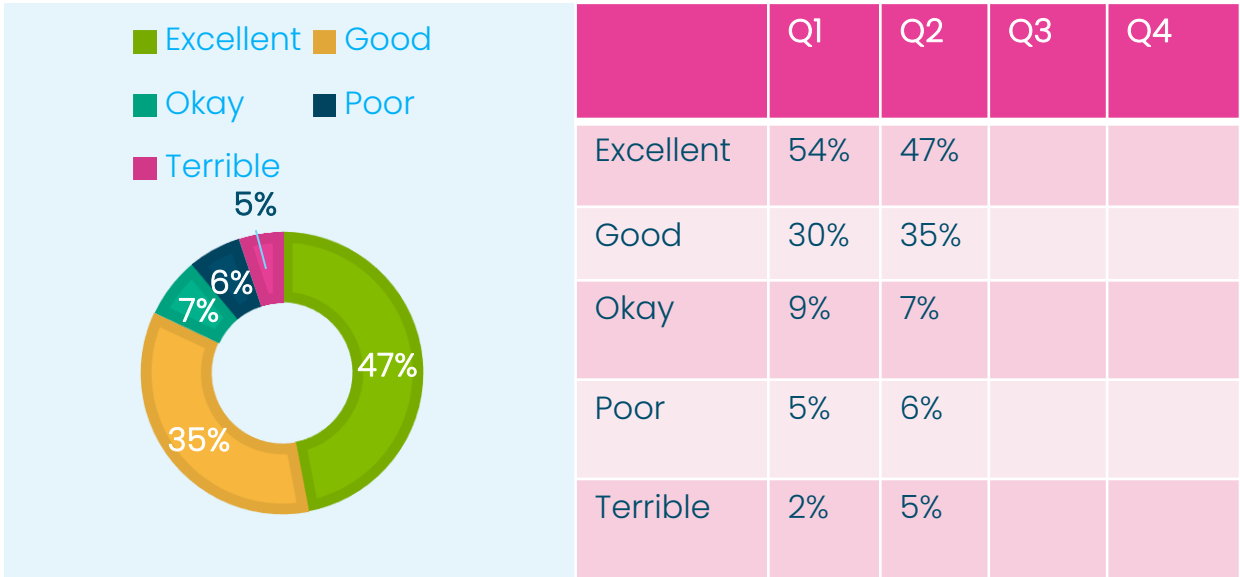
Q6) How would you rate the quality of treatment and care received?

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

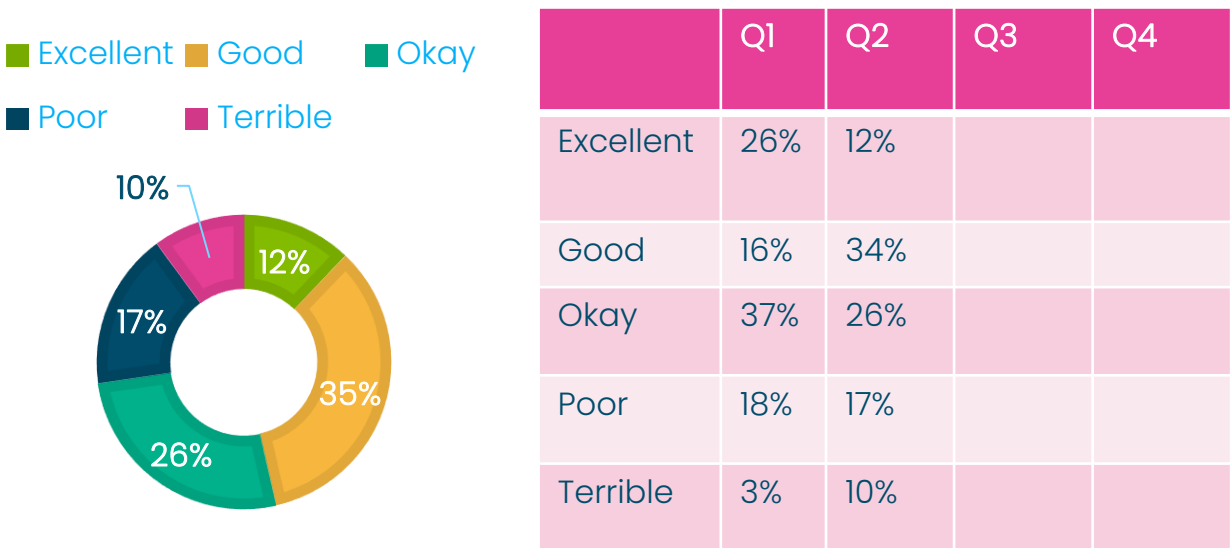


Access and Quality Questions

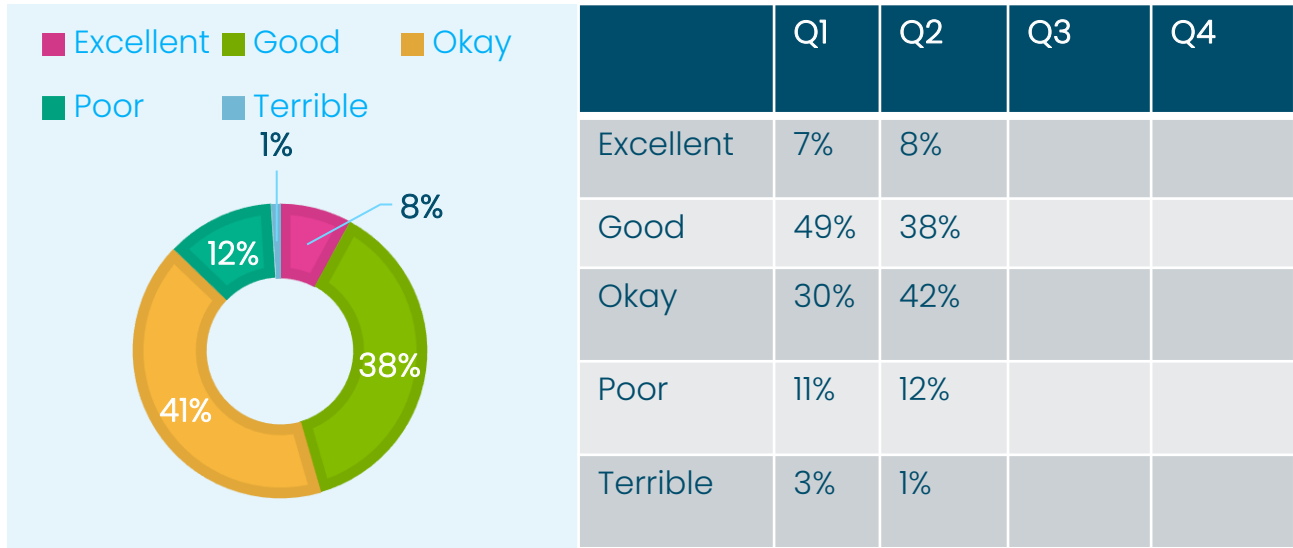
Q1) How do you find getting a referral/appointment at the hospital?



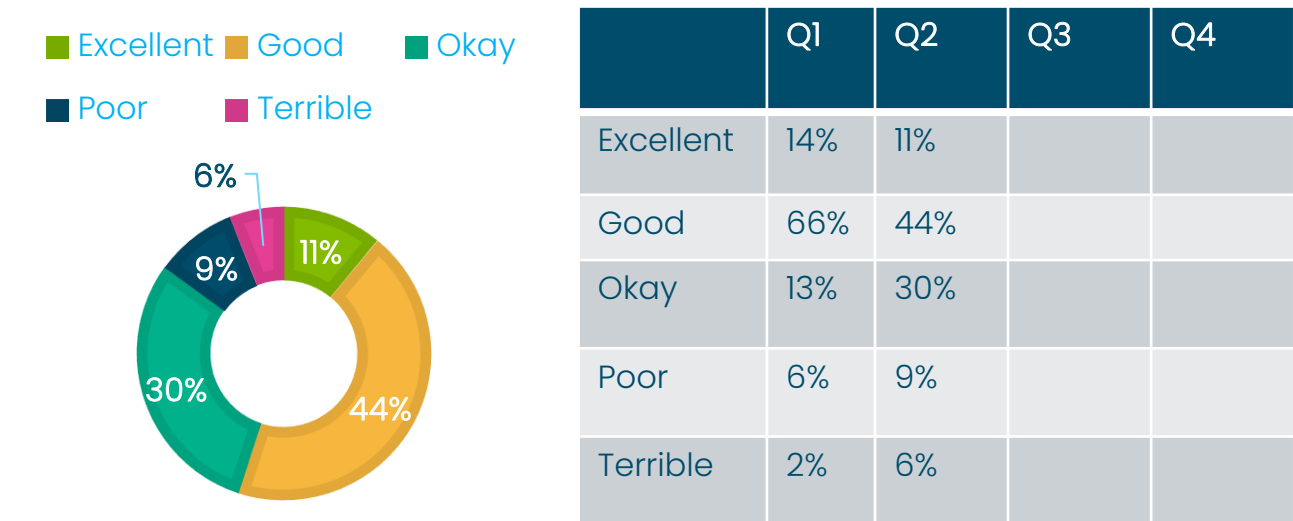
Q2) How do you find getting through to someone on the phone?



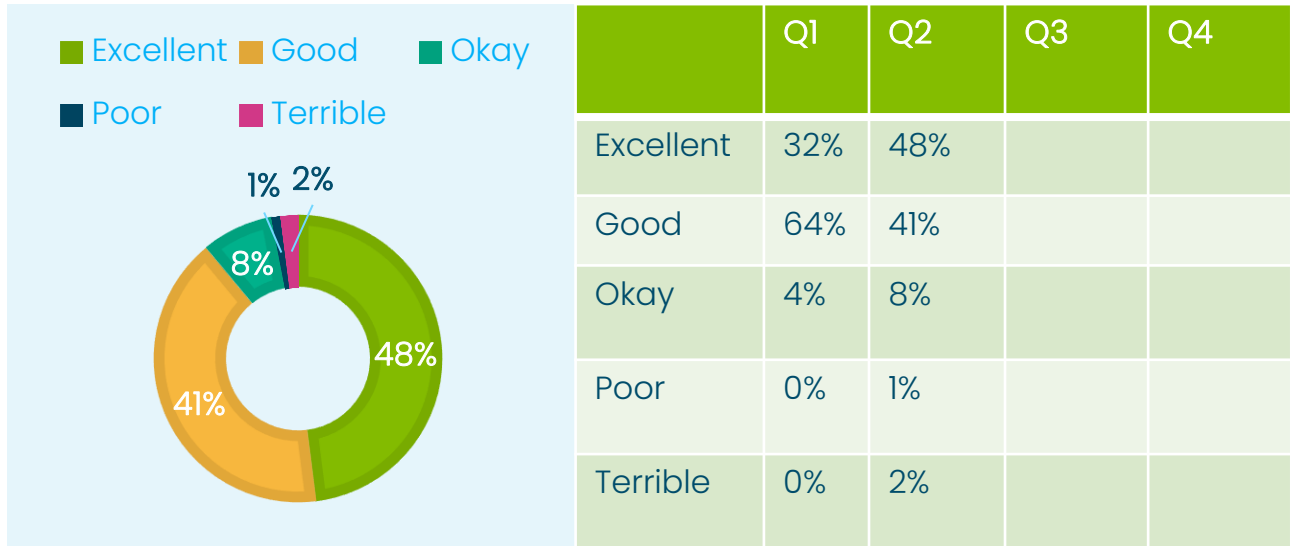
Q3) How do you find the waiting times at the hospital?



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

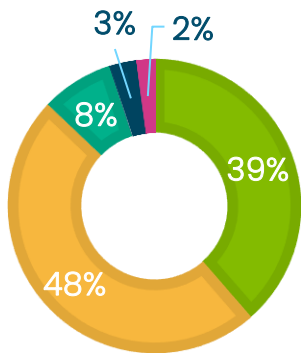


Q5) How do you find the attitudes of staff at the service?



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

■ Excellent ■ Good
■ Okay ■ Poor



	Q1	Q2	Q3	Q4
Excellent	34%	39%		
Good	57%	49%		
Okay	7%	8%		
Poor	2%	3%		
Terrible	0%	2%		

Thematic analysis

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

Each experience we collect is reviewed and up to five themes and sub-themes are applied. The charts below show the top five positive and negative themes* between July and September 2023 based on these free text responses.

Top five positive issues	Percentage of positive reviews and count	Top five negative issues	Percentage of negative reviews and count
Staff attitudes	126 (89%)	Waiting times (punctuality and queueing on arrival)	45 (41%)
Quality of treatment	116 (90%)	Getting through on the telephone	28 (31%)
Access (booking appointments)	83 (86%)	Communication between services	21 (22%)
Waiting times (punctuality and queueing on arrival)	44 (40%)	Access (booking appointments)	11 (11%)
Communication with patients (treatment explanation and verbal advice)	40 (85%)	Facilities and surroundings (car parking)	9 (39%)

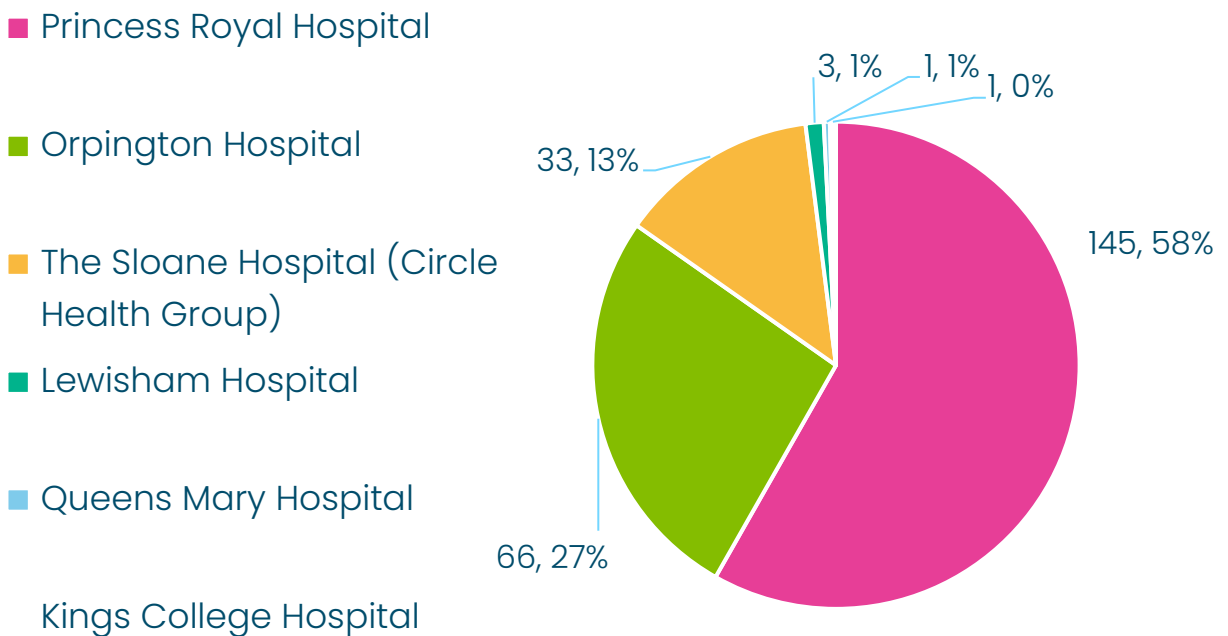
Reviewed Hospitals

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 (Circle Health Group)
- University Hospital Lewisham
- King's College Hospital
- Queen Mary Hospital

Between July and September 2023, Princess Royal University Hospital and Orpington Hospital received most reviews, with higher numbers than in Quarter 1, as each was visited weekly by the Patient Experience Officer, interns and volunteers. Additional patient experiences were collected by the Patient Experience Officer, through face-to-face engagements and online reviews.

Total reviews per hospital



To understand the variety of experience across the hospitals we have compared the ratings given for access and quality in the previous section. Please note that each question has been rated out of 5 (1 – Terrible 5 – Excellent)

Positive ■ Neutral ■ Negative ■

Hospital	ACCESS (out of 5)			QUALITY (out of 5)		
	Referral/ appointment	Getting through on the phone	Waiting times	Communication between GP and Hospital	Staff attitudes	Treatment and care
Princess Royal University Hospital	4.2	3.3	3.3	3.4	4.2	4.1
Orpington Hospital	4	3	3.7	3.5	4.6	4.5

We have also identified the top three positive and negative themes for each hospital where we have received over 20 reviews.

HOSPITAL	Overall Rating (out of 5)	Top three positive issues	Top three negative issues
Princess Royal University Hospital No of reviews: 145	3.9	1. Staff attitudes	1. Waiting times (punctuality and queuing on arrival) 2. Communication between services 3. Getting through on the telephone
		2. Quality of treatment	
		3. Booking appointments	
Orpington Hospital No of reviews: 66	4.2	1. Quality of treatment	1. Getting through on the telephone 2. Waiting times (punctuality and queuing on arrival) 3. Appointment availability
		2. Staff attitudes	
		3. Waiting times (punctuality and queuing on arrival)	

What has worked well?

Below is a list of the key positive aspects of hospitals reported between July and September 2023.



Staff attitudes

89% of reviews were positive. Patients found administrative and healthcare staff kind, helpful, and understanding.



Quality of treatment

90% of reviews were positive. Most patients rated the quality of their care excellent or good.



Access (booking appointments)

86% of patient reviews were rated excellent or good.. Patients found the appointments system quick, efficient, and working well.



Waiting times (punctuality and queueing on arrival)

40% of patient reviews were positive. Most patients said they were seen quickly by medical staff.



Communication with patients (treatment explanations and verbal advice)

85% of reviews were positive. Patients felt listened to and were satisfied with explanations and advice given.

What could be improved?

Below is a list of the key areas for improvement for hospitals reported between July and September 2023.



Waiting times (punctuality and queuing on arrival)

41% of reviews relating to waiting times in the hospital to see medical staff were negative. Most patients stated there should be more staff to reduce the time sitting in the waiting area.



Getting through on the telephone

31% of patients reported a negative experience e.g. no one answering the phone or being given incorrect/ inadequate/unhelpful information when trying to contact a department.



Communication between services

22% of patients rated this negatively, both communication between hospital departments and between the hospital and patients' GP practices.



Access (booking appointments)

A small number (11%) of patients reviewed this negatively and felt the appointments system was not fit for purpose.



Facilities and surroundings (car parking)

39% of patients complained about inadequate car parking and said more spaces should be provided.

Emerging or Ongoing Issues

To understand ongoing or emerging issues in the borough we compare the top positive and negative issues throughout the year. We have highlighted in dark pink or bright green any issues which have repeated in three or more quarters.

Positive Issues

Q1	Q2	Q3	Q4
Staff attitudes	Staff attitudes		
Communication with patients	Quality of treatment		
Quality of treatment	Access (booking appointments)		
Appointment availability	Waiting times (punctuality and queuing on arrival)		
Treatment and care experience	Communication with patients		

Negative issues

Q1	Q2	Q3	Q4
Waiting times	Waiting times (punctuality and queuing on arrival)		
Communication with patients	Getting through on the telephone		
Car Parking	Communication between services		
Treatment and care Experience	Access (booking appointments)		
Communication between services	Car parking		

Equalities Snapshot

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

This section revealed interesting statistics when we analysed overall experience ratings (1= Terrible 5= Excellent) A full demographic breakdown can be found in the appendix.



Gender

Between July and September 2023, positive feedback was received from 76% of men who attended hospital appointments and 78% of women, but many more women (147) shared feedback than men (50).



Age

Most feedback received was from people aged 75–84 (51). 39 reviews were positive, two negative and ten neutral. The second largest group (41) was aged 65–74. 32 reviews were positive, four negative and five neutral.



Ethnicity

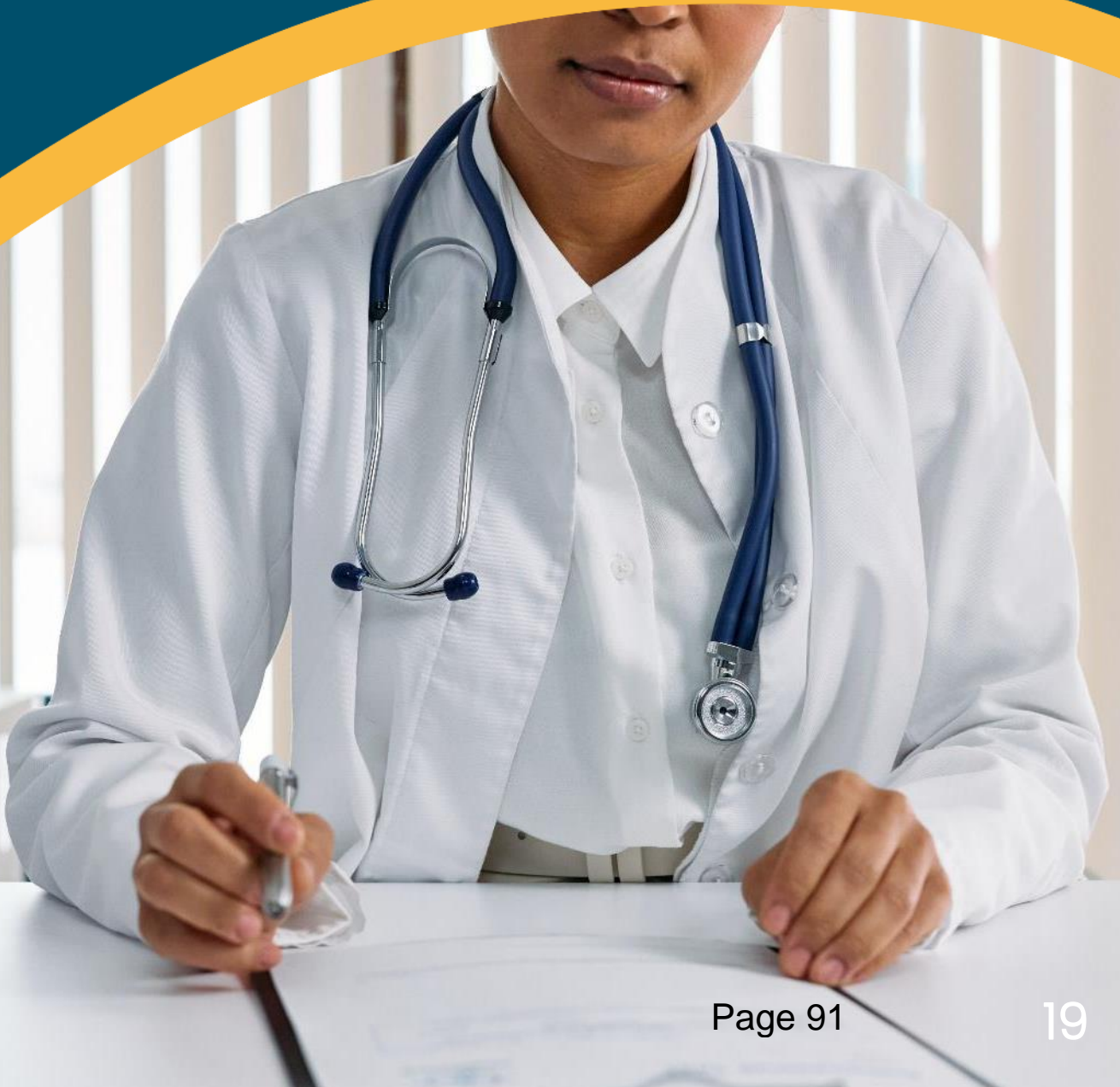
158 reviews were collected from White British people; 126 were positive. 87 of this group rated their hospital experience 4* and 39 5*. The next largest group was Asian British but the total number was only five; four positive, one negative.



Disability and Long-Term Conditions

36 reviews were from people who considered themselves disabled; 29 positive, six neutral, one negative. Of the 93 reviews from people with LTCs, 76 were positive, two negative and 15 neutral.

Experiences of GP Practices



What people told us about GP Practices

"I'm always satisfied with my GP practice. I'm able to get an appointment the same day and all staff are friendly and helpful."

"Online and telephone consultations could be improved. They're not as good as coming in person."

"I liked the move to online bookings and being able to make a query to the doctor without an appointment. It is great and convenient."

"It's not easy getting an appointment. Receptionists are nice, but when I call, they always say they have no available slots. Also, I wish there was more support for mental health."

"My 5-year-old daughter has been seen by our GP on several occasions. They have been outstanding, caring, and professional. Thank you!"

"GPs rotate, so I never see the same doctor twice. I must explain everything each time I have an appointment. I wish there was an option to choose which GP I will be seeing."

"The staff is fantastic. They are supportive of my specific problems and listen to my concerns. Overall, the general treatment is very good."

"I can never get through over the phone. If I do, I get put on hold for over an hour."

GP Services

No. of Reviews	196 (related to 27 GP practices)
Positive	67%
Negative	10%
Neutral	23%



Questions we asked residents

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

The questions were:

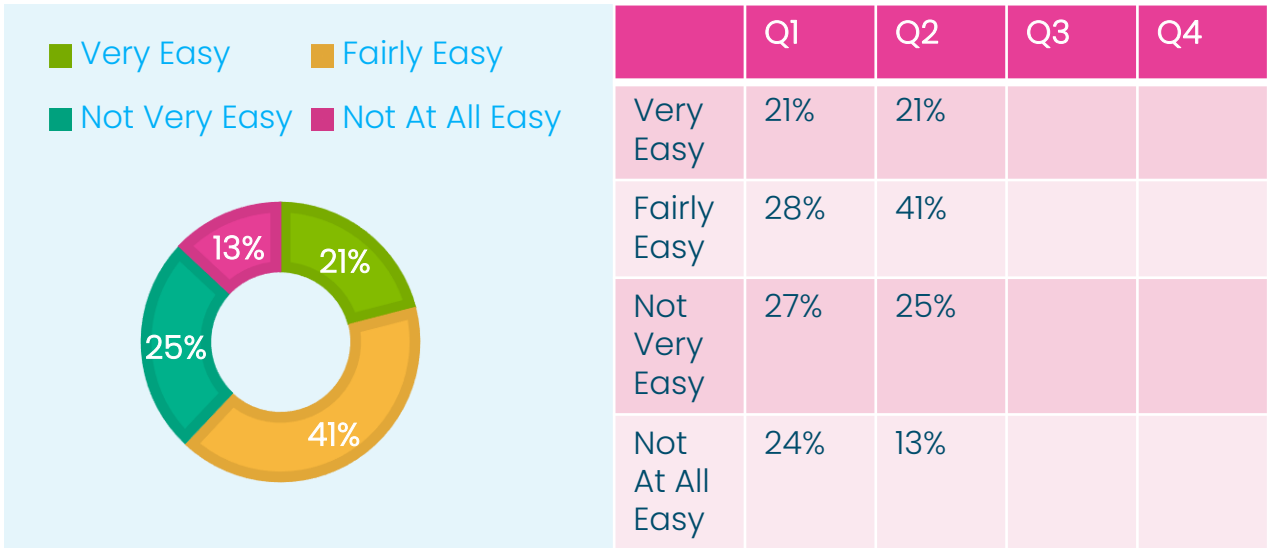
- Q1) How do you find getting an appointment?
- Q2) How do you find getting through to someone at your GP practice on the phone?
- Q3) How do you find the quality of online consultations?
- Q4) How do you find the quality of telephone consultations?
- Q5) How do you find the attitudes of staff at the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

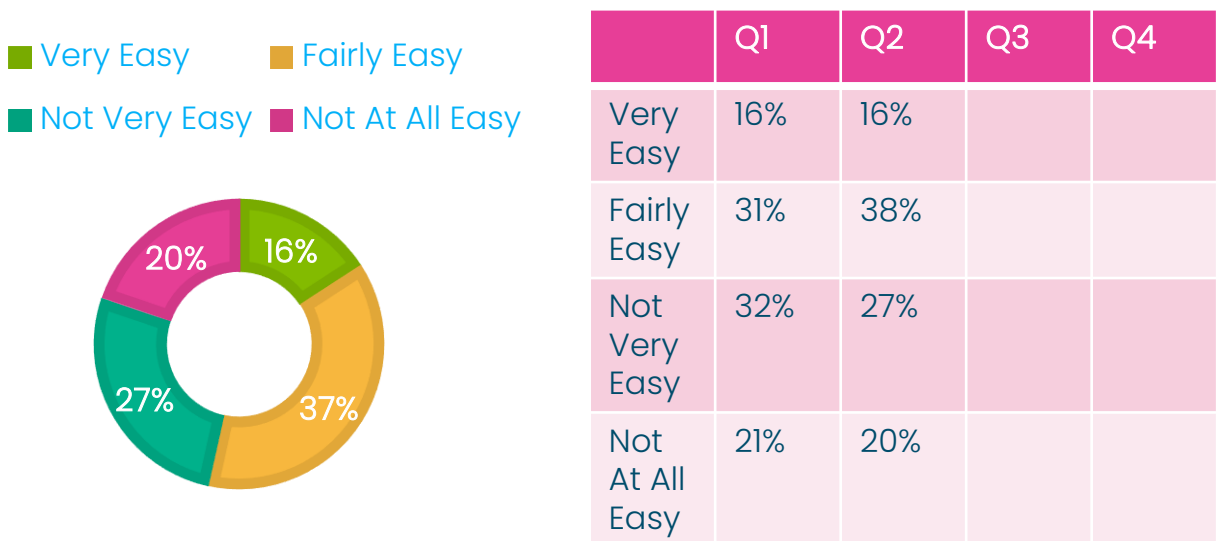
Participants were asked to choose between 1-5* (Terrible – Excellent)

Access and Quality Questions

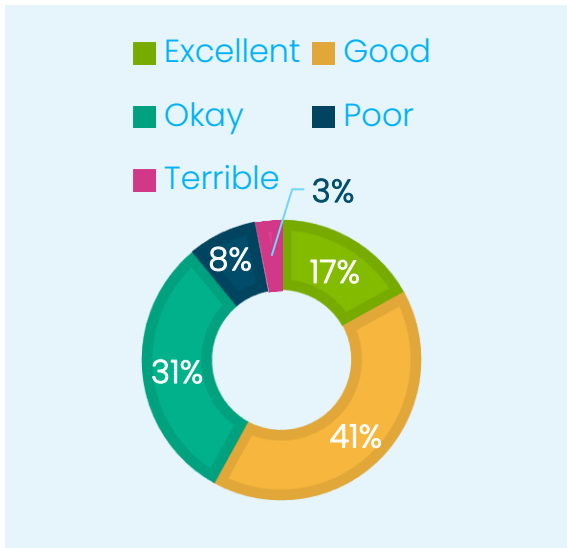
Q1) How do you find getting an appointment?



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

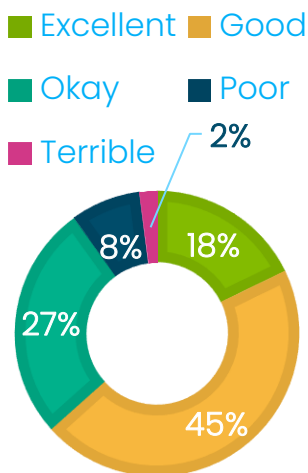


Q3) How do you find the quality of online consultations?



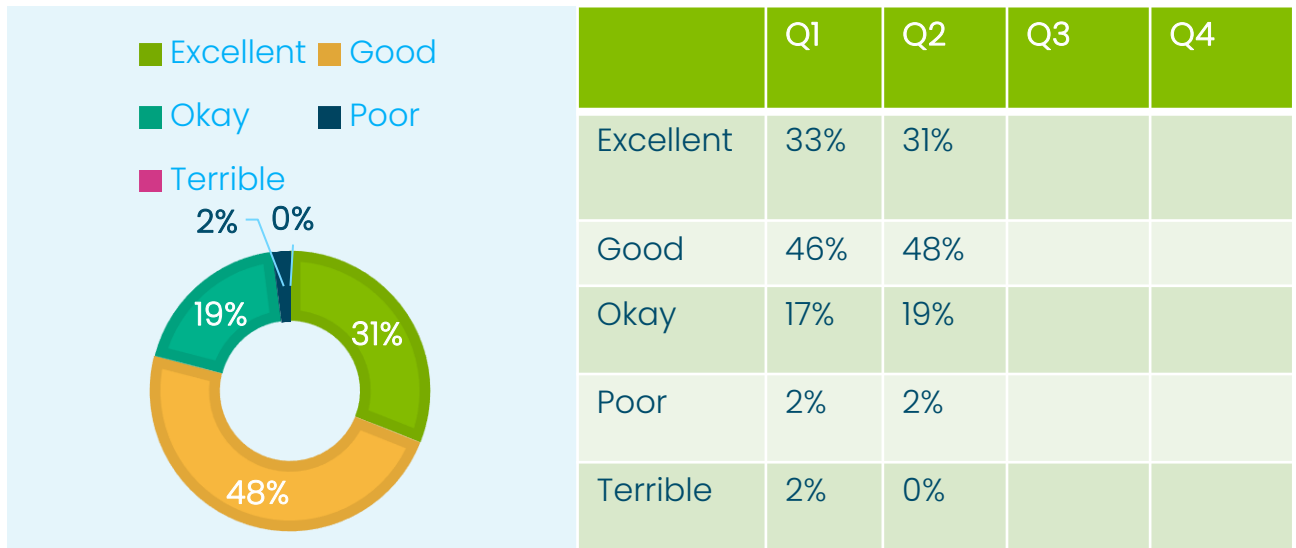
	Q1	Q2	Q3	Q4
Excellent	22%	17%		
Good	37%	41%		
Okay	24%	31%		
Poor	14%	8%		
Terrible	3%	3%		

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

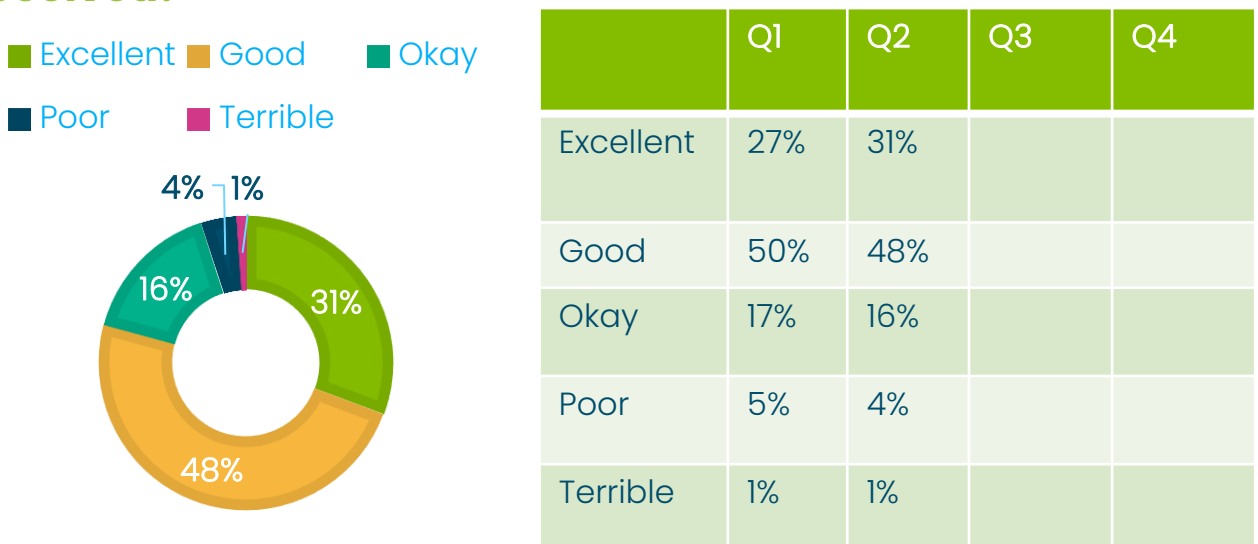


	Q1	Q2	Q3	Q4
Excellent	19%	18%		
Good	41%	45%		
Okay	28%	27%		
Poor	8%	8%		
Terrible	4%	2%		

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



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



Thematic analysis

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

Each experience we collect is reviewed and up to five themes and sub-themes applied. The tables below show the top five positive and negative themes between July and September 2023 based on the free text responses.

Top five positive themes	Percentage of positive reviews and count	Top five negative themes	Percentage of negative reviews and count
Staff attitudes	117 (82%)	Getting through on the telephone	65 (47%)
Quality of treatment	95 (83%)	Appointment availability	54 (46%)
Getting through on the telephone	62 (45%)	Booking appointments	15 (30%)
Appointment availability	55 (47%)	Quality of appointment – telephone consultation	10 (14%)
Quality of appointment – telephone consultation	41 (59%)	Quality of treatment	10 (9%)

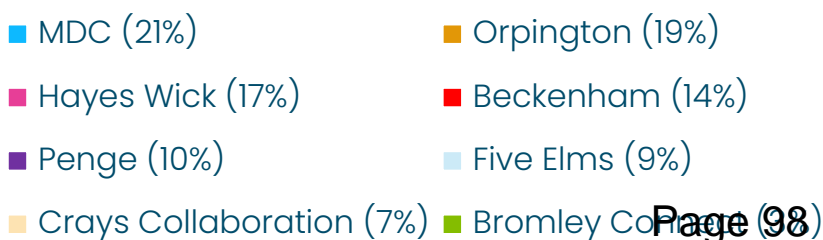
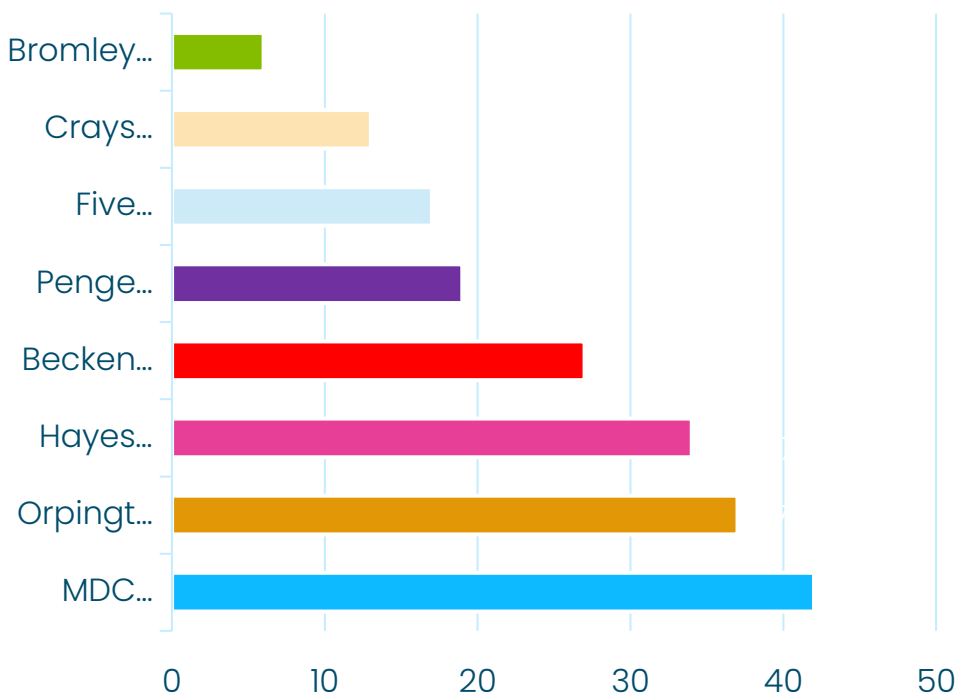
Primary Care Networks

Primary care networks (PCNs) are groups of GP practices in the same local area which work together to support patients. In Bromley there are **eight PCNs** covering the borough:

- Beckenham
- Bromley Connect
- Crays Collaboration
- Five Elms
- Hayes Wick
- MDC - Mottingham, Downham & Chislehurst
- Orpington
- Penge

In this quarter, the PCN areas receiving the most reviews were MDC and Orpington; in Quarter 1, Orpington and Five Elms.

Total Reviews per PCN



PCN Access and Quality Questions

In order to understand the variance of experience across the borough we have compared the PCNs by their access and quality ratings.

Please note that Access has been rated out of 4 (1 – Not at All Easy – 4 Very Easy) and Quality 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	ACCESS (out of 4)		QUALITY (out of 5)			
	Getting an appointment	Getting through on the phone	Telephone consultations	Online consultations	Staff attitudes	Treatment and Care
Beckenham	2.2	2.3	3.7	3.8	4.2	4.2
Bromley Connect	3.2	3.2	2.2	4.0	4.6	4.2
Crays Collaboration	2.6	2.6	3.9	3.6	4.2	3.9
Five Elms	2.7	2.4	4.0	4.0	4.1	3.8
Hayes Wick	2.6	2.3	3.5	3.7	4.0	4.2
MDC	2.6	2.2	2.0	3.4	3.8	3.8
Orpington	2.8	2.8	3.3	3.9	4.1	3.8
Penge	3.2	3.1	3.8	3.7	4.4	4.7

PCN Themes

We have identified the top three positive and negative issues for each PCN.

PCN	Overall rating	Top three positive issues	Top three negative issues
Beckenham No of reviews: 27	3.7	1. Staff attitudes	1. Appointment availability
		2. Quality of treatment	2. Getting through on the telephone
		3. Appointment availability	3. Lack of access
Bromley Connect No of reviews: 6	4.0	1. Staff attitudes	1. Appointment availability
		2. Appointment availability	2. Getting through on the telephone
		3. Getting through on the telephone	3. Online consultation (app/form)
Crays Collaboration No of reviews: 13	3.8	1. Staff attitudes	1. Booking appointments
		2. Getting through on the telephone	2. Getting through on the telephone
		3. Quality of treatment	3. Professionalism
Five Elms No of reviews: 17	3.3	1. Staff attitudes	1. Appointment availability
		2. Quality of treatment	2. Getting through on the telephone
		3. Quality of appointment – telephone consultation	3. Quality of staff – health professionals
Hayes Wick No of reviews: 34	3.9	1. Staff attitudes	1. Getting through on the telephone
		2. Quality of treatment	2. Appointment availability
		3. Getting through on the telephone	3. Staffing levels
MDC No of reviews: 42	3.4	1. Staff attitudes	1. Getting through on the telephone
		2. Quality of treatment	2. Appointment availability
		3. Getting through on the telephone	3. Booking appointments
Orpington No of reviews: 37	3.8	1. Staff attitudes	1. Appointment availability
		2. Quality of treatment	2. Getting through on the telephone
		3. Appointment availability	3. Quality of treatment
Penge No of reviews: 19	4.2	1. Quality of treatment	1. Booking appointments
		2. Staff attitudes	2. Getting through on the telephone
		3. Getting through on the telephone	3. Appointment availability

What has worked well?

Below is a list of the key positive aspects of GP practices reported between July and September 2023.



Staff Attitudes

82% of reviews were positive. Patients said GPs are professional, friendly, and caring.



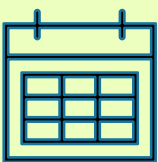
Quality of treatment

83% of reviews were positive. Patients were very pleased with their GPs' support and care; many said GPs listened to concerns and provided excellent treatment plans.



Getting through on the telephone

45% of reviews were positive. Some patients were happy to communicate with GP practices by telephone and commended the convenience of booking appointments this way.



Appointment availability

47% of reviews were positive; some patients approved of the switch to online booking systems and said they could get same day appointments.



Quality of telephone consultations

59% of reviews were positive. Patients found them to be convenient and more quickly available than face-to-face appointments.

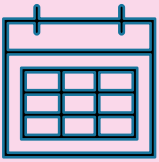
What could be improved?

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



Getting through on the telephone

47% of reviews were negative.; patients criticised long waiting times, some mentioned being on hold for over an hour.



Appointment availability

46% of reviews were negative. Some patients had to wait weeks to get a face-to-face appointment and were unable to choose which GP they saw.



Access (booking appointments)

30% of reviews were negative. Patients were frustrated with the '8.00am queue', found it impossible to book urgent appointments in advance and said there were insufficient time slots.



Quality of telephone consultations

14% of reviews were negative. Some patients felt their concerns were insufficiently addressed and that GPs were always in a rush.



Quality of treatment

A small percentage (9%) of reviews were negative regarding quality of treatment. Some patients said GPs did not explore all possible treatment options, nor explain diagnoses in an understandable way.

Emerging or Ongoing Issues

To understand ongoing or emerging issues in the borough we compare the top positive and negative issues throughout the year. We have highlighted in dark pink or bright green any issues which have repeated in three or more quarters.

Positive Issues

Q1	Q2	Q3	Q4
Quality of treatment	Staff attitudes		
Staff attitudes	Quality of treatment		
Communication with patients	Getting through on the telephone		
Staff attitudes	Appointment availability		
Booking appointments	Quality of telephone consultations		

Negative issues

Q1	Q2	Q3	Q4
Getting through on the telephone	Getting through on the telephone		
Appointment availability	Appointment availability		
Booking appointments	Booking appointments		
Communication with patients	Quality of telephone consultations		
Staff attitudes	Quality of treatment		

Equalities Snapshot

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

This section revealed interesting statistics when we analysed overall experience ratings (1= Terrible 5= Excellent) A full demographic breakdown can be found in the appendix.



Gender

During the last three months, women respondents had a better experience with their GPs than men. 70% of women and 63% of men rated their experiences 4* or higher.



Age

We received most feedback from age groups 25–34 and 55–64. 77% of the former had positive experiences, 8% negative. 65% of the latter had positive experiences, 6% negative. Under-18s had the most positive experiences and 65–74.s the most negative.



Ethnicity

The greatest number of reviews were collected from people identified as White British; 68% of them rated their last experience with a GP to be either 'Good' or 'Excellent.' People identified as Caribbean had the most negative experiences, with 14% rating their last encounter as either 'Poor' or 'Terrible.'



Long Term Conditions

39% of respondents who shared their equalities data considered themselves to have a long-term condition. Only 62% reported a positive experience with their GP practice compared with 76% without LTCs.

Experiences of 'Other' services



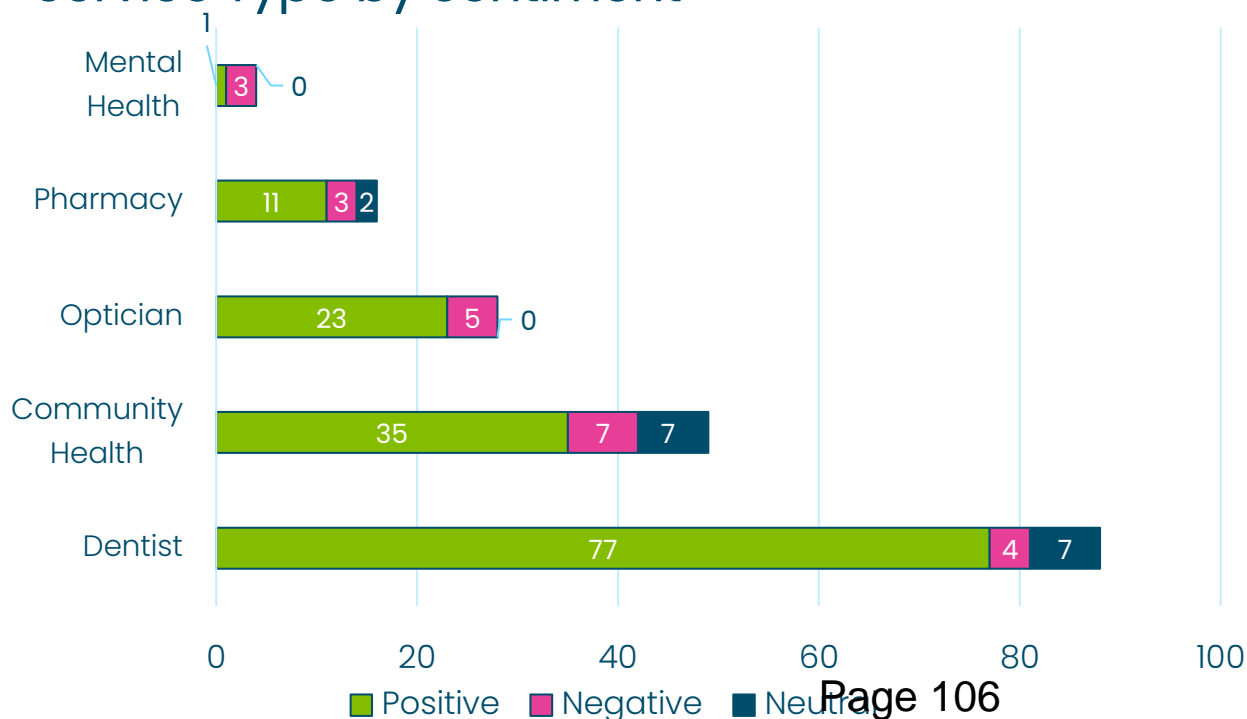
Experiences of 'Other' services

In addition to asking specifically about GPs and hospitals, we ask people to share experiences about any other public health or care service, asking what is working well and what could be improved.

This section provides details of positive, neutral and negative reviews per service. We analysed respondents' 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
Dentist	82	94%
Community Health	49	71%
Optician	28	82%
Pharmacy	16	69%
Mental Health	4	25%

Service Type by Sentiment



We've produced a list of good practice and areas for improvement for dentists from Quarter 2 reports.

Dentists – what has worked well?



Quality of health professionals

73% of service users rated the quality of health professionals positively. Comments included feedback regarding their skills and ability to provide great service.



Treatment and care – experience

45 people left positive feedback about their experience with dental services. Positive comments include remarks about how calm and comfortable the experience was.

Dentists – what could be improved?



Booking Appointments

A small number of people (4) reported difficulty in booking appointments at their dentist. Comments generally reported dissatisfaction with process of booking an appointment.



Treatment and Care – Experience

A minority of service (4) users were disappointed with their experience with their dentist. Comments included negative feedback about trying to book an appointment to see a dentist.

We've produced a list of good practice and areas for improvement for community health from Quarter 2 reports.

Community Health – What has worked well?



Staff attitudes

18 people gave positive reviews related to staff attitudes across multiple services, including community health centres, wellbeing cafes, and children and family centres. Comments included that both health professionals and administrative staff were friendly, attentive and helpful.



Cleanliness and hygiene

7 people left positive feedback about good cleanliness, which contributed to their overall opinion accessing a community health service.

Community Health – What could be improved?



Waiting times

10% of users were dissatisfied with waiting times, claiming that appointments were often delayed, and they would value more communication around estimated waiting times.



Appointment availability

4 people had difficulty in getting an appointment. Comments included service users being unable to book an appointment at all or having to wait months, or even years, to be seen.

We've produced a list of good practice and areas for improvement for opticians from Quarter 2 reports.

Opticians – What has worked well?



Treatment and care

28 people gave positive feedback about their experience of opticians. Comments included satisfaction with customer service and overall service quality.



Quality of staff

18 users left positive reviews about the quality of staff at their local optician. Most remarked on the friendliness, helpfulness and professional competence of staff.

Opticians – What could be improved?



Treatment and care

Five people left negative feedback, including comments about internal communication and their general experience.



Staff professionalism

Two people registered dissatisfaction and experienced some rudeness when communicating with staff at their local optician.

Appendix



Demographics

Gender	Percentage %	No of Reviews
Man(including trans man)	26%	106
Woman (including trans woman)	74%	307
Non- binary	0%	0
Other	0%	0
Prefer not to say	0%	0
Not provided		211
Total		624

Age	Percentage %	No of Reviews
Under 18	3%	12
18-24	3%	14
25-34	9%	36
35-44	12%	50
45-54	10%	42
55-64	15%	59
65-74	16%	64
75-84	21%	84
85+	9%	38
Prefer not to say	1%	4
Not provided		221
Total		624

Ethnicity	Percentage %	No of reviews
British / English / Northern Irish / Scottish / Welsh	78%	304
Gypsy or Irish Traveller	0%	1
Any other White background	4%	16
Asian British	3%	11
Bangladeshi	0%	1
Chinese	1%	4
Indian	3%	13
Pakistani	1%	3
Any other Asian background/Asian British Background	1%	3
Black British	2%	9
African	1%	4
Caribbean	3%	10
Black African and White	0%	1
Any other ethnic group	1%	3
Black Caribbean and White	1%	2
Any other Mixed / Multiple ethnic groups background	1%	2
Not provided		236
Total		624

Unpaid Carer Status	Percentage %	No of Reviews
Yes	10%	37
No	89%	341
Prefer not to say	1%	4
Not provided		242
Total		624

Demographics

Long-term condition	Percentage %	No of Reviews
Yes	46%	179
No	53%	210
Prefer not to say	0%	1
Not known	1%	3
Not provided		231
Total		624

Religion	Percentage %	No of Reviews
Buddhist	1%	3
Christian	49%	189
Hindu	2%	9
Jewish	0%	0
Muslim	3%	12
Sikh	1%	5
Other religion	1%	3
Agnostic		
No religion	41%	157
Prefer not to say	2%	7
Not provided		239
Total		624

Sexual Orientation	Percentage %	No of Reviews
Asexual		
Bisexual	2%	7
Gay Man	1%	2
Heterosexual/ Straight	92%	369
Lesbian / Gay woman	0%	1
Pansexual	0%	0
Prefer not to say	4%	14
Not known	1%	3
Not provided		228
Total		624

Pregnancy	Percentage %	No of reviews
Currently pregnant	1%	4
Currently breastfeeding	1%	5
Given birth in the last 26 weeks	1%	5
Prefer not to say	0%	1
Not known	1%	4
No	16%	61
Not relevant	79%	309
Not provided		235
Total		389

Demographics

Employment status	Percentage %	No of Reviews
In unpaid voluntary work only	0%	1
Not in employment & unable to work	4%	15
Not in employment/ not actively seeking work - retired	50%	191
Not in employment (seeking work)	2%	9
Not in employment (Student)	4%	15
On maternity leave	3%	12
Paid: 16 or more hours/week	28%	106
Paid: Less than 16 hours/week	6%	23
Prefer not to say	3%	11
Not provided		241
Total		624

Disability	Percentage %	No of Reviews
Yes	21%	81
No	77%	301
Prefer not to say	1%	3
Not known	1%	4
Not provided		235
Total		624

Borough ward	Percentage %	No. of reviews
Beckenham Town & Copers Cope	9%	35
Bickley & Sundridge	4%	15
Biggin Hill	2%	8
Bromley Common & Holwood	9%	33
Bromley Town	9%	36
Chelsfield	3%	11
Chislehurst	7%	26
Clock House	0%	1
Crystal Palace & Anerley	0%	1
Farnborough & Crofton	1%	5
Hayes & Coney Hall	3%	11
Kelsey & Eden Park	0%	1
Mottingham	2%	6
Orpington	25%	94
Penge & Cator	2%	8
Petts Wood & Knoll	3%	10
Shortlands & Park Langley	1%	3
St Mary Cray	2%	8
St Paul's Cray	1%	3
West Wickham	7%	26
Out Of Borough	10%	39
Not provided		244
Total		624

healthwatch

Healthwatch Bromley
Waldram Place
London
SE23 2LB

www.healthwatchbromley.co.uk

t: 020 3886 0752

e: 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)

Report No.
CSD24008

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Tuesday 30th January 2024

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2023/24

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

Chief Officer: Director of Corporate Services & Governance

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION**

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

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Transformation Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

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

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

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 46 20 th April 2023 Update From King's College Hospital NHS Foundation Trust	Smoking signage beneath the paediatric unit to be reviewed.	Site Chief Executive – PRUH and South Sites	Signage continually reviewed during PLACE audits.	Closed
Minute 5 5 th September 2023 Update From King's College Hospital NHS Foundation Trust	A build timeline for the endoscopy unit to be circulate to Members following the meeting.	Site Chief Executive Officer	Site Director of Estates advises that the Endoscopy Unit is currently planned to be completed by the end of March 2025 – update provided as part of agenda item 6.	Closed
Minute 23 21 st November 2023 SEL ICS/ICB Update	Information on the vaccination campaigns to be circulated to Members.	Bromley Place Executive Lead	Information received from the Communications and Engagement Manager (Bromley) – NHS South East London Integrated Care Board was circulated to all Members on 29 th November 2023.	Completed
Minute 25 21 st November 2023 GP Access	Data on the use of NHS app and other online platforms to be broken down by age.	Associate Director of Primary and Community Care, Bromley – SEL ICS	Data included in the update to the meeting on 30 th January 2024.	Completed
Minute 26 21 st November 2023 South East London Joint Health Overview & Scrutiny Committee	A link to the consultation regarding the reconfiguration of children's oncology services to be circulated to all Members following the meeting.	Chairman / Clerk	Link to the consultation circulated to all Members on 23 rd November 2023.	Completed

Health Scrutiny Sub-Committee Work Programme 2023/24

Health Scrutiny Sub-Committee		30 th 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		
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		12 th 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

Proposed future items:

Health Scrutiny Sub-Committee		SUMMER 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust (to include <i>Postpartum Haemorrhage</i>)		Standing item

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