



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge  
[Joanne.Partridge@bromley.gov.uk](mailto:Joanne.Partridge@bromley.gov.uk)

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 4 March 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 12 MARCH 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 27<sup>th</sup> February 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 6<sup>th</sup> March 2024**.

- 4 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 30TH JANUARY 2024** (Pages 3 - 16)
- 5 **UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST** (Pages 17 - 26)
- 6 **DEVELOPMENTS IN COMMUNITY PHARMACY** (Pages 27 - 50)
- 7 **SEL ICS/ICB UPDATE** (Pages 51 - 56)
- 8 **HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT** (Pages 57 - 98)
- 9 **SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**
- 10 **WORK PROGRAMME AND MATTERS OUTSTANDING** (Pages 99 - 104)
- 11 **ANY OTHER BUSINESS**
- 12 **FUTURE MEETING DATES**
  - 5.00pm, Tuesday 16<sup>th</sup> July 2024
  - 5.00pm, Tuesday 22<sup>nd</sup> October 2024 (Briefing)
  - 5.00pm, Tuesday 10<sup>th</sup> December 2024
  - 5.00pm, Tuesday 8<sup>th</sup> April 2025 (Briefing)

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## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 30 January 2024

### Present:

Councillor Mark Brock (Chairman)  
Councillor Felicity Bainbridge (Vice-Chairman)  
Councillors Will Connolly, Robert Evans, Charles Joel,  
Tony McPartlan and Alison Stammers

### Also Present:

Charlotte Bradford (*via conference call*)  
Councillor Dr Sunil Gupta (*via conference call*)  
Councillor Alisa Igoe (*via conference call*)  
Councillor David Jefferys (*via conference call*)  
Councillor Diane Smith, Portfolio Holder for Adult Care and Health

### 30 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Co-opted Member, Michelle Harvie.

Apologies for lateness were received from Councillor Felicity Bainbridge and Councillor Robert Evans.

### 31 DECLARATIONS OF INTEREST

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

### 32 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

### 33 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 21ST NOVEMBER 2023

**RESOLVED** that the minutes of the meeting held on 21<sup>st</sup> November 2023 be agreed.

## **34 UPDATE FROM THE LONDON AMBULANCE SERVICE**

The Chairman welcomed Cathy-Anne Burchett, Associate Director of Ambulance Operations – London Ambulance Service, Graeme Marsh, System Partnership Transformation Manager – London Ambulance Service and Christine White, Bromley Group Manager – London Ambulance Service to the meeting to provide an update on the London Ambulance Service (LAS).

The Associate Director of Ambulance Operations informed Members that the new LAS Strategy 2023-28 had been launched in the autumn and some of the great work undertaken across the borough was highlighted within the slide pack.

The Chairman noted the introduction of the 45-minute handover process, which had reduced the number of ambulance hours lost at the Princess Royal University Hospital (PRUH) from 276.3 in February 2023 to 26.1 in November 2023. The System Partnership Transformation Manager said that significant challenges had been recognised in terms of handover delays, and one of the measures was to look to minimise this by introducing a timeframe. There had been challenges in terms of implementation as there was a culture of LAS crews sitting with patients for long periods of time to provide supervision and support. However, the changes to the process had now bedded in and the hospital had adjusted to how the LAS operated, ensuring that the safety of the patient was maintained. The hours saved as a result of the introduction of the 45-minute handover process were being put back into getting ambulance teams out on the road, responding to other patients that were waiting. In response to a further question, the System Partnership Transformation Manager confirmed that all patients had a clinical handover – LAS crews spoke with hospital staff and advised them of the patient's presentation. These were generally lower acuity patients, but if they were no specific spaces available for them in the A&E the Trusts had implemented processes to oversee them safely. It was noted that escalation measures were in place to allow the LAS to support Trusts if this type of pressure was being experienced.

A Member enquired if the reasons for the December performance for Category 2 callouts appearing to be an outlier, compared to the national target, were known. The Associate Director of Ambulance Operations advised that the national target for Category 2 callouts was 18 minutes, however it had been agreed with NHS England that across the London region the LAS would work towards a target of 30 minutes, as this was more realistic. During December 2023 there had been very high acuity patients and a cold weather snap which had caused callout times to escalate up to 52 minutes. The current Category 2 callout times stood at 31 minutes for South East London and the demand was more manageable. In response to a further question the Associate Director of Ambulance Operations said that ambulance offloads varied across South East London – there were some trends in terms of increased handover delays being seen on Mondays/Tuesdays. This was usually related to flow through the hospitals, and once this settled the delays decreased.

In response to questions, the System Partnership Transformation Manager advised that Category 1 callouts related to an immediate threat to life. Category 4 callouts were often healthcare professional admissions that were not urgent, for example a leg injury that required transportation or an abnormal blood test that required further investigation. Category 5 was a non-dispatch position – resources were not sent immediately, but the call could be kept within the service for a clinician to make contact to gather further information. These calls could also be referred into the 111 service for review.

The Portfolio Holder for Adult Care and Health noted that towards the end of the previous year the Metropolitan Police had introduced the Right Care, Right Person model, and enquired if the LAS had been impacted by these changes. The Associate Director of Ambulance Operations said this had had an impact on the LAS – there was a transition to the new process, and this was still a “work in progress”. There was a clearer, dynamic risk assessment that LAS crews had to complete in relation to mental health patients. The LAS were looking at some of the calls received and they were feeding back to emergency and external partners to identify areas of further learning.

In response to a question regarding the work with King’s College Hospital NHS Foundation Trust to champion the use of alternative care pathways, the System Partnership Transformation Manager said that this was a response to generic pressures. The LAS was working with a number of external partners to reduce unnecessary conveyances of patients to emergency departments and ensure patients were getting the most appropriate care for their needs. This included LAS crews referring patients back into primary care services or community services, and they were currently developing the urgent community response.

In response to a question regarding staff retention, the Associate Director of Ambulance Operations advised that staff were often retained with promotion into other areas of the LAS. Retention of staff was strong across South East London and there were lots of opportunities for paramedics to move to different section of the LAS.

On behalf of Members, the Chairman extended his thanks for the work being undertaken with the Council’s Youth Offending Team – as part of a rehabilitation programme, the LAS team were educating young people on the impact of knife injuries with an aim to prevent future injuries and incidents. The Bromley Group Manager advised that she could ask her team members to provide any specific feedback following the meeting.

The Chairman thanked the Associate Director of Ambulance Operations, System Partnership Transformation Manager and Bromley Group Manager for their presentation to the Sub-Committee.

**RESOLVED that the update be noted.**

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

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that, with regards to emergency care performance, there had been an improvement in relation to ambulance handover delays, which had been highlighted in the update from the LAS. It was noted that the PRUH was a relatively small department and there could be challenges in offloading patients. Patients were often offloaded into the corridor, which could have a negative impact on their experience, but it did allow vehicles to get back out on the road to attend those waiting for an ambulance.

The Site Chief Executive informed Members that the 4-hour wait target for A&E had previously been 95%, however the national target was now 76%. In December 2023, the PRUH was at 61.33% but they aimed to get as close to the target of 76% as possible by the end of March 2024. It was noted that January 2024 had been particularly challenging – in addition to the usual winter pressure there had been nine days of junior doctor strikes. There had been a fantastic response from teams and no patient safety issues had arisen as a result of the strikes.

With regards to elective care, Members were advised that the target for referral to treatment was 18 weeks, however this was no longer being achieved. Across the NHS, waits of up to 104 weeks were being monitored. The Trust had generally been very good at managing waiting lists and only two patients had been waiting over 104 weeks for treatment – both were on non-emergency pathways and had been provided with appointment dates. It was noted that prioritisation was based on clinical need. The Site Chief Executive informed Members that the Trust's waiting list had grown significantly to around 109,000 patients. On cancer, the PRUH currently stood at 55%, against a 75% standard, for the cancer target of 28 days for the faster diagnostic standard. There was also a 31-day standard for diagnosis to first treatment – the Trust currently stood at 78% against the target of 96%: there were action plans in place to address. The Site Chief Executive noted that the implementation of Epic, an electronic patient record system, had impacted the Trust's performance. This related to their ability to report, as well as it taking longer for clinicians to use the newly implemented system. There had been a bigger drop off in October 2023, however a month on month improvement was being seen – a comprehensive recovery plan was in place, and they planned to be back on track by the end of April 2024. In response to questions, the Site Chief Executive said that the Trust was doing well in terms of vacancies – vacant roles across the whole Trust stood at around 8%, compared to 15% a year ago. In terms of additional capacity, if there was not a clinician in post it could be covered by bank/agency staff where appropriate. The focus was on reducing the backlog of elective activity, which was halted during the pandemic, and a recovery plan was in place.

A Member noted that there were pressures on ophthalmology services and asked about the retention of glaucoma specialists. The Site Chief Executive said she would look into this and provide information following the meeting.

With regards to the Apollo programme (Epic and MyChart), the Site Chief Executive advised that progress was being made month on month, and the problems experienced by patients, GPs and staff were generally reducing. Over 85% of frontline staff had been trained and over 150,000 patients were using the MyChart function within the app. A Member asked what this represented as a percentage of eligible patients. The Site Chief Executive said this information could be provided following the meeting.

In response to questions, the Site Chief Executive said that ongoing training was being provided. Masterclasses for staff would also be introduced for those that wanted to take their use of the system further. The view and usage of the system could be personalised, which helped with productivity. It was noted that they had a detailed breakdown of where the system was, and was not, being used, and could provide support to individual clinicians. In terms of continued use, the Site Chief Executive said that the legacy systems had now been switched off and therefore the numbers using Epic were increasing month on month.

In response to questions regarding MyChart, the Site Chief said they recognised that not everybody had access to the technology or ability to get online, and the usual systems for getting results remained in place. For those that wanted to access MyChart, staff were able to provide help and show them how to use it when they attended clinics. It was noted that they were in the process of producing an easy guide on how to use the system. It was understood that the guide would be created in paper form and translated into various languages – an update could be provided at the next meeting. The Operations Co-ordinator, Healthwatch Bromley said they would be happy to help support the distribution of the guide.

The Site Chief Executive advised Members that the new ward would be in use from the first week of March 2024. Work on the endoscopy unit build was ongoing, and was expected to be complete by March 2025 – this was a South East London resource which would increase capacity for screening and diagnostics. It was noted that the new MRI and mortuary at the PRUH were both open. In response to a question regarding the cost increase of the endoscopy unit, the Site Chief Executive said that the project had been a few years in the making and construction costs had increased following the pandemic. Initially no tenders had been received, and when it went out again the bids received had been higher than expected.

The Site Chief Executive advised Members that the Trust's financial position was challenging, and a financial recovery plan was being worked through with oversight from NHS England. In response to questions, the Site Chief Executive emphasised that patient care was paramount, and any cost reductions would be risk assessed. The Trust would be looking at what efficiencies could be made through productivity approaches. It was noted that

once the Epic system was fully rolled out it would provide some significant productivity benefits, and “root and branch” reviews of services would be undertaken. The Site Chief Executive advised that a number of NHS Trusts had an underlying deficit position. The ‘control total’ was agreed upfront with the regulators on an annual basis. There was now an approach in place to manage finances across the system. The Trust was reporting a £52.4 million deficit at the end of November 2023. The measures to reduce costs included avoiding any unnecessary spend on bank/agency staff – this was reviewed on an hourly basis with patient safety in mind. Other measures included buying in products in bulk and looking at income in terms of maximising efficiencies in elective services.

In response to a further question, the Site Chief Executive advised that there had been a Joint Chairman role at Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts. As both organisations faced significant challenges it had been decided that each trust needed a separate Chairman, and the stepping down from the role of Chairman of King's had been related to capacity. The Trust was working with NHS England on its financial position and working on efficiencies to “get back on track”. It was emphasised that the future of King's, and the PRUH, were not at risk.

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

**RESOLVED that the update be noted.**

## **36 BROMLEY HEALTHCARE STRATEGY**

The Chairman welcomed Jacqui Scott, Chief Executive Officer – Bromley Healthcare and Professor Ali Bokhari, Chief Medical Officer – Bromley Healthcare to the meeting to provide an update on the Bromley Healthcare Strategy.

The Chief Executive Officer informed Members that Bromley Healthcare had included its final closedown report following the CQC assurance programme. It was noted that their Hollybank Centre had recently been subject to an Ofsted inspection, and a judgement of a strong ‘good’ had been received across all three areas.

The Chief Executive Officer advised that the new Bromley Healthcare Strategy was ‘Community First’. It was an ambitious plan that empowered people to live their fullest lives in the heart of their communities. As a community services provider Bromley Healthcare worked collaboratively with partners across One Bromley. The work of the community services’ teams included: district nurses undertaking 675 visits a day in the community; discharge services carried out 30 supported discharges per day; health visitor and school nursing teams carried out 200 interventions per day; and child therapy services delivered 175 interventions per day.



The Strategy had been brought together using a collaborative approach. The process was led by the Better Together Group (colleague collaborative), which undertook 250 conversations across the organisation. From the insights received internally and from partners three strategic goals had been identified:

1. Build a culture of growth and opportunity for our people – the experience of colleagues is vital. This priority recognises the importance of investing in and recognising the talents and dedication of our colleagues which would be achieved by reorientating clinical leadership away from focusing on individual services towards neighbourhood working. Developing the BHC academy, continuing to improve psychological safety across the organisation and focusing on recruitment and career pathways; which were resulting in reduced vacancy levels. The focus on developing the health and wellbeing offer would continue.
2. Become a leader in integrated care driven by the population's needs – focus on integrated services so pathways ran smoothly for patients. Neighbourhood teams would run a number of innovative projects, some of which were already having an impact. Examples included detecting patients at risk of deterioration early and setting up a multidisciplinary team to offer treatment. Benchmarking data suggested that these patients were happier with the service received, their length of stay was shorter and their outcomes improved on discharge. Hospital@Home services also prevented unnecessary admissions.
3. Invest in our communities – this was key for Bromley Healthcare as many of their staff were part of these communities.

The Chief Executive Officer advised that Bromley Healthcare also had an ambitious digital programme – all clinicians had been provided with updated laptops/iPads, and were using the same systems as GPs. The new care co-ordination centre had been established, which received around 20,000 calls a month, and bookable appointments would shortly be launched.

In response to questions, the Chief Medical Officer said that there would be a focus on health inequalities as this had a huge impact on lived experiences, disease progression and mortality for patients. The neighbourhood teams and population health management were looking at the section of the population where health inequalities could be evidenced in the data. The Chief Executive Officer noted that One Bromley would be launching a Neighbourhood Board, and a focus of its work would be health inequalities. The Chief Executive Officer advised that 25% of interventions were delivered virtually, but AI was not currently being used.

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

**RESOLVED that the update be noted.**

### **37 GP ACCESS**

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

The GP Clinical Lead noted that the presentation provided had focussed on changes relating to digital access. Nationally, the NHS app was a key enabler for patients to access primary care and other services. There was a national target for getting patients registered on the NHS app – this could help free up space and time for those still using the traditional transaction routes. In Bromley a lot of work had been undertaken to support practices and develop communications, and a steady rise in the uptake was being seen.

The Associate Director advised that, in terms of utilisation, the uptake in Bromley was higher than the averages for London and England – however there was some variability by geography. This had allowed them to identify the best way to support practices improve uptake, helping them to recognise the different set of needs/preferred access routes into general practice. They had looked into what people were using the app for, and were working with practices to encourage them to use the app for transactional elements. It was estimated that each repeat prescription requested via the app created a saving of three minutes to a practice – over 100,000 repeat prescription requests had been made in Bromley during the financial year, which equated to around 5,000 hours of time that could be diverted into other areas, such as maintaining capacity for those patients that did not use digital access. The Associate Director said they also had data regarding increases in the number of logins, views of medical records and messages to the practice – these were examples of how the app could be made part of how general practice provided services to patients. It was noted that the Chairman had asked that data relating to the use of NHS app be broken down by age – this data was currently limited, and had been requested from NHS Digital. With regards to online consultations, 150,000 requests had been submitted during the financial year – around 16% were received from patients aged 65+. The Chairman said that having the data broken down by age would allow them to benchmark where people needed more support, and noted that it would be beneficial to have this data in the future.

The Associate Director informed Members that they were trying to promote the app via different routes, and practices were playing a big part. They were also pleased to see the great efforts being made by PPGs – some had held events to help patients download the app and show them how it worked. It had been announced earlier that day that new prescriptions could be sent straight to app – it was hoped that these national messages would help encourage people to download and use the app. Members views would be welcomed in terms of how the use of the app could be further promoted. It was agreed that social media links would be provided to Members following the meeting for onward circulation.

In response to a question regarding digital inclusion, the Associate Director said that an example of the work undertaken in Penge had been provided. Organisations had been running digital workshops, which included a session on how to use the NHS app. They were working with practices where lower uptake was being seen, and considering these types of models. They were also working on the broader strategy to address digital inclusion and ensure that health outcomes were not disadvantaged.

The GP Clinical Lead highlighted that the app sat alongside a number of broader changes, which included the expansion of community pharmacy services. In response to questions, the GP Clinical Lead confirmed that the new commissioned service for pharmacies would be launched, and would include them seeing patients with minor ailments. They had been working with pharmacy colleagues across Bromley and a high expression of uptake had been indicated by most pharmacies. However this would depend on real capacity, and the services would need time to bed in. The Associate Director said that the expressions of interest were high, and indicated nearly full coverage. It was noted that not all seven clinical conditions would be covered at the launch – however there was a joint group of GP Clinical Leads and Community Pharmacy Leads who were planning the roll out. It was agreed that confirmation of the number of pharmacies in the borough, and information regarding any changes in recent years, could be provided following the meeting. The Portfolio Holder for Adult Care and Health noted that a statutory responsibility of the Health and Wellbeing Board was the publication of a Pharmaceutical Needs Assessment. The current PNA would expire in September 2025, and work would be undertaken to look at the pharmaceutical needs across the borough going forwards.

In response to questions, the GP Clinical Lead said that the app was part of the expansion and sat alongside other changes. Experience varied between practices but the approach to all problems would be treated in a similar way – the demand would be looked at against capacity and there would be a degree of prioritisation. It was noted that during the winter, extra GP capacity had been provided through winter illness hubs, which had been well utilised. It was important that modernisation work continued in practices, and took into account the local position. Areas of higher deprivation had a lower uptake of the NHS app – it was important that local practices understood this and provided fair access. The GP Clinical Lead said that some patients did use multiple routes at the same time to contact their practice. The process was that practices filtered all requests so there was no duplication – this would be a large part of the modernisation work that practices would undertake in the coming year.

With regards to retention of experience GPs, the Associate Director said they were working closely with the training hub. There was a dedicated work stream on retaining experienced GPs, led by experienced GPs themselves, and a portfolio of options were available. When GPs wanted to reduce their hours they were asked to take on other roles in borough in order to retain their expertise. The ICB had invested in more GPs being trained as ‘GP trainers’ in

the borough, and experienced GPs were also acting as supervisors for the new roles coming in to general practice.

In response to a question from the Chairman, the GP Clinical Lead said that the implementation of the Epic system had had a big impact on general practice, particularly in the provision of pathology reporting services. There had been issues in recent months in terms of the timely provision of reports, and mechanisms were being put in place to address this. There was high awareness amongst GPs, who were collating and sharing information and work with the teams responsible, and there was further work to be done. It was noted that patients were attending consultations having accessed the MyChart system which allowed them to have discussions regarding the correspondence received.

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

**RESOLVED that the update be noted.**

## **38 SEL ICS/ICB UPDATE**

### **Report ACH24-007**

The Place Executive Lead provided an overview of key work, improvements and developments undertaken by SEL ICB and partners within the One Bromley collaborative.

The Place Executive Lead informed Members that work had been ongoing to manage winter pressures and deliver the immunisation programmes. Since the report was written, there had been information in the media regarding the measles campaign. An increase in the number of cases was being seen in London – none had been reported in Bromley, but measles was a highly transmissible disease, and an additional local MMR campaign would be drawn up. In response to a question, the Place Executive Lead said that Bromley had the highest MMR uptake across London – uptake for dose one was over 90%, and just slightly less for dose two. Since 2017 there had been a gradual decline in uptake across London, but they were now seeing an uptick. With regards to the cases of measles in North West London, 75% related to unvaccinated children and the others related to children that had only received one dose of the vaccine. The Member requested that information regarding MMR coverage in Bromley be provided in future reports.

In response to a question, the Place Executive Lead noted that whooping cough had been circulating, and they were looking to improve the uptake of immunisations in the first year. There had also been a number of Group A Streptococcus infections, but nothing like the levels seen last year.

Members were advised that work on the Bromley Health and Wellbeing Centre was progressing – the design had been completed and gone through

the required planning process. This would be an element of the new Civic Suite in Churchill Court and was expected to open at the end of the calendar year. The Place Executive Lead noted that the new continuing care service had recently been launched to better meet the needs of Bromley's population.

In response to questions from the Chairman, the Place Executive Lead said that the flu campaign would run until the end of February – last year's uptake had exceeded 80%, but this year it was anticipated that uptake from the 65+ cohort would be around 77%. It was considered that there was an element of vaccine fatigue and there were particular populations that did not take up the offer. It was noted that lots of work had been undertaken with the Public Health department in relation to this. The inequalities group was helping to build confidence and relationships and they would continue to work on approaches to improve uptake. The Place Executive Lead noted that, for the 65+ cohort, Bromley had the highest level of uptake for the flu vaccine across London – Bromley was also in the top three for uptake in the under 65's at risk, and 2-3 year old cohorts.

A Member noted that uptake of the COVID-19 booster appeared to be low in the immunosuppressed cohort. The Place Executive Lead said that this was an area which needed further work. All services, including hospitals and practices, had worked to identify and encourage people to have the vaccine, but it was considered that a deep dive needed to be undertaken in relation to this.

In response to questions regarding the vaccine uptake amongst staff, the Place Executive Lead said that figures were recorded by organisation. It was noted that uptake was not as good as they would like, however staff could also get their flu and COVID-19 vaccinations through GPs/pharmacies, so the uptake may be better than the figures indicated. It was highlighted that previously there had been a big campaign in relation to vaccination being a condition of employment – this had created a backlash and a lot of work would need to be undertaken to encourage people to get the vaccination. With regards to LBB staff, the Director of Adult Social Care said there had been a campaign encouraging all eligible staff to get their vaccines, and these had been provided in-house. The Director of Public Health advised that there had been meetings and communication with staff in terms of the COVID-19 and flu vaccination offer, including funding flu vaccinations for LBB staff who did not fall within the eligibility criteria. It was noted that they had not yet reached the end of the season, and it was agreed that complete figures on vaccination uptake could be provided once it ended.

In response to a question regarding the digital telephony role out, the Associate Director advised that all practices would have this in place within the next 3-6 months. The new digital telephony system would provide a call queueing system and call back feature, which it was hoped would allow practices to work better and provide a smoother experience for patients. The Place Executive Lead noted that the new system would help collate data in terms counting calls and the length of waits, which would help improve back office systems.

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

**RESOLVED that the update be noted.**

### **39 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT**

The Sub-Committee received the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July – September 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 2 period, 624 reviews of health and care services were shared, and 66 engagement visits were undertaken. It was noted that the Quarter 3 would be published in February 2024, and would be presented at the next meeting of the Sub-Committee.

The Operations Co-ordinator said that regular visits were made to the PRUH and Orpington Hospital and therefore their number of reviews were significantly higher. High rates of review were also received from GP practices. The yearly comparison showed that the percentage of hospital services reviews was similar across Q1 and Q2; there was a slight increase in the percentage of positive reviews for GP services; and that there had been a significant increase in positive reviews for community health and optician services in comparison to Q1. It was noted that 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.

In response to a question, the Operations Co-ordinator advised that Healthwatch Bromley reports were distributed to a large number of local partners, including Oxleas, King’s, and the SEL ICB. It was noted that it was not the responsibility of Healthwatch Bromley to address the themes highlighted, such as parking issues, and they provided the data to local partners to open up further discussion.

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

**RESOLVED that the update be noted.**

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

The Chairman informed Members that the last meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 21<sup>st</sup> November 2023 and an update on the reconfiguration of children’s oncology

services had been provided following the period of consultation. The decision on the future location would be made in mid-March 2024.

It was noted that the next meeting would be held on 1<sup>st</sup> February 2024, and feedback would be provided to Members at the March meeting of the Sub-Committee.

**RESOLVED that the update be noted.**

#### **41 WORK PROGRAMME AND MATTERS OUTSTANDING**

##### **Report CSD24008**

The Chairman noted that all previous matters outstanding had now been closed.

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. The Chairman asked that Members notify the clerk if there were any further items that they would like added to the work programme.

**RESOLVED that the update be noted.**

#### **42 ANY OTHER BUSINESS**

There was no other business.

#### **43 FUTURE MEETING DATES**

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

The Meeting ended at 6.01 pm

Chairman

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# Bromley Health Scrutiny Sub-Committee Update

For 12 March 2024 meeting

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: MyChart update
- 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. We are beginning to experience many improvements since the launch of Epic. Notably for the Trust as a whole, the total number of patients we track is becoming fewer and our 78-week wait cohort has reduced.

## Exceptionally long waits

***Zero patients have waited for treatment at the PRUH for over 104 weeks.***

- We monitor this cohort continually and welcome this milestone.

## Waits by specialties

***We continue to address long wait cohorts across specialties***

- For patients waiting over 78 weeks we have seen much improvement for patients on both an admitted and non-admitted pathway. As at 21 February 2024, 20 patients are awaiting surgery and other planned interventions on an admitted pathway. Ten of these patients have dates for their next event booked. We also have 11 patients on a non-admitted pathway. Eight 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***

- Between 19 December 2023 and 21 February 2024, referrals to our 18-week pathways, to the PRUH and South Sites have increased by 1,455. In total, we have 38,333 patients referred to our 18-week pathways.
- The Site has plans in place to undertake weekend working to improve the position.

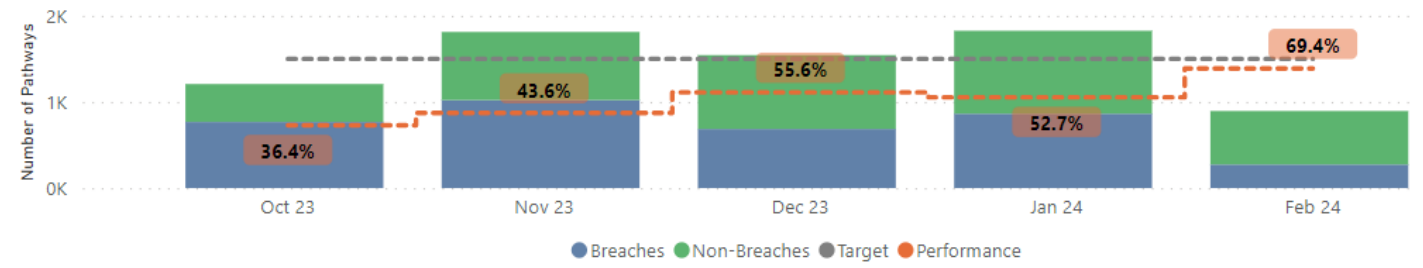
## Diagnostics Waiting Times and Activity

- DM01 remains our most challenged pathway area in terms of data quality across the Trust.
- Our Jan-24 compliance has deteriorated from 34.83% last month to 39.86% and the number of 6+ waiters has increased by 2,551 to 10,617 patients waiting 6+ weeks at the end of January.
- The largest increases were seen in non-obstetric ultrasound, which rose by 1,572.

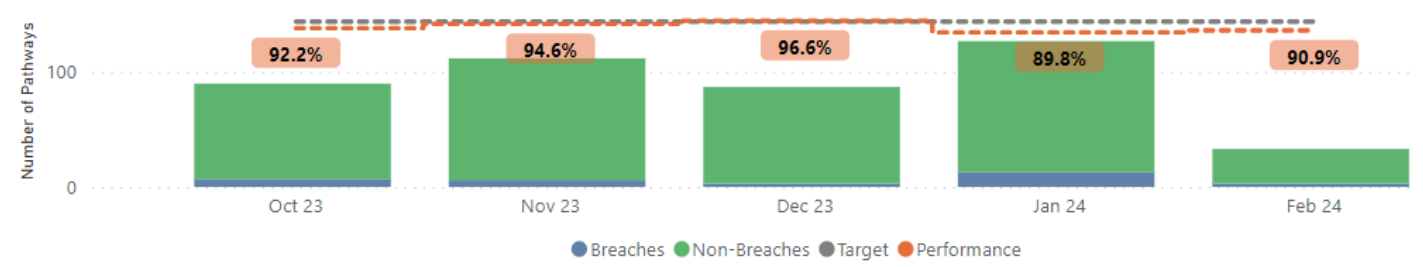
# Elective recovery (2)

Our Cancer 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 February data is partial and provisional.

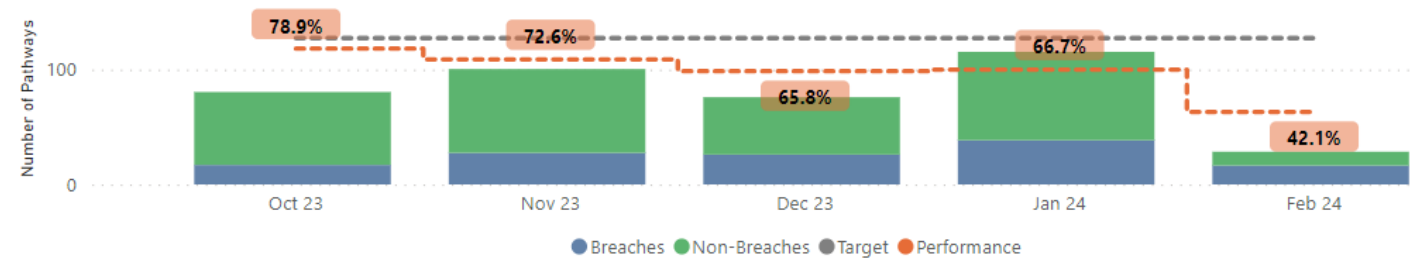
28 Day Standard



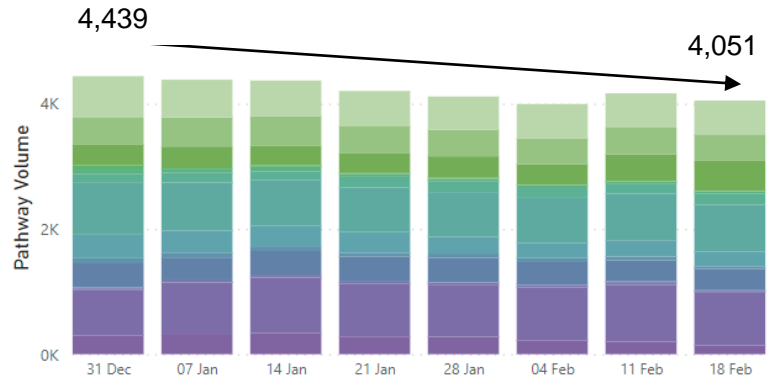
31 Day Standard



62 Day Standard



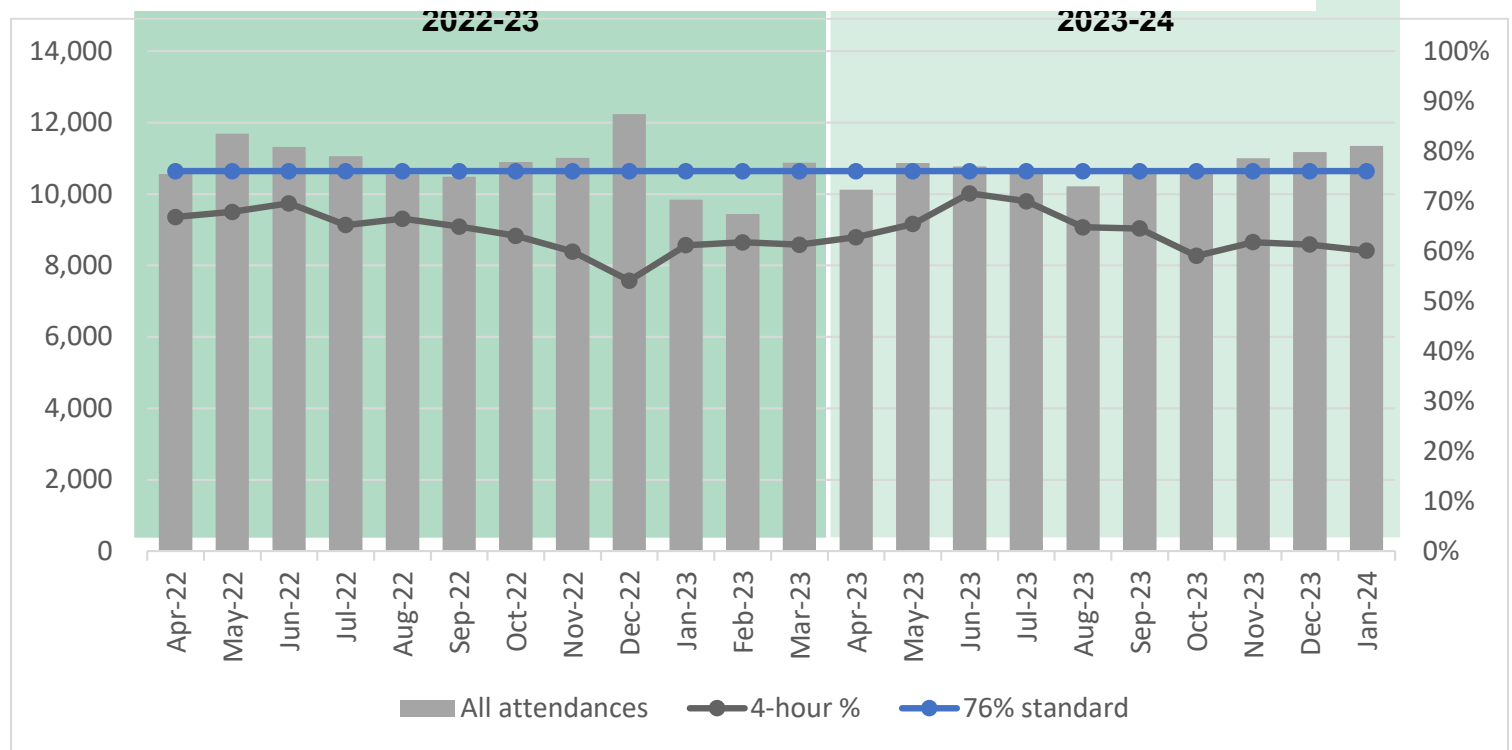
Weekly Cancer PTL – tumour type



# Emergency performance (1)

- Attendee levels remain lower than prior year, though variable (see next slide). However, the months of December 2023 and January 2024 experienced the first and third 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 January 2024 it was 60.11% (vs 61.18% for the prior year).
- Between 1 and 31 January 2024, the site had 30 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 patient safe.

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. These tools help us support discharges for patients with a long length of stay and social care needs.

# Emergency performance (2)

**Ambulance attendances, handover and Decisions to Admit**

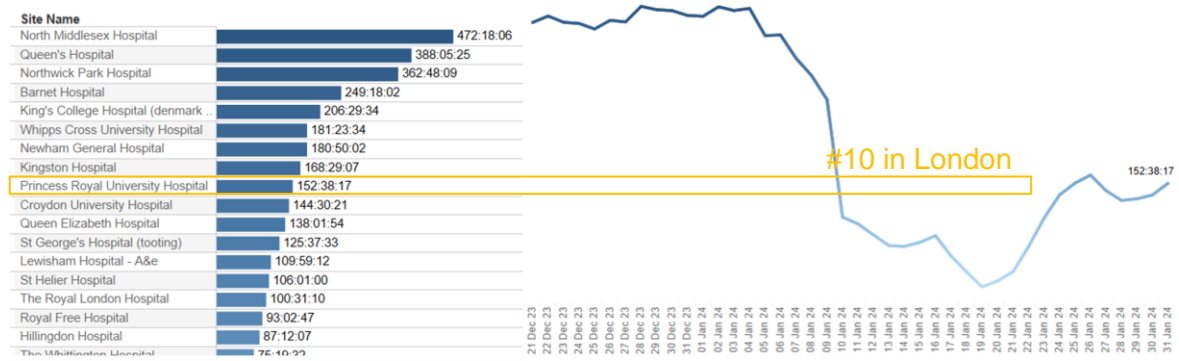
The PRUH has a higher proportion of arrivals to the emergency department by ambulance than most, 35% in September (King's College Hospital, Denmark Hill was 32%), placing it in the 1st quartile. The number of arrivals has remained fairly stable whilst our comparative handover delay position has deteriorated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

Decisions to admit (DTAs) remain too high though they decreased to 534 in January 2024 (17.23 each day) from 548 in December (17.68 each day).

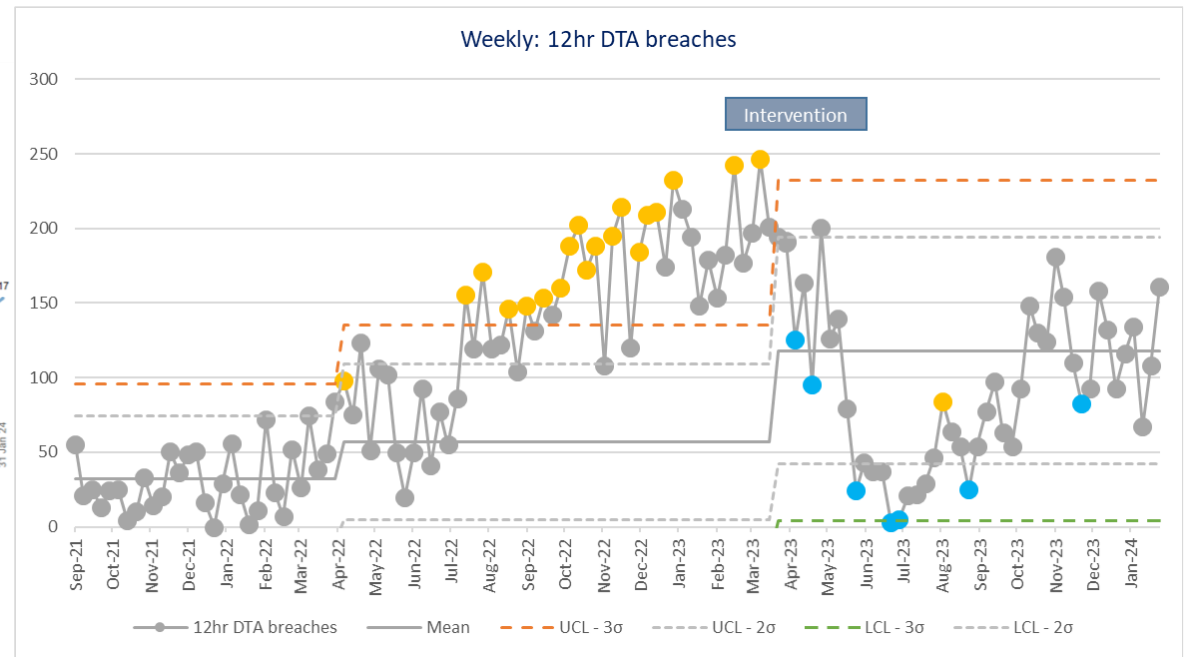
**Ambulance cumulative handover delays** for all patients across London: rolling 30-day position as at 31 January 2024 (LAS data, hh:mm:ss shown)

Time lost to ambulance handover delays over 30 mins (hrs)

Rolling 30-day position as at 31 January 2024  
 click on a bar to highlight site on the trend chart



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## ENDOSCOPY UNIT

Recent building work on the site has led to the discovery of asbestos in the ground. This may add time to the programme and cost for its specialist removal. The Environment Agency has been informed and implications for the project timeline and cost are being worked through.



## NEONATAL INTENSIVE CARE UNIT (NICU) UPGRADES

The new NICU remains on track for completion at the end of Q4 following a previously reported delay in the supply of pendants.

## HOSPITAL BEDS AND EXPANDED HIGH DEPENDENCY UNIT (HDU) PROVISION

The provision for 16 new beds and expansion of the HDU will be complete by March 2024 (previously delayed by fire compartmentation issues identified when the infrastructure was stripped back).

## MRI SCANNER

The new MRI scanner arrives on site on 17 March to be fitted and tested.

### Patient engagement

- A patient engagement project to be delivered jointly by King's and Guy's and St Thomas' is in development. The project will explore registration and usage of the MyChart portal from a range of groups within the population including those with protected characteristics such as patients from an ethnic minority background and patients with disabilities. The aim is to identify solutions to increase registration and usage from these groups.

**Get easier access to your health records**

**NHS**  
King's College Hospital  
NHS Foundation Trust



MyChart is our new patient app and online service that makes accessing your health record easier.

It allows you to securely and easily access your health record, giving you more control over your care. For more information visit [www.kch.nhs.uk/mychart](http://www.kch.nhs.uk/mychart)

### Patient information

- A range of communications material is available to support patients in understanding and using MyChart, including guidance leaflets and videos, both print and digital formats are available. The development of further materials will be explored through the forthcoming engagement work.



## Financial position

At the start of this financial year (April 2023), we committed to delivering a financial deficit of £49 million by the end of March 2024. However, it is now clear that we are not going to deliver the financial plan we set ourselves, and our year-end deficit will unfortunately be much greater than £49 million. As a result, we are taking urgent and decisive steps to reduce costs this year, and in future years, whilst also ensuring we keep patients safe.

There are a number of reasons why our financial position has worsened over recent months. Some of these are external factors, such as rising inflation, as well as the costs associated with repeated strikes.

But the main reason for our deteriorating financial position is that we have simply spent more money than we budgeted for at the start of the year, which is why change is needed.

## Actions to address financial challenge

- We have put a range of financial controls in place - including tighter restrictions around non-essential recruitment, and a panel overseen by our executive team is now scrutinising non-pay spending, both clinical and non-clinical, to ensure we only spend money on things which are essential for delivery of services, and for keeping patients safe.
- We are developing a financial recovery plan, and we are in regular and close contact with our colleagues at the South East London Integrated Care System, and NHS England (London region).
- Our priority is to provide safe, high quality care for patients, and that won't change. Any and all cost saving ideas will be subject to a quality impact assessment, and initiatives will only be implemented if we are assured that patient safety will not be compromised in any way.

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# Agenda Item 6

Report No.  
ACH24-019

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** Health Scrutiny Sub-Committee

**Date:** 12<sup>th</sup> March 2024

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

**Title:** DEVELOPMENTS IN COMMUNITY PHARMACY

**Contact Officer:** Gursaran Singh Matharu (Raj), Chair-Community Pharmacy London

**Chief Officer:** Andrew Bland, ICB Chief Executive Officer

**Ward:**

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1. Reason for decision/report and options

- 1.1 To provide the Health Scrutiny Sub-Committee with an overview of key work and developments undertaken by the Community Pharmacy Service.
- 

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 Existing Policy New Policy: Further Details
  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: Statutory Requirement Non-Statutory - Government Guidance None: Further Details
  2. Call-in: Applicable Not Applicable: Further Details
- 

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:
-

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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**

Please see presentation attached.

**4. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

**5. TRANSFORMATION/POLICY IMPLICATIONS**

**6. FINANCIAL IMPLICATIONS**

**7. PERSONNEL IMPLICATIONS**

**8. LEGAL IMPLICATIONS**

**9. PROCUREMENT IMPLICATIONS**

**10. PROPERTY IMPLICATIONS**

**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**

**13. IMPACT ON HEALTH AND WELLBEING**

**14. CUSTOMER IMPACT**

**15. WARD COUNCILLOR VIEWS**

|   |         |
|---|---------|
| <b>Non-Applicable Headings:</b>                       | 4 to 15 |
| Background Documents:<br>(Access via Contact Officer) |         |

# Developments in Community Pharmacy

## BROMLEY HEALTH SCRUTINY GROUP

12<sup>th</sup> March 2024

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Raj Matharu  
Chair-Community Pharmacy London  
CEO-Community Pharmacy South East London  
Bromley CP Contractor  
9<sup>th</sup> January 2024



# A vision for community pharmacy<sup>1</sup>

- Preventing ill health and supporting wellbeing

- To support communities to stay healthy & well and reduce health inequalities- CP Health & Wellness Service (Making Every Contact Count Service) e.g., SEL IBC-Vital 5 & IMMS, SWL ICB-Winter Fit & NEL IBC- COVID Hesitancy Service

- Providing clinical care for patients

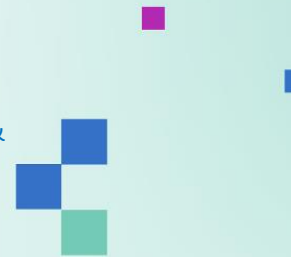
- Moving beyond just safe supply of medicines with Clinical Services- National Pharmacy First Service

- Living well with medicines

- Engage with SEL ICB Colleagues, general practice, patients and carers to provide the best value for medicine- SEL ICB MDI Recycling Pilot, National Early Cancer Diagnoses Referrals

- An integrated primary care offer for neighbourhoods

- Working as part of the Integrated Neighbourhood Teams to provide care closer to home- 60% of COVID vaccines provided by CPs.
- SEL ICB-Training of Community Pharmacy Neighbourhood Leads to support delivery of NHS services e.g., Pharmacy First, Blood Pressure Screening Services & Pharmacy Contraception Service
- NEL ICB-funding of LPC posts to support CPs & GPs to implement NHS Advance services such as Community Pharmacy Consultation Services (NHS 111-CPCS, GP-CPCS & UEC-CPCS)



Independent Review of Community Pharmacy  
Contractor Representation and Support:

“Providing best value for contractors”

Professor David Wright  
Dr Michael Twigg  
Dr Hannah Family  
Dr Linda Birt



The Wright Review<sup>2</sup>





# London Community Pharmacy: Our offer to London Pharmacy Strategy 2020<sup>3</sup>

In summary, the offer from London Community Pharmacy is to:

- expand the range of clinical services
- increase the range of – and access to – wellness services
- develop community pharmacy as a social asset – working to increase the social capital of our communities
- integrate community pharmacy into primary care networks
- provide strong leadership within integrated care partnerships

This offer will form a portfolio that will include:

- access to services
- urgent care
- medicines safety and optimisation
- preventative medicine
- wellbeing



# Working with ICBs to develop community pharmacy brand as the “NHS on the High Street”

- Trusted and accessible
- ICS strategic<sup>3</sup> priority delivery – prevention and primary care/LTCs
- Joint Forward View<sup>5</sup> – inclusion of community pharmacy in Integrated Neighborhood Teams
- Developing and delivering new services with SEL Pharmacy Alliance (SEL specific)
- Ensuring thriving pharmacies as part of communities
- Delegation<sup>6</sup> of Pharmacy, Dental, Opticians to SEL ICS
- All new pharmacists will be prescribers from 2026 – community pharmacist IPs-working to integrate the CP IP Pathfinder programme<sup>7</sup>

# Delivery plan for recovering access to primary care<sup>8</sup>

## Community Pharmacy

Launch a Pharmacy First service in England and to expand the existing blood pressure and contraception services as set out in the [Delivery plan for recovering access to primary care](#) (delivery plan)

The delivery plan recognises the increasing role community pharmacy has in delivering clinical services.

Community Pharmacy continues to make significant and exceptional contributions to primary care and the delivery plan looks to build on this success, while recognising the immense pressures on community pharmacies at present.

Embed community pharmacy into the NHS, making pharmacies the first contact for minor illness, and giving them an increased role in health promotion and in optimising the use of medicines

This new phase will see:

- the expansion of funding for ***blood pressure checks*** to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke
- more funding to support the introduction of ***initiation of contraception in community pharmacies***, supporting women to have easier access
- the introduction of ***Pharmacy First*** which will help pharmacies support their communities in staying well and their local systems to meet the needs of their populations

Integrated Pharmacy Stakeholder Group (IPSG)

Community Pharmacy Integrated Group (CPIG)

## LEADERSHIP

- TIMO
- GOVERNANCE
- CP NEIGHBOURHOOD LEADS
- IT/DIGITAL
- CP SERVICE DASHBOARD
- LINK INTO NHSE

An integrated primary care offer for neighbourhoods

## PREVENTION

- NHSE HYPERTENSION SCREENING SERVICE
- NHSE ORAL CONTRACEPTIVE SERVICE
- NHSE SMOKING CESSATION SERVICE
- TRANSFER OF CARE
- ICB MECC SERVICES
- IMMUNISATIONS

Preventing ill health and supporting wellbeing

## ACUTE & URGENT CARE

- NHSE PHARMACY FIRST
  - Urgent medicine supply
  - Minor illness referral
  - Clinical Pathways consultation
- NHSE DISCHARGE MEDICINES SERVICE
- ICB MINOR AILMENT SERVICE
- EPS

Providing clinical care for patients

## LONG TERM CONDITIONS

- NHSE NEW MEDICINES SERVICE
- OVERPRESCRIBING
- WASTE AND SUSTAINABILITY
- ICB END OF LIFE MEDICINES

Living well with medicines

- Streamlining access to care and advice
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals
- Helping people to stay well for longer

Fuller Stocktake May 2022<sup>9</sup>

NHS SEL ICB  
CP Infrastructure

Research report September 2023  
**A vision for community pharmacy**

Betsy Baird, Helen Buckingham, Anna Charles, Nigel Edwards and Richard Murray

TheKingsFund

nuffieldtrust

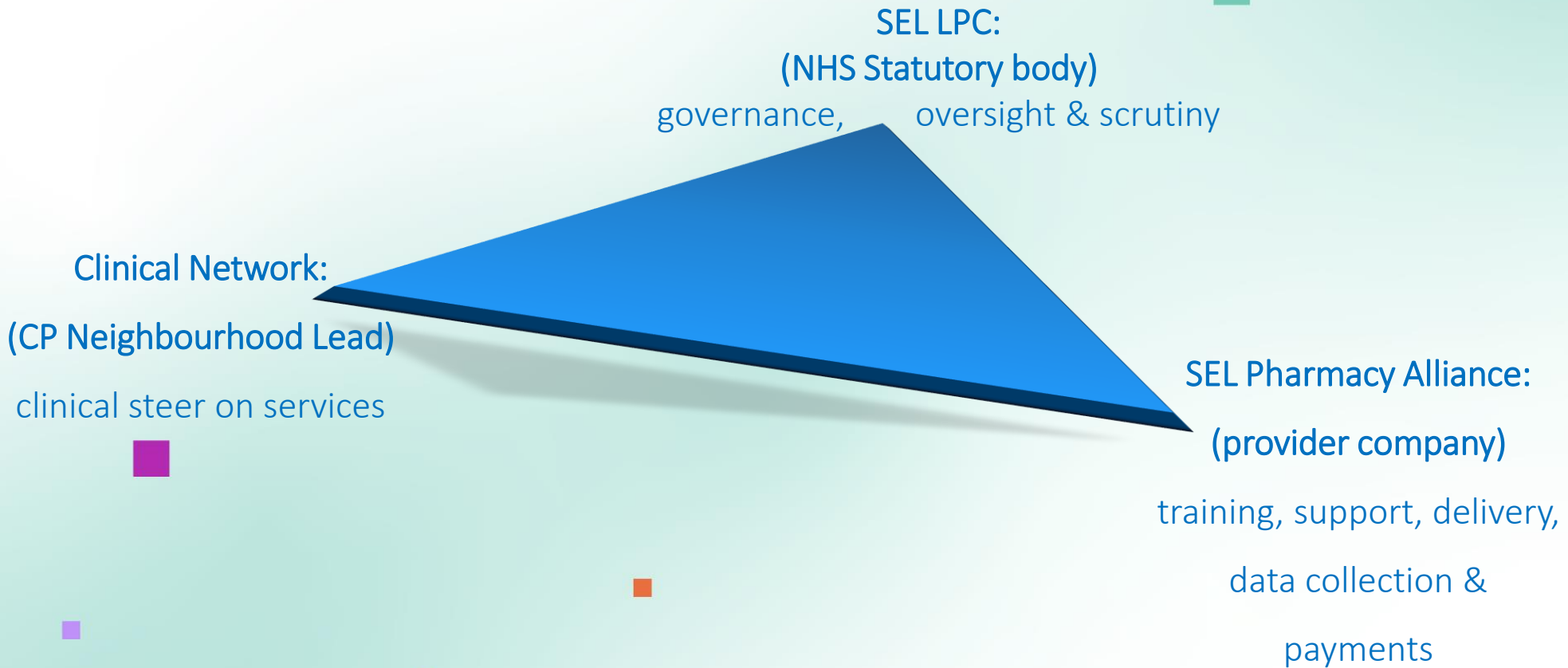


**Next steps for integrating primary care: Fuller Stocktake report**

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, GCO (designate) Surrey Heartlands ICS

MAY 2022

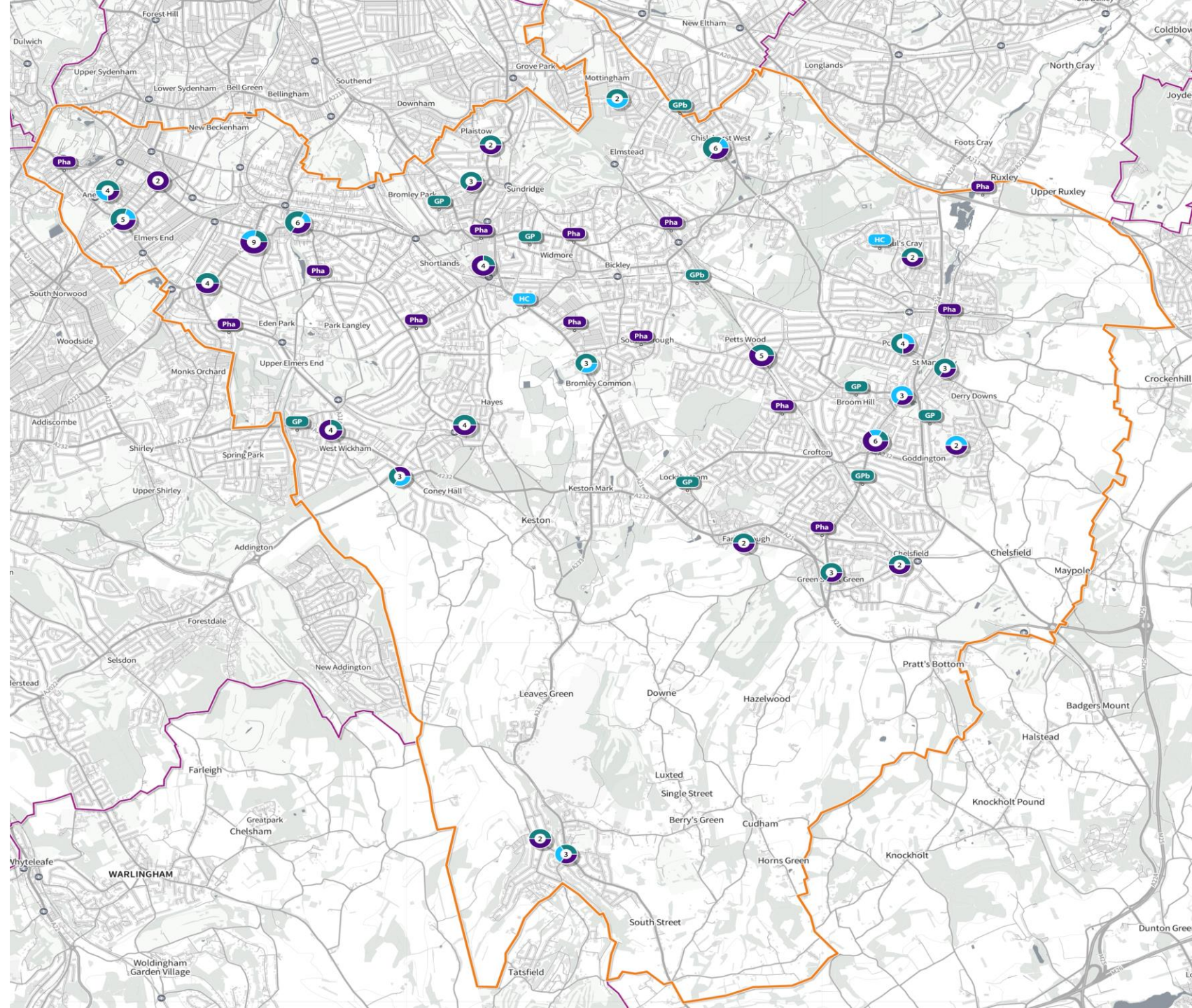
**Tripartite Platform:** The LPC, Alliance, and Neighbourhood Clinical Network will provide representation, organizational development, and clinical leadership in SEL.



# Distribution of community pharmacies and GP surgeries in Bromley.<sup>10</sup>

- ✓ Primary care
- ✓ 48 GP practice, branch practice
- ◀ 8 Primary Care Networks
- ✓ 17 Health Centre, Clinic, Walk in Centre
- ✓ 58 Pharmacy

Source: <https://shapeatlas.net/>



# Community Pharmacy Services

## 1) Essential Services\*

- Dispensing Medicines
- Electronic Repeat Dispensing (eRD)
- Dispensing Appliances
- Discharge Medicines Service
- Public Health
- Healthy Living Pharmacy
- Self Care
- Signposting
- Disposal or unwanted meds

## 2) Advanced Services

- Appliance Use Reviews
- Flu Vaccination Service
- Hypertension Case-Finding
- LFD service
- NMS
- Pharmacy Contraception Service
- Pharmacy First service
- Smoking Cessation Service
- Stoma Appliance Customisation

## 3) Enhanced Services

- CP London Vaccination Service (Flu & PPV)
- Bank Holiday Rota
- COVID-19 Vaccination Service

## 4) Locally Commissioned Services

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Bromley Public Health

- Substance Misuse Service
- Sexual Health Service

NHS SEL ICB-Bromley

- Tailored Dispensing Service

## 5) Other Community Pharmacy Services

- Community Pharmacy Health & Wellness Service (MECC for Vital 5 & IMMS)
- Asthma MDI Inhaler Recycling Project with Kings College Hospital
- Developing Cancer Referrals in community pharmacy (Lambeth & Southwark with GSTT)
- Pharmacy First Plus access to medicines to counter cost of living crisis (LSL & Greenwich)
- Anticoagulation (Greenwich)

\*The Essential Services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF), also known as the 'pharmacy contract'. All the other services community pharmacies can choose to provide any of these services as long as they meet the requirements within the commissioning service level requirement(s).

# The Pharmacy Elements of Primary Care Access and Recovery Plan (PCARP)



On 9<sup>th</sup> May 2023, NHS England and Department of Health and Social care published the [Delivery Plan for recovering access to primary care](#).

The community pharmacy elements of the plan are:

- A Pharmacy First service which includes GP referral to Community Pharmacist Consultation Service (CPCS) and 7 new clinical pathways
- Increase the provision of the NHS Pharmacy Contraception Service and the NHS Blood Pressure Checks Service.
- Improve the digital infrastructure between general practice and community pharmacy.

A letter to practices on 25 January confirms Pharmacy First starts on 31 January: [NHS England » Launch of NHS Pharmacy First advanced service](#)



# NHS Pharmacy First

Pharmacy First will include 7 new clinical pathways. The Community Pharmacist Consultation Service (CPCS) becomes part of Pharmacy First too.

This means the full service will consist of three elements:

## Pharmacy First (clinical pathways)

- new element

## Pharmacy First (referrals for minor illness)

- previously commissioned as CPCS

## Pharmacy First (urgent repeat medicines supply)

NB Not from general practices but from NHS 111 and UEC settings

- previously commissioned as CPCS

- Community pharmacy contractors must provide all 3 elements
- The only exception is that Distance Selling Pharmacies (sometimes called internet or online pharmacies) will not do the otitis media pathway (because they can only do remote consultations so cannot use otoscopes)
- General practices cannot refer patients to pharmacies for urgent medicines supply using Pharmacy First but should refer appropriate patients for the other two elements (clinical pathways and minor illness)

# What are the 7 new clinical pathways that can be referred to Pharmacy First (Previously known as CPCS)?

| Clinical Pathway      | Age range         |
|-----------------------|-------------------|
| Uncomplicated UTI     | Women 16-64 years |
| Shingles              | 18 years and over |
| Impetigo              | 1 year and over   |
| Infected Insect Bites | 1 year and over   |
| Sinusitis             | 12 years and over |
| Sore Throat           | 5 years and over  |
| Acute Otitis Media    | 1 to 17 years     |

**Service suitability**

The service is only for patients aged over 1 year.

| CONDITIONS             | What conditions are SUITABLE for referral to pharmacists?   |   |  | Do NOT refer in these circumstances   |  |
|------------------------|---|---|--|---|--|
| <b>BITES/ STINGS</b>   | <ul style="list-style-type: none"> <li>• Bee sting</li> <li>• Wasp sting</li> </ul>   | <ul style="list-style-type: none"> <li>• Stings with minor redness</li> </ul>   | <ul style="list-style-type: none"> <li>• Stings with minor swelling</li> </ul>   | <ul style="list-style-type: none"> <li>• Drowsy / fever</li> <li>• Fast heart rate</li> </ul>   | <ul style="list-style-type: none"> <li>• Severe swellings or cramps</li> </ul>   |
| <b>COLDS</b>           | <ul style="list-style-type: none"> <li>• Cold sores</li> <li>• Coughs</li> </ul>  | <ul style="list-style-type: none"> <li>• Flu-like symptoms</li> </ul>   | <ul style="list-style-type: none"> <li>• Sore throat</li> </ul>  | <ul style="list-style-type: none"> <li>• Lasted +3 weeks</li> <li>• Shortness of breath</li> </ul>  | <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Unable to swallow</li> </ul>  |
| <b>CONGESTION</b>      | <ul style="list-style-type: none"> <li>• Blocked or runny nose</li> </ul>   | <ul style="list-style-type: none"> <li>• Constant need to clear their throat</li> </ul>   | <ul style="list-style-type: none"> <li>• Excess mucus</li> <li>• Hay fever</li> </ul>  | <ul style="list-style-type: none"> <li>• Lasted +3 weeks</li> <li>• Shortness of breath</li> </ul>  | <ul style="list-style-type: none"> <li>• 1 side obstruction</li> <li>• Facial swelling</li> </ul>  |
| <b>EAR</b>             | <ul style="list-style-type: none"> <li>• Earache</li> </ul>   | <ul style="list-style-type: none"> <li>• Ear wax</li> <li>• Blocked ear</li> </ul>  | <ul style="list-style-type: none"> <li>• Hearing problems</li> </ul>   | <ul style="list-style-type: none"> <li>• Something may be in the ear canal</li> <li>• Discharge</li> </ul>  | <ul style="list-style-type: none"> <li>• Severe pain.</li> <li>• Deafness</li> <li>• Vertigo</li> </ul>  |
| <b>EYE</b>             | <ul style="list-style-type: none"> <li>• Conjunctivitis</li> <li>• Dry/sore tired eyes</li> <li>• Eye, red or Irritable</li> </ul>  | <ul style="list-style-type: none"> <li>• Eye, sticky</li> <li>• Eyelid problems</li> </ul>  | <ul style="list-style-type: none"> <li>• Watery / runny eyes</li> </ul>  | <ul style="list-style-type: none"> <li>• Severe pain</li> <li>• Pain 1 side only</li> </ul>   | <ul style="list-style-type: none"> <li>• Light sensitivity</li> <li>• Reduced vision</li> </ul>  |
| <b>GASTRIC / BOWEL</b> | <ul style="list-style-type: none"> <li>• Constipation</li> <li>• Diarrhoea</li> <li>• Infant colic</li> </ul>   | <ul style="list-style-type: none"> <li>• Heartburn</li> <li>• Indigestion</li> </ul>  | <ul style="list-style-type: none"> <li>• Haemorrhoids</li> <li>• Rectal pain,</li> <li>• Vomiting or nausea</li> </ul>   | <ul style="list-style-type: none"> <li>• Severe / on-going</li> <li>• Lasted +6 weeks</li> </ul>  | <ul style="list-style-type: none"> <li>• Patient +55 years</li> <li>• Blood / Weight loss</li> </ul>   |
| <b>GENERAL</b>         | <ul style="list-style-type: none"> <li>• Hay fever</li> </ul>   | <ul style="list-style-type: none"> <li>• Sleep difficulties</li> </ul>  | <ul style="list-style-type: none"> <li>• Tiredness</li> </ul>  | <ul style="list-style-type: none"> <li>• Severe / on-going</li> </ul>   |  |
| <b>GYNAE / THRUSH</b>  | <ul style="list-style-type: none"> <li>• Cystitis</li> <li>• Vaginal discharge</li> </ul>   | <ul style="list-style-type: none"> <li>• Vaginal itch or soreness</li> </ul>  |  | <ul style="list-style-type: none"> <li>• Diabetic / Pregnant</li> <li>• Under 16 / over 60</li> <li>• Unexplained bleeding</li> </ul>             | <ul style="list-style-type: none"> <li>• Pharmacy treatment not worked</li> <li>• Had thrush 2x in last 6 months</li> </ul>  |
| <b>PAIN</b>            | <ul style="list-style-type: none"> <li>• Acute pain</li> <li>• Ankle or foot pain</li> <li>• Headache</li> <li>• Hip pain or swelling</li> <li>• Knee or leg pain</li> </ul>            | <ul style="list-style-type: none"> <li>• Lower back pain</li> <li>• Lower limb pain</li> <li>• Migraine</li> <li>• Shoulder pain</li> </ul>                           | <ul style="list-style-type: none"> <li>• Sprains and strains</li> <li>• Thigh or buttock pain</li> <li>• Wrist, hand or finger pain</li> </ul>                 | <ul style="list-style-type: none"> <li>• Condition described as severe or urgent</li> <li>• Conditions have been on-going for +3 weeks</li> </ul> | <ul style="list-style-type: none"> <li>• Chest pain / pain radiating into the shoulder</li> <li>• Pharmacy treatment not worked</li> <li>• Sudden onset</li> </ul> |
| <b>SKIN</b>            | <ul style="list-style-type: none"> <li>• Acne, spots and pimples</li> <li>• Athlete's foot</li> <li>• Blisters on foot</li> <li>• Dermatitis / dry skin</li> <li>• Hair loss</li> </ul> | <ul style="list-style-type: none"> <li>• Hay fever</li> <li>• Nappy rash</li> <li>• Oral thrush</li> <li>• Rash - allergy</li> <li>• Ringworm / threadworm</li> </ul> | <ul style="list-style-type: none"> <li>• Scabies</li> <li>• Skin dressings</li> <li>• Skin rash</li> <li>• Warts/verrucae</li> <li>• Wound problems</li> </ul> | <ul style="list-style-type: none"> <li>• Condition described as severe or urgent</li> <li>• Conditions have been on-going for +3 weeks</li> </ul> | <ul style="list-style-type: none"> <li>• Pharmacy treatment not worked</li> <li>• Skin lesions / blisters with discharge</li> <li>• Diabetes related?</li> </ul>   |
| <b>MOUTH/THROAT</b>    | <ul style="list-style-type: none"> <li>• Cold sore blisters</li> <li>• Flu-like symptoms</li> <li>• Hoarseness</li> </ul>   | <ul style="list-style-type: none"> <li>• Mouth ulcers</li> <li>• Sore mouth</li> <li>• Sore throat</li> </ul>   | <ul style="list-style-type: none"> <li>• Oral thrush</li> <li>• Teething</li> <li>• Toothache</li> </ul>   | <ul style="list-style-type: none"> <li>• Lasted +10 days</li> <li>• Swollen painful gums</li> <li>• Sores inside mouth</li> </ul>                 | <ul style="list-style-type: none"> <li>• Unable to swallow</li> <li>• Patient has poor immune system</li> <li>• Voice change</li> </ul>                            |
| <b>SWELLING</b>        | <ul style="list-style-type: none"> <li>• Ankle or foot swelling</li> <li>• Lower limb swelling</li> </ul>   | <ul style="list-style-type: none"> <li>• Thigh or buttock swelling</li> <li>• Toe pain or swelling</li> </ul>   | <ul style="list-style-type: none"> <li>• Wrist, hand or finger swelling</li> </ul>   | <ul style="list-style-type: none"> <li>• Condition described as severe or urgent</li> <li>• Condition ongoing for +3 weeks</li> </ul>             | <ul style="list-style-type: none"> <li>• Discolouration to skin</li> <li>• Pharmacy treatment not worked</li> <li>• Recent travel abroad</li> </ul>                |

# NHS Pharmacy First – 7 clinical pathways

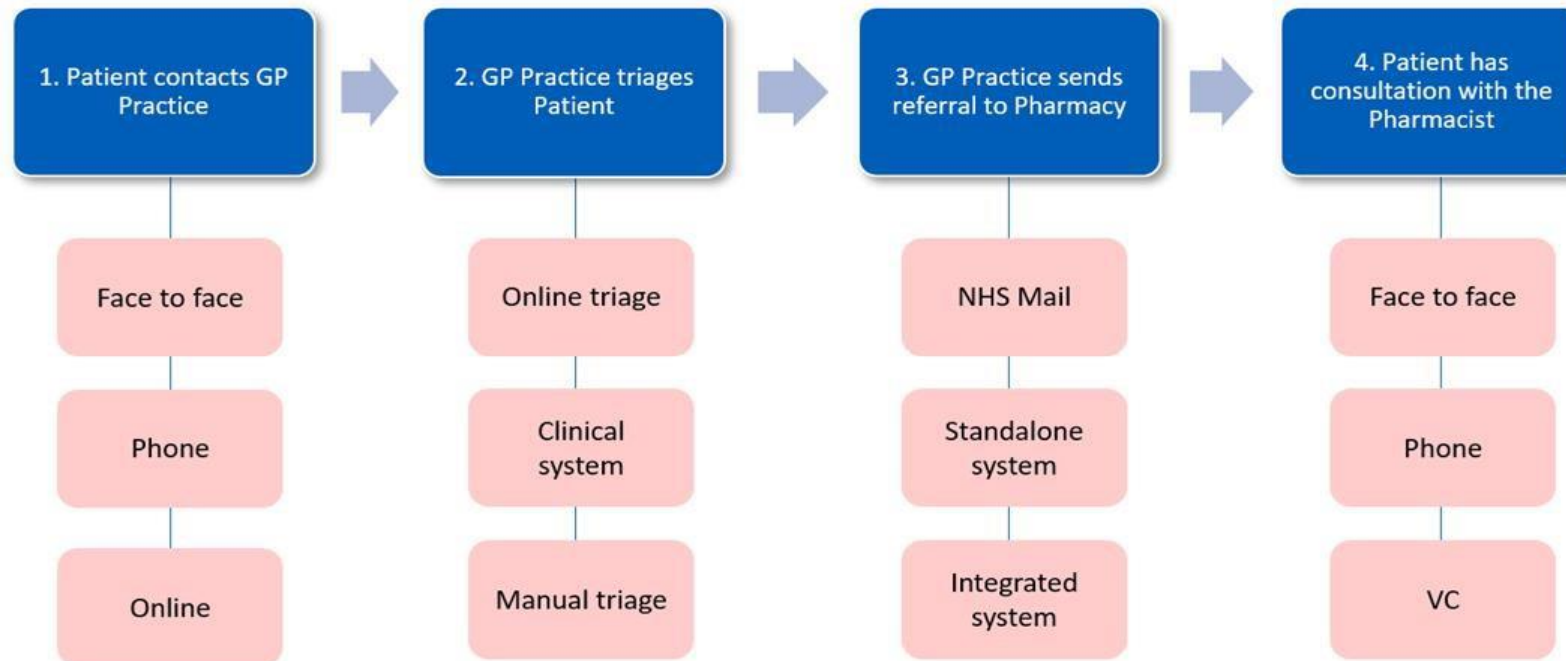
Please note these are the main exclusions. Each pathway has additional specific clinical exclusions which will be considered by the community pharmacist during the consultation.

| Urinary tract infection  | Shingles*   | Impetigo   | Infected insect bites  | Acute sore throat  | Acute sinusitis  | Acute otitis media  |
|--|---|--|--|--|--|---|
| A UTI is an infection in any part of the urinary system.   | Shingles is an infection that causes a painful rash   | Impetigo is a common infection of the skin. It is contagious, which means it can be passed on by touching.   | Insect bites and stings can become infected or cause a reaction.   | Sore throat is a symptom resulting from inflammation of the upper respiratory tract  | Sinusitis is swelling of the sinuses, usually caused by an infection. The sinuses are small, empty spaces behind your cheekbones and forehead that connect to the inside of the nose.  | An infection of the middle ear.   |
| <b>Inclusion:</b> <ul style="list-style-type: none"> <li>Female</li> <li>Aged between 16 - 64</li> <li>Suspected lower UTI</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>18 years and over</li> <li>Suspected case of shingles.</li> <li>Rash appeared within the last 72 hours - 7 days</li> </ul>   | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Signs and symptoms of impetigo</li> <li>Localised (4 or fewer lesions/clusters present)</li> </ul>   | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s)</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>5 years and over</li> <li>Suspected sore throat</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>12 years and over</li> <li>Suspected signs and symptoms of sinusitis</li> <li>Symptom duration of 10 days or more</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>Aged between 1 – 17</li> <li>Suspected signs and symptoms of acute otitis media</li> </ul>   |
| <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Male</li> <li>&lt;16 or &gt;64</li> <li>Pregnant</li> <li>Breastfeeding</li> <li>Recurrent UTI (2 in last 6 months or 3 in last 12 months)</li> <li>Catheter</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under age of 18</li> <li>Pregnant or suspected pregnancy</li> <li>Breastfeeding with shingle sores on the breasts</li> <li>Shingles rash onset over 7 days ago</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Breastfeeding with impetigo lesion(s) present on the breast</li> <li>Recurrent impetigo (2 or more episodes in the same year)</li> <li>Widespread lesions/clusters present</li> <li>Systemically unwell</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Systemically unwell</li> <li>Bite or sting occurred while travelling outside the UK</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 5 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>age</li> <li>Recurrent sore throat/tonsillitis (7 or more significant episodes in the preceding 12 months or 5+ in each of the preceding 2 years, or 3+ in the preceding three years)</li> <li>Previous tonsillectomy</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 12 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Symptom duration of less than 10 days</li> <li>Recurrent sinusitis ((4 or more annual episodes of sinusitis)</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 1 year of age or over 18 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16</li> <li>Recurrent infection (3+ episodes in preceding 6 months, or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months.)</li> </ul> |

# How do I refer patients to Pharmacy First?

You can refer patients to Pharmacy First whether they have contacted the practice by phone, online or in person.

Everyone in the practice who makes appointments for patients must know how to refer patients to Pharmacy First



# Can't I just ask patients to 'go to the pharmacy'?

Many people visit community pharmacies every day for many different reasons such as to collect their prescriptions, to purchase medicines for self-care, for advice on health matters, for vaccinations, for other pharmacy services such as blood pressure checks or smoking cessation support.

GP practices should continue to digitally refer patients to Pharmacy First as per the former GPCPCS as opposed to signposting.



Patients will receive a confidential consultation. **If signposted**, may be treated as self-care support and possibly seen by another pharmacy team member.

Patients are reassured that their concern has been taken seriously and the pharmacist will be expecting them



If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.



Referrals enable the pharmacy to plan and manage workload, thereby meaning patients are seen in a timely manner.



Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on.



There is an audit trail of referral and clinical treatment, which will support onward patient care.



Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that GP practices are supporting the PCARP.

# NHS Community Pharmacy Oral Contraception Service

**This service enables community pharmacies to initiate and continue supplies of oral contraception.**

- Until 29 February 2024 some pharmacies may only be providing continuation of oral contraception. From 1 March 2024, all participating pharmacies will be initiating and continuing supply.
- There is an [NHS website postcode search tool](#) to enable patients to find local pharmacies who deliver the contraception service.
- Practices can refer people into this service or women can self-present at the pharmacy



# NHS Community Pharmacy Blood Pressure Check Service

**Community pharmacy teams can offer people over the age of 40, without a diagnosis of hypertension, a BP check to find those with undiagnosed hypertension. In addition, they can also carry out BP checks at the request of practices.**

- Practices can ask pharmacies to complete clinic and ambulatory checks
- It may be useful for practices who have patients on their hypertension registers without an up-to-date BP reading
- It may be useful for practices with patients with a high initial reading who need ambulatory follow up
- All readings will be returned to the practice for updating patient records
- There is an [NHS website postcode search tool](#) to enable patients to find local pharmacies who deliver the Blood Pressure Check Service.



General practices can refer patients to community pharmacies for both clinic and ambulatory measurements



THANK YOU.  
DISCUSSION &  
ANY QUESTIONS?

## References:

1. A Vision for Community Pharmacy <https://www.nuffieldtrust.org.uk/research/a-vision-for-community-pharmacy>
2. The Wright Review. Independent Review of Community Pharmacy Contractor Representation and Support: “Providing best value for contractors” <https://pharmacyreview175657019.files.wordpress.com/2020/06/independent-review-of-community-pharmacy-contractor-representation-and-support.pdf>
3. London Community Pharmacy: Our offer to London. Pharmacy Strategy 2020. <https://swl.communitypharmacy.org.uk/wp-content/uploads/sites/129/2020/09/Offer-to-London.pdf>
4. Integrated Care Strategic Priorities for 2023-28 <https://www.selondonics.org/wp-content/uploads/SEL-ICS-strategic-priorities.pdf>
5. SEL 2023/24 Joint Forward Plan <https://www.selondonics.org/who-we-are/our-priorities/joint-forward-plan/>
6. Delegation of primary medical, pharmaceutical, ophthalmic and dental functions <https://www.england.nhs.uk/commissioning/publication/delegation-of-primary-medical-dental-ophthalmic-and-pharmaceutical-functions/>
7. Independent Prescribing-community pharmacy independent prescribing <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>
8. **Delivery plan for recovering access to primary care** <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>
9. Next steps for integrating primary care: Fuller Stocktake report <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>
10. <https://shapeatlas.net/>

Report No.  
ACH24-020

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** Health Scrutiny Sub-Committee

**Date:** 12<sup>th</sup> March 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:**

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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.

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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: Applicable Not Applicable: Further Details
- 

## 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

##### 3.1 GP Access

GP Access improvements continue across Bromley. Key recent developments include:

- **Improving the telephone experience** – every GP practice has now switched on, or is in the process of switching on, a digital telephony system. This will enable a better patient experience, including through call queuing, call backs when at peak times and more sophisticated call management through integration with clinical systems.
- **Improving the online consultation experience** – following the ICS-wide tender process, February marked the start of GP practices transitioning to a simpler online consultation tool which integrates with the NHS App, offers online appointment booking, provides appointment reminders and enables the issue of health questionnaires to support patient care. Around one-quarter of Bromley practices have already turned on the new tool and begun embedding this new system.
- **Improving initial triage and navigation** – through a consistent assessment tool online, by phone or in person, more practices are introducing triage by clinical need to better determine the right clinician for the patient's condition or signpost to the right service, ensuring appointments are best utilised according to need.
- **Improving the use of community pharmacy** – nearly every community pharmacy in Bromley started offering the Pharmacy First service from 31<sup>st</sup> January, giving patients access to health advice and medicines where appropriate for common minor ailments and health conditions, avoiding the need to visit the GP practice.

##### 3.2 MMR Vaccination

Ensuring that Children and Young People are immunised against preventable diseases is identified as a key objective in the SEL 2023/24 Joint Forward Plan. The ICP Integrated Care Strategy for 2023/24 to 2027/28 also identifies early years and ensuring that children have the best start to life as one of its key priorities.

There has been a notable recent rise in the number measles cases in London (mostly NW London) and an increase in cases in SEL. At the moment, there have been no identified cases in Bromley.

As a requirement of their contract, GP practices are participating in a national vaccination and immunisation catch-up campaign, focussing on MMR. A national call/recall campaign for 6 to 25 yr olds is currently in progress. This campaign uses primary care records to indicate whether children and young people are un- or under-vaccinated for MMR. Parents/guardians/young people will receive a nationally generated invitation. The phases of the work are as follows:

- From November 2023 to March 2024 – practices have been undertaking local call and recall for eligible individuals aged 12 months up to and including 5 years.
- From January 2024 to March 2024 – practices are asked to support requests for vaccination from individuals aged 6 years up to and including 25 years.

The following tables (latest COVER data) provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position. The World Health Organisation (WHO) has a target of 95% coverage for all

childhood immunisation programmes. These targets are not being achieved at an ICB, regional or national level. RAG ratings are based on comparing local performance to England.

### Latest COVER DATA – MMR Uptake:



## Childhood immunisations



| Q2 - 23/24                           |        |         |           |         |          |           |       |        |         |
|--------------------------------------|--------|---------|-----------|---------|----------|-----------|-------|--------|---------|
| Metric                               | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | SEL   | London | England |
| Children receiving MMR1 at 24 months | 86.6%  | 91.6%   | 87.2%     | 83.3%   | 86.6%    | 85.7%     | 86.9% | 82.9%  | 89.4%   |
| Q2 - 23/24                           |        |         |           |         |          |           |       |        |         |
| Metric                               | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | SEL   | London | England |
| Children receiving MMR1 at 5 years   | 91.4%  | 92.5%   | 86.7%     | 87.8%   | 87.0%    | 87.3%     | 88.8% | 85.6%  | 92.3%   |
| Q2 - 23/24                           |        |         |           |         |          |           |       |        |         |
| Metric                               | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | SEL   | London | England |
| Children receiving MMR2 at 5 years   | 84.0%  | 86.6%   | 77.2%     | 79.0%   | 79.3%    | 78.1%     | 80.8% | 72.8%  | 83.8%   |
| Trend since last report              | ↑      | ↑       | ↓         | ↑       | ↓        | ↑         | ↑     | ↓      | ↓       |

1

### 3.3 Immunisations Update – Covid uptake

The January update covered the autumn Covid vaccination campaign.

Work is underway to prepare for the Spring Covid Vaccination Campaign. Fewer people are eligible for the upcoming campaign, which will be restricted to those aged 75 years and over, residents in care homes for older adults and individuals aged 6 months and over who are immunosuppressed. Vaccinations will start with Older People’s Care Home vaccinations on 15<sup>th</sup> April and other eligible cohorts on 22<sup>nd</sup> April. Delivery will be mainly through PCN sites and community pharmacies across the borough, with pop up clinics planned for communities with low uptake.

### 3.4 Integrated Urgent Care Service Update

SEL is working on a new model for integrated urgent care that will include the re-procurement of the 111 service. Working with other boroughs, Bromley has made significant progress in defining the local model for the new 111 service due to go live in September 2025. Stakeholder engagement is taking place across SEL and we will be drawing on learning from national and local pilots. The Bromley ICB team is working with partners to finalise the delivery framework, but there remains some essential work still to be done. Specifically, the focus is on balancing the current demand for the service with the financial resources available. We need to ensure that we can effectively meet the needs of the community within the allocated budget. To achieve this, Bromley is aligning this local model with broader transformation efforts including Pharmacy First and the significant primary care transformation activity aimed at delivering a healthcare system easier to navigate, and reducing the overall demand on the 111 service. This strategic approach reflects a commitment to improving access and efficiency in healthcare delivery while ensuring the sustainability of the new 111 service model.

### 3.5 Winter Update

- After a further increase at the end of January, levels of influenza and Covid seem to have peaked and are coming down again.
- An increase in GP appointments were available through the winter, with a higher proportion available the same day.
- The winter Hubs are reporting a reduction in available appointments in the last 2 weeks (as planned), with lower use across most PCNs and fewer referrals on to hospital. This seems to reflect a similar pattern across primary care.
- Activity at the PRUH is high with high ambulance and type 1 attendances - above last year's level, but type 3 attendances are holding at about the same level
- After a positive downward trend in the number of patients staying over 21 days since a peak at the end of December, this has increased again very recently
- Supported discharges increased in January to 282 from 270 in December with a small increase being seen in pathway 1 and 2 and a reduction in Pathway 3 patients
- Overall in January supported discharges were 5% lower than the same period last year.
- H@H capacity and use of virtual monitoring are both increasing
- Consultant connect use was down slightly in December but was back up for January.

The winter management programme is now moving into the evaluation phase using the same methodology as previous years. This includes financial and outcome impact analysis and a broader Winter Wash-up event hosted by the A&E Delivery Board. It is expected that key learning and recommendations will be provided to One Bromley Executive at the end of April.

A final update on the winter vaccination programmes will also be available after the end of March 2024

4. **IMPACT ON VULNERABLE ADULTS AND CHILDREN**
5. **TRANSFORMATION/POLICY IMPLICATIONS**
6. **FINANCIAL IMPLICATIONS**
7. **PERSONNEL IMPLICATIONS**
8. **LEGAL IMPLICATIONS**
9. **PROCUREMENT IMPLICATIONS**
10. **PROPERTY IMPLICATIONS**
11. **CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS**
12. **IMPACT ON THE LOCAL ECONOMY**
13. **IMPACT ON HEALTH AND WELLBEING**
14. **CUSTOMER IMPACT**
15. **WARD COUNCILLOR VIEWS**

|   |         |
|---|---------|
| <b>Non-Applicable</b>                                 | 4 to 15 |
| <b>Headings:</b>                                      |         |
| Background Documents:<br>(Access via Contact Officer) |         |



# Q3 Patient Experience Report

Healthwatch Bromley  
October – December 2023



# Contents

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## Layout of the report

This report is broken down into four 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 two services about which we receive most feedback. Both sections highlight good practice and areas of improvement.

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

### Rating Scale Change from October 2023

In response to feedback received during our review of the Patient Experience Programme we have changed our 5-star rating system from **1\* = Terrible – 5\* = Excellent** to **1\* = Very Poor – 5\* = Very Good**. This aligns with the rating scale used by our national body, Healthwatch England.

Questions using a different rating scale remain the same.

# 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 suggest how services could be improved.

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## Methodology



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



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

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

**Between October – December 2023, we continued to develop our PEP by** changing our 5-star rating system so that it aligns with the rating scale used by our national body, Healthwatch England.

# Q3 Snapshot

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



## 640 reviews

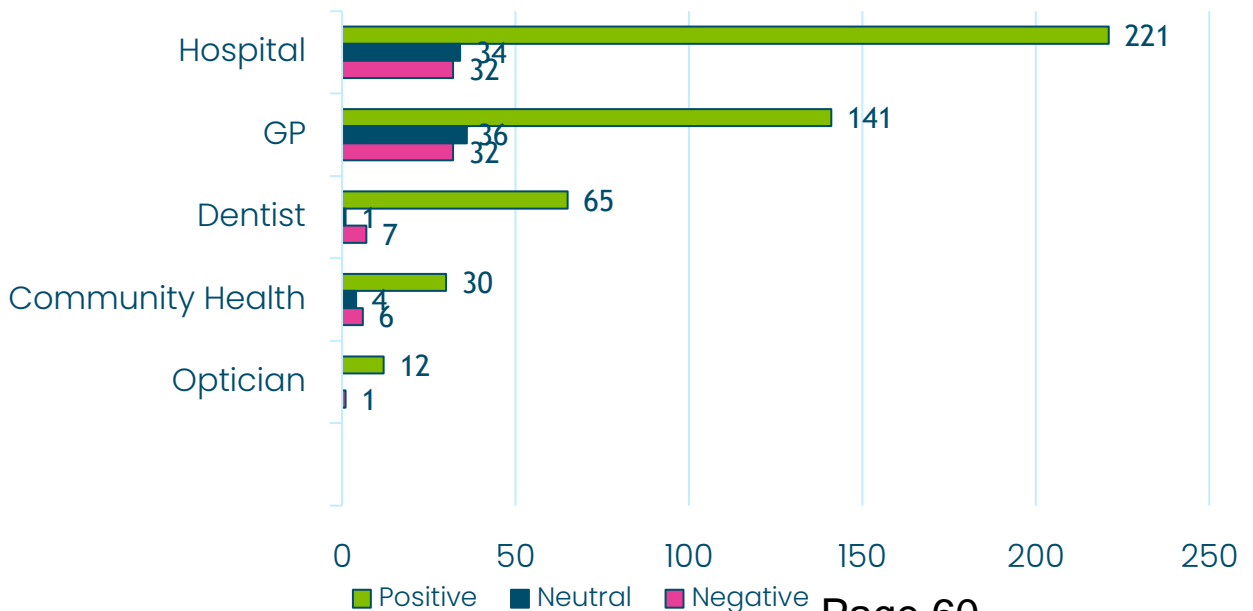
of health and care services were shared with us, helping to raise awareness of issues and improve care.

## 58 visits

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

| Top 5 Service Types | No of Reviews | Percentage of positive reviews |
|---------------------|---------------|--------------------------------|
| Hospital            | 287           | 77%                            |
| GP                  | 209           | 68%                            |
| Dentist             | 73            | 89%                            |
| Community Health    | 40            | 75%                            |
| Optician            | 13            | 92%                            |

## 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<br>(Apr-Jun<br>23) | Q2<br>(Jul-Sep<br>23) | Q3<br>(Oct-Dec<br>23) | Q4<br>(Jan-Mar<br>24) |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Hospital         | 81% (250)             | 81% (201)             | 77% (221)             |                       |
| GP               | 60% (114)             | 67% (132)             | 68% (141)             |                       |
| Dentist          | 91% (61)              | 94% (77)              | 89% (65)              |                       |
| Community Health | 56% (19)              | 71% (35)              | 75% (30)              |                       |
| Optician         | 74% (25)              | 82% (23)              | 92% (12)              |                       |

### What does this tell us?

- We have seen an increase in the percentage of people sharing positive feedback about GPs and Community Health services over the past nine months.
- Hospital services have seen a small decrease (4%) in positive reviews when comparing Q3 and Q2. This service receives the largest number of patient reviews because of the high level of community engagement visits we carry out in hospitals.
- Experiences of Dental services, Opticians and Community Health services remain generally positive.
- Mental Health services received the smallest number of reviews (6) and the lowest percentage of positive responses (33%).

# Experiences of Hospital Services



# What people told us about Hospitals

"The treatment plan has been well explained and executed."

"Not sure who to contact, need better clarity over the phone and email. Knowing who to contact for questions after the appointment.."

"Things have improved a lot in the last few years. Car park is good now."

"Communication between departments and GP could be better."

"Nice and clean. Lots of smiling staff. Facilities for getting a tea and coffee."

"Can't get through to a department over the phone for a week. Hard to get appointments."

"The quality of treatment that I have received is very good."

"On a 2 week urgent referral, but it took 4 weeks to get an appointment. Waiting times can be too long."

# Hospital Services

|                |                               |
|----------------|-------------------------------|
| No. of Reviews | 287 (relating to 5 hospitals) |
| Positive       | 77%                           |
| Negative       | 12%                           |
| Neutral        | 11%                           |

## Questions we asked residents



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

The questions 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?

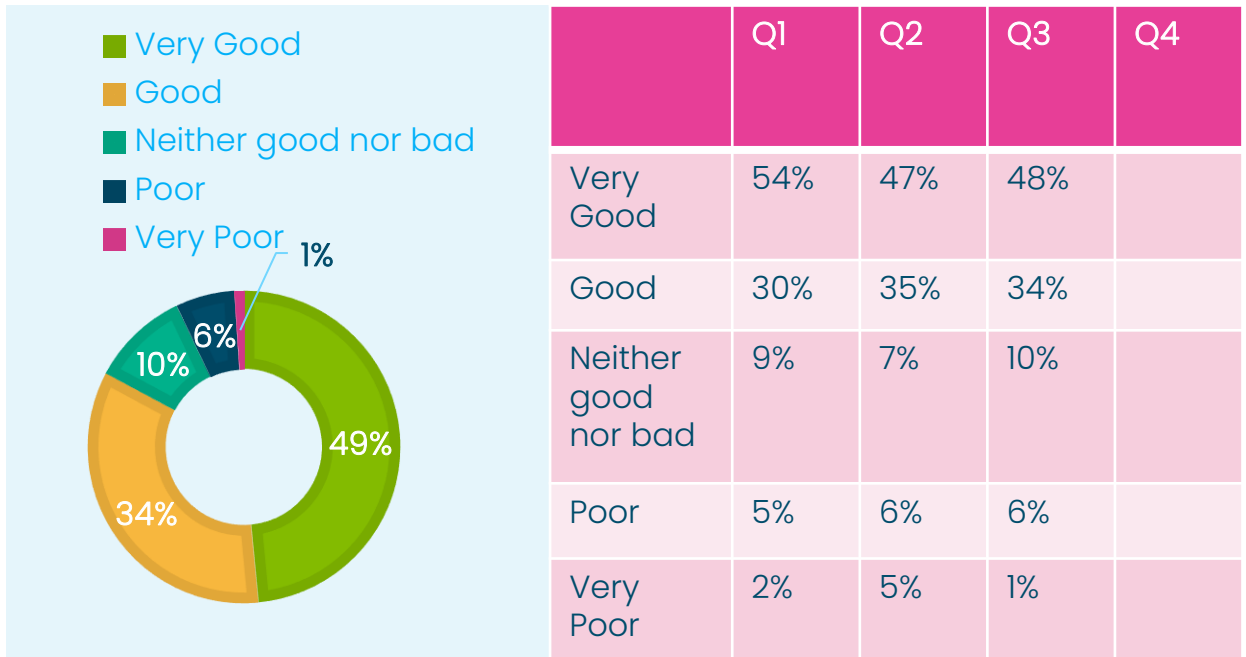
Participants were asked to choose between 1-5\* (Very Poor – Very Good) for all questions.



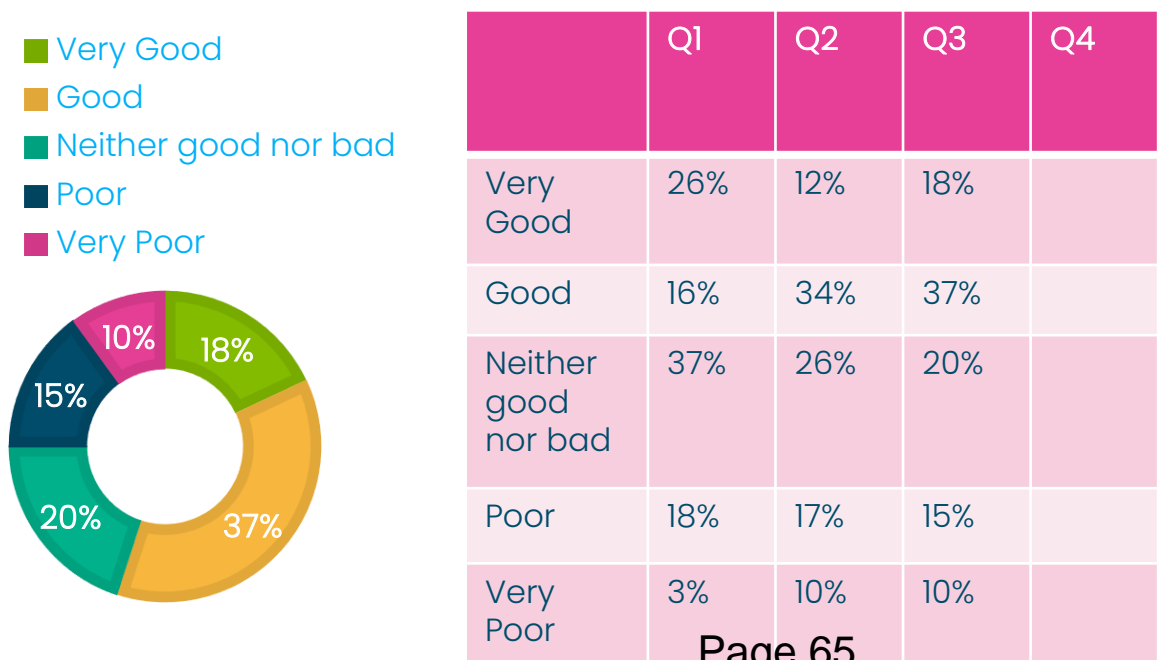


# Access and Quality Questions

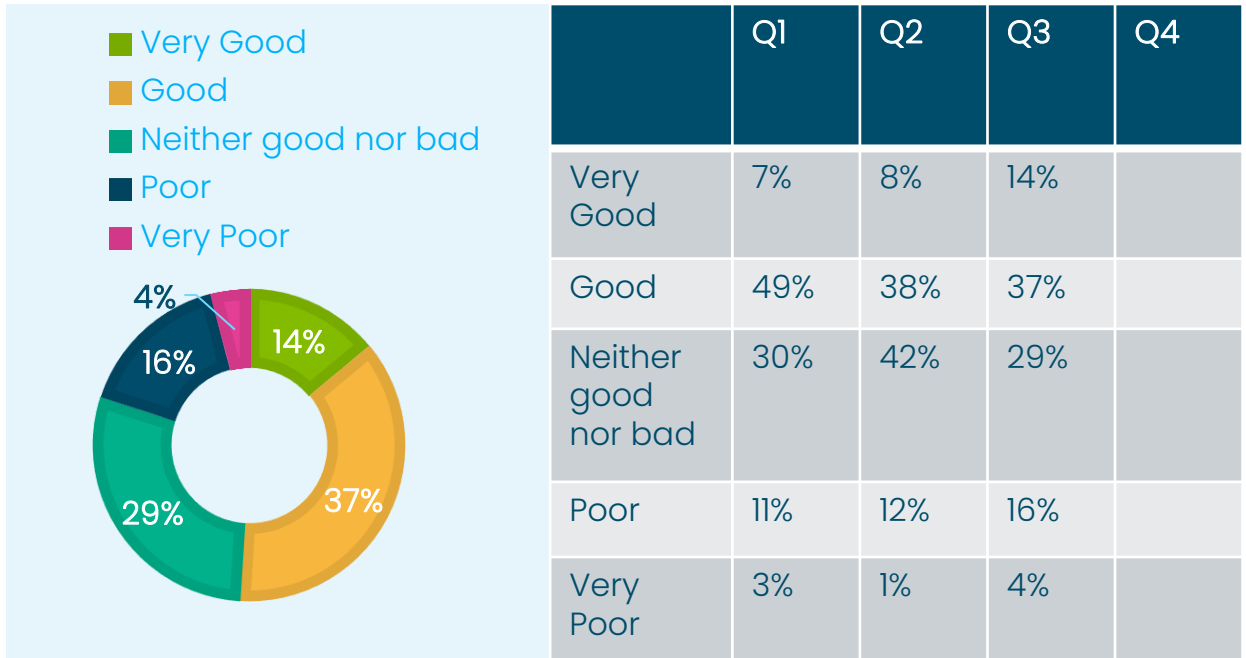
Q1) How did you find getting a referral/appointment at the hospital?



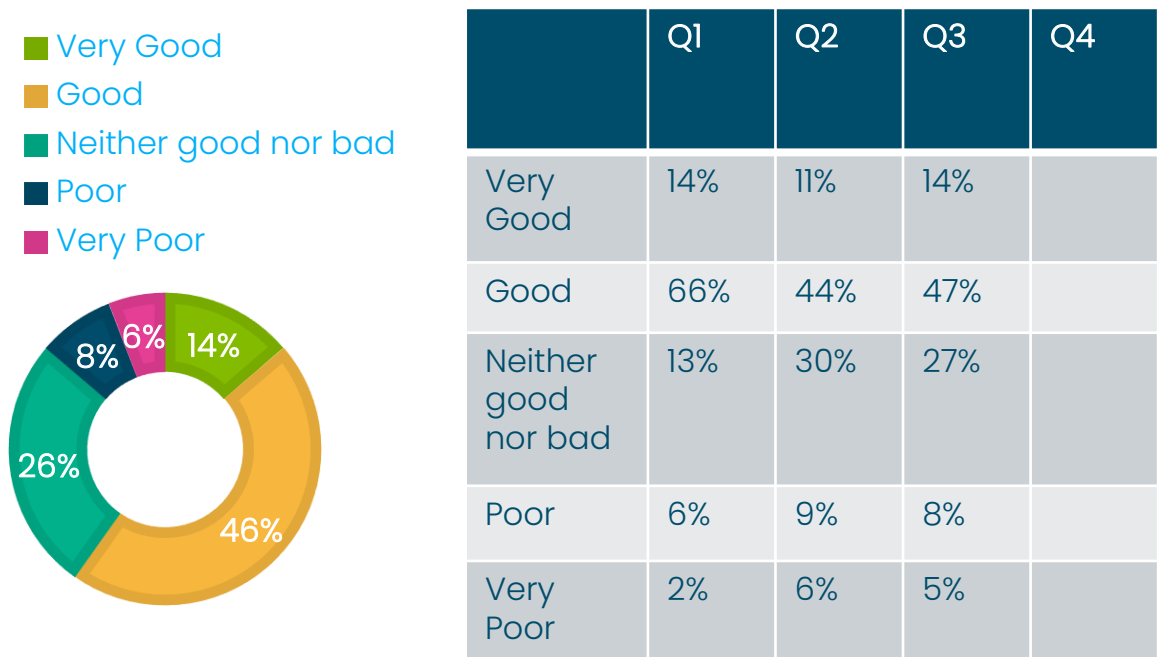
Q2) How do you find getting through to someone on the phone?



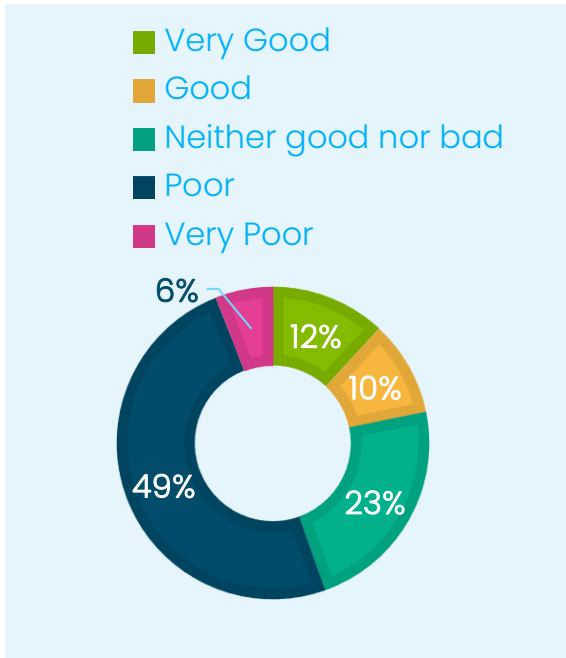
### Q3) How do you find the waiting times at the hospital?



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

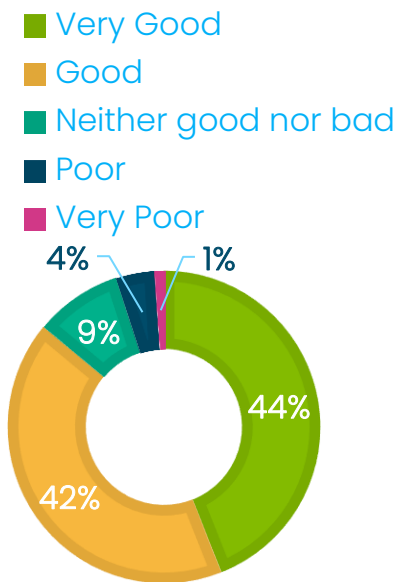


Q5) How do you find the attitudes of staff at the service?



|                      | Q1  | Q2  | Q3  | Q4 |
|----------------------|-----|-----|-----|----|
| Very Good            | 32% | 48% | 46% |    |
| Good                 | 64% | 41% | 45% |    |
| Neither good nor bad | 4%  | 8%  | 8%  |    |
| Poor                 | 0%  | 1%  | 1%  |    |
| Very Poor            | 0%  | 2%  | 0%  |    |

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



|                      | Q1  | Q2  | Q3  | Q4 |
|----------------------|-----|-----|-----|----|
| Very Good            | 34% | 39% | 44% |    |
| Good                 | 57% | 49% | 42% |    |
| Neither good nor bad | 7%  | 8%  | 9%  |    |
| Poor                 | 2%  | 3%  | 4%  |    |
| Very Poor            | 0%  | 2%  | 1%  |    |

## 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?**), gathering qualitative feedback to help get a more detailed picture of hospital services.

Each response we collect is reviewed and up to five themes and sub-themes are applied. The tables below show the top five positive and negative themes mentioned between October – December 2023 based on these free text responses.

The 'top five' positive and negative themes in each section are those mentioned most often by respondents, not necessarily those with the highest numbers of positive and negative assessments. This demonstrates which aspects of health and social care are most important to local residents but does mean that the same theme can appear in both positive and negative lists.

| Top five positive Issues                            | Total count and % of positive reviews | Top five negative Issues   | Total count and % of negative reviews |
|---|---------------------------------------|--|---------------------------------------|
| Staff attitudes                                     | 158 (93%)                             | Waiting times (punctuality and queueing on arrival)                | 65 (35%)                              |
| Quality of treatment                                | 137 (88%)                             | Getting through on the telephone                                   | 34 (33%)                              |
| Waiting times (punctuality and queueing on arrival) | 89 (48%)                              | Facilities and surroundings – car parking                          | 29 (45%)                              |
| Communication between services                      | 80 (64%)                              | Communication between services                                     | 28 (22%)                              |
| Booking appointments                                | 73 (82%)                              | Communication with patients (treatment explanation, verbal advice) | 17 (53%)                              |

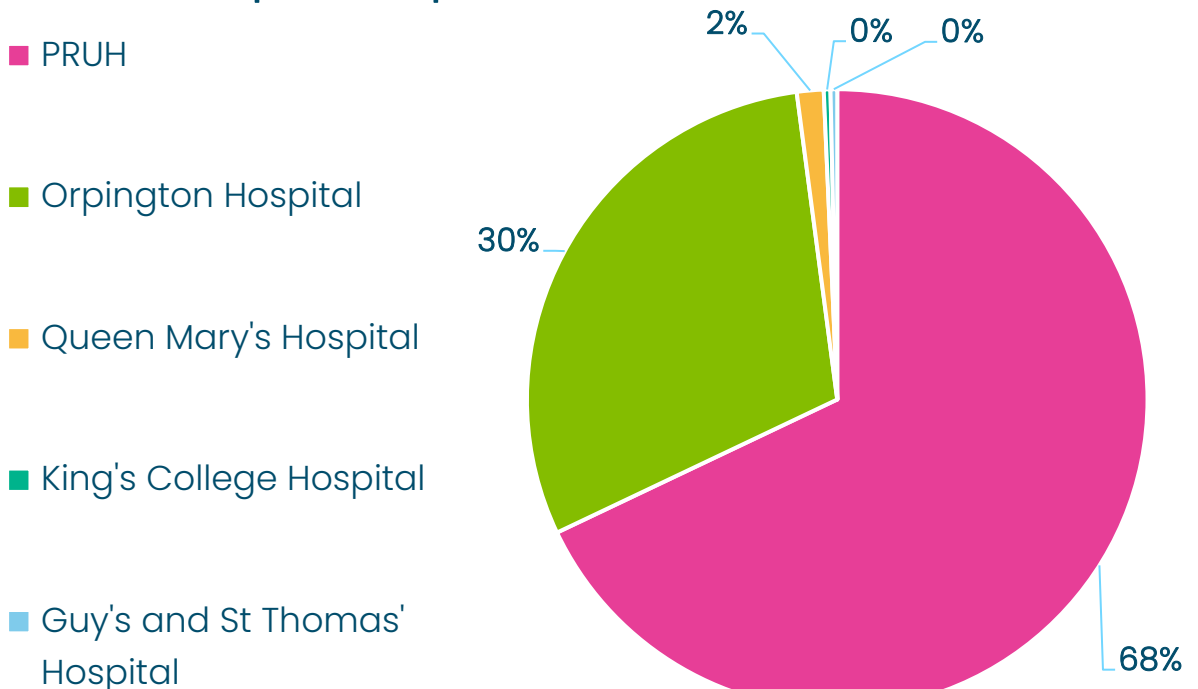
## Reviewed Hospitals

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 about experiences at the following hospitals:

| Hospital                                  | Provider                                     |
|---|--|
| Princess Royal University Hospital (PRUH) | King's College Hospital NHS Foundation Trust |
| Orpington Hospital                        |  |
| Queen Mary's Hospital                     |  |
| King's College Hospital                   |  |
| Guy's and St Thomas' Hospital             | Guy's and St Thomas' NHS Foundation Trust    |

Between October – December, the hospitals which received the most reviews were PRUH and Orpington. Healthwatch Bromley visits both weekly. Additional patient experiences were collected by the Patient Experience Officer and volunteers, 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 five (1 – Very Poor 5 – Very Good)

Positive ■ Neutral ■ Negative ■

| Hospital                                  | ACCESS (out of 5)        |                                 |               | QUALITY (out of 5)                          |                 |                    |
|---|--------------------------|---------------------------------|---------------|---|-----------------|--------------------|
|   | Referral/<br>appointment | Getting through<br>on the phone | Waiting times | Communication<br>between GP and<br>Hospital | Staff attitudes | Treatment and care |
| <b>Princess Royal University Hospital</b> | 4.1                      | 3.2                             | 3.2           | 3.5   | 4.3             | 4.1                |
| <b>Orpington Hospital</b>                 | 4.5                      | 3.8                             | 3.9           | 3.8   | 4.5             | 4.5                |

We have also identified the top three positive and negative themes for these two hospitals.

| HOSPITAL   | Overall Rating (out of 5) | Top three positive issues                              | Top three negative issues                              |
|--|---------------------------|--|--|
| Princess Royal University Hospital<br>No of reviews: 195 | 3.7                       | 1. Staff attitudes                                     | 1. Waiting Times (punctuality and queueing on arrival) |
|  |                           | 2. Quality of treatment                                | 2. Getting through on the telephone                    |
|  |                           | 3. Waiting times (punctuality and queueing on arrival) | 3. Communication between services                      |
| Orpington Hospital<br>No of reviews: 86                  | 4.4                       | 1. Staff attitudes                                     | 1. Waiting Times (punctuality and queueing on arrival) |
|  |                           | 2. Quality of treatment                                | 2. Getting through on the telephone                    |
|  |                           | 3. Waiting times (punctuality and queueing on arrival) | 3. Communication between services                      |

## What has worked well?

Below is a list of the key positive aspects of hospitals reported between October and December 2023.



### Staff attitudes

93% of respondents said that staff were kind, helpful and polite. This finding is very similar to the previous quarter (89%).



### Quality of treatment

88% of patients expressed high levels of satisfaction, as in Q2 (90%). This finding is very similar to the previous quarter (90%).



### Waiting Times (punctuality and queueing on arrival)

Positive reviews increased from 40% (Q2) to 48%. Most patients said they were seen quickly by medical staff.



### Communication between services

64% of respondents felt their GP practice and hospital had communicated very well, arranging referrals and follow up appointments (but see next page, point three).



### Access - booking appointments

82% of reviews showed high levels of satisfaction. Patients found the appointments system quick, efficient, and working well, as in Q2 (86%).

## What could be improved?

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



### Waiting times (punctuality and queuing on arrival)

35% of reviews were negative, as patients said there were insufficient staff, though the negative percentage decreased by 6% from Q2.



### Getting through on the telephone

33% of patients reported a negative experience e.g. no one answering the telephone or being given incorrect/inadequate information when trying to contact a department (similar percentage as Q2 -31%).



### Communication between services

22% of patients rated this negatively, both communication between hospital departments and between the hospital and GP services, which can delay referrals, medication and treatment explanations (same percentage as Q2).



### Communication with patients (treatment explanation, verbal advice)

53% of reviews related to communication with patients were negative. Patients felt communication and treatment explanation was poor and some people felt the appointments were rushed.



### Facilities and surroundings - car parking

45% of patients complained about inadequate hospital car parks and said more spaces should be provided – an increase of 6% from Q2.



## 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 repeated in three or more quarters.

### Positive Issues

| Q1                            | Q2  | Q3  | Q4 |
|-------------------------------|---|---|----|
| Staff attitudes               | Staff attitudes                                     | Staff Attitudes                                     |    |
| Quality of treatment          | Quality of treatment                                | Quality of treatment                                |    |
| Communication with patients   | Access (booking appointments)                       | Waiting Times (punctuality and queueing on arrival) |    |
| Appointment availability      | Waiting times (punctuality and queueing on arrival) | Communication between services                      |    |
| Treatment and care experience | Communication with patients                         | Booking appointments                                |    |

### Negative issues

| Q1  | Q2  | Q3   | Q4 |
|---|---|--|----|
| Waiting times (punctuality and queueing on arrival) | Waiting times (punctuality and queueing on arrival) | Waiting times (punctuality and queueing on arrival)                |    |
| Communication between services                      | Communication between services                      | Communication between services                                     |    |
| Facilities and surroundings - Car Parking           | Facilities and surroundings - Car Parking           | Facilities and surroundings - Car Parking                          |    |
| Treatment and care experience                       | Getting through on the telephone                    | Communication with patients (treatment explanation, verbal advice) |    |
| Communication with patients                         | Access (booking appointments)                       | Getting through on the telephone                                   |    |

## 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 = Very Poor 5 = Very Good) A full demographic breakdown can be found in the appendix.



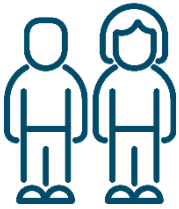
### Gender

In the last three months 189 women (80%) and 51 men (81%) left positive reviews (80%) – similar data and gender balance to Q2. .



### Age

Most feedback was from people aged 65-74 (58), the majority being positive (71%), as were reviews across all age groups. The highest percentage of negative reviews (23%) were from people aged 45-54.



### Ethnicity

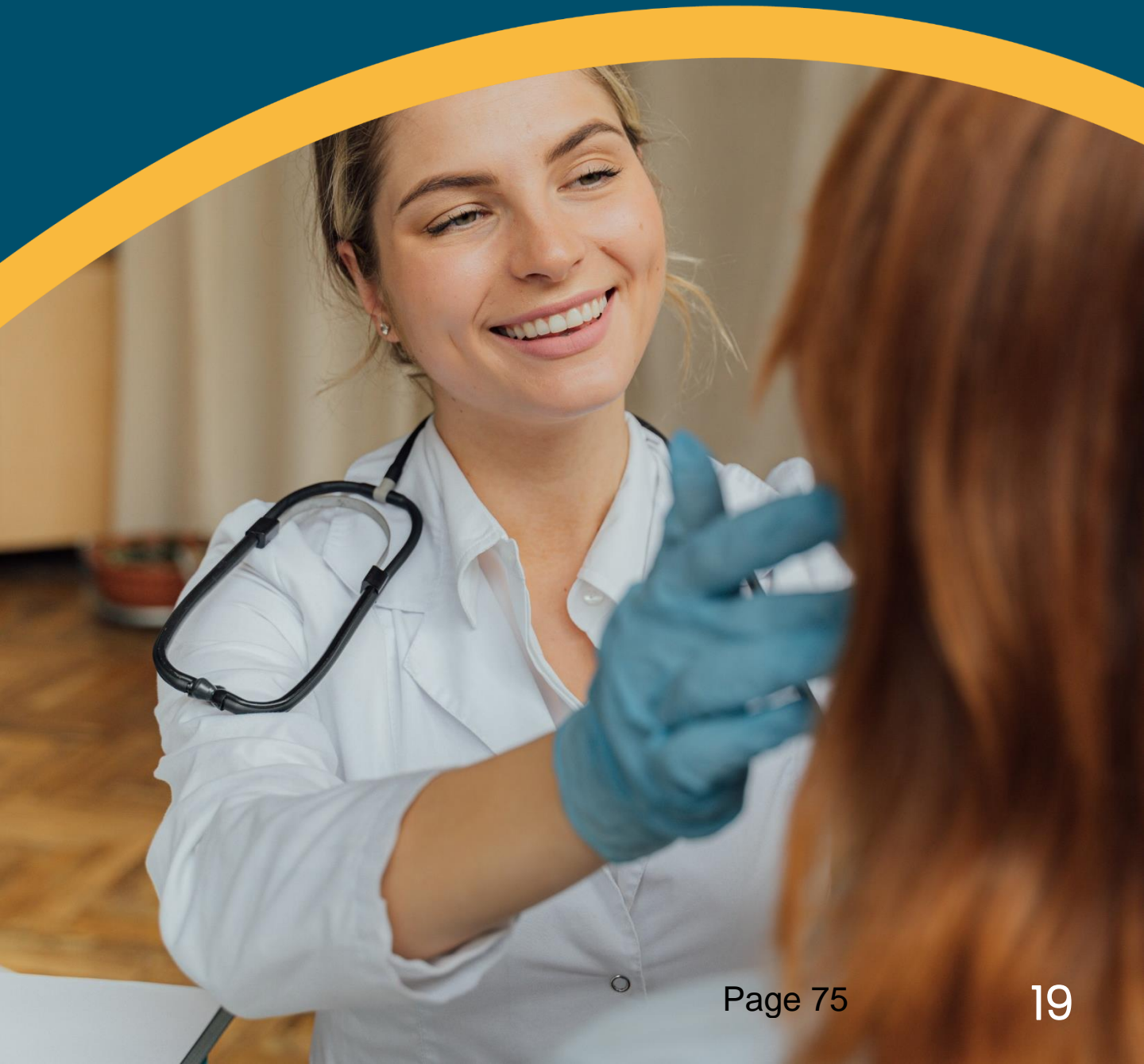
Of the 246 patients who shared their ethnicity with us, 204 were White British/English/Northern/ Irish/Scottish/Welsh. 84% left positive reviews. The second largest group was 'Any Other White' (only 14, 71% positive) and the third largest group was 'African' (only 5, 80% positive).



### Disability and Long-Term Conditions (LTC)

57 people who consider themselves disabled responded, with 88% positive reviews. 136 (83%) respondents with an LTC reported a positive experience. More respondents reported disability and/or LTC than in Q2.

# Experiences of GP Practices



# What people told us about GP Practices

"Wait times are ok. They answer the phone. Can usually get a same-day appointment."

"Staff can be quite rude and dismissive. Waiting times are long. I wish they could stick to appointment time."

"Not too busy. Staff is friendly. Doctor's make time for patients."

"They need more staff and resources. Waiting times here are too long."

"Online booking system is great. Communication about treatment is great."

"Hard to get through over the phone. Terrible appointment system.."

"Good communication between different GPs. They prioritised my treatment here because of my condition."

"Hard to make an appointment. Everything has to be classified as an emergency to get a same day appointment."

# GP Services

|                |                                   |
|----------------|-----------------------------------|
| No. of Reviews | 209 (relating to 42 GP practices) |
| Positive       | 68%                               |
| Negative       | 17%                               |
| Neutral        | 15%                               |



## 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 we asked were:

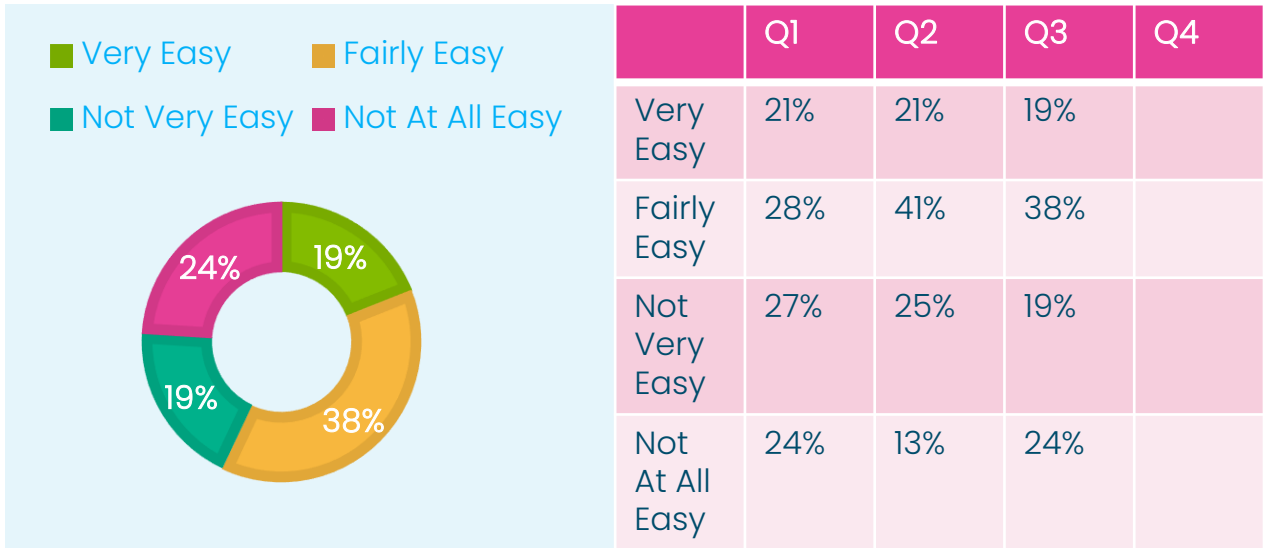
- Q1) How do you find getting an appointment?
- Q2) How do you find getting through to someone at your GP practice on the phone?
- Q3) How do you find the quality of online consultations?
- Q4) How do you find the quality of telephone consultations?
- Q5) How do you find the attitudes of staff at the service?
- Q6) How would you rate the quality of treatment and care received?

Please note that for Questions 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.

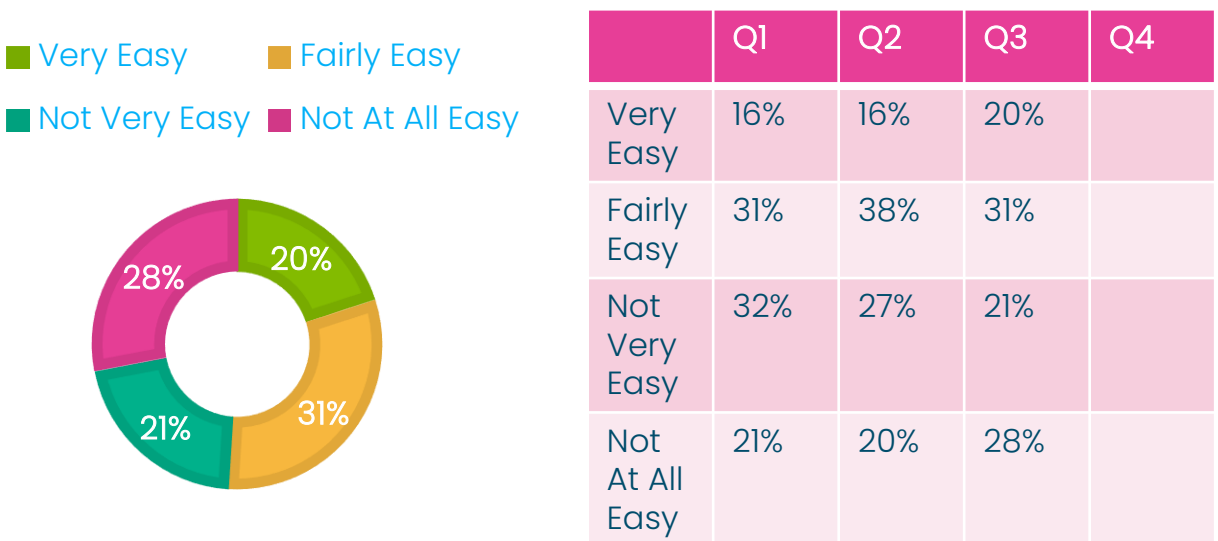
Participants were asked to choose between 1-5\* (Very Poor – Very Good)

# Access and Quality Questions

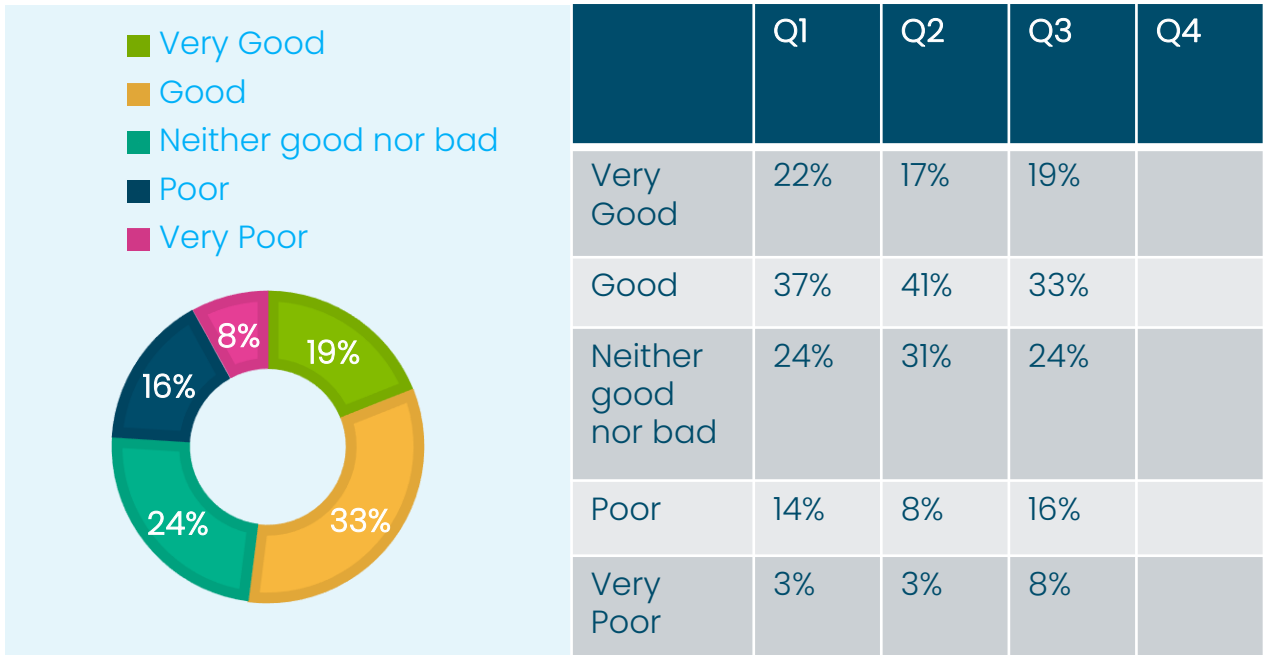
## Q1) How do you find getting an appointment?



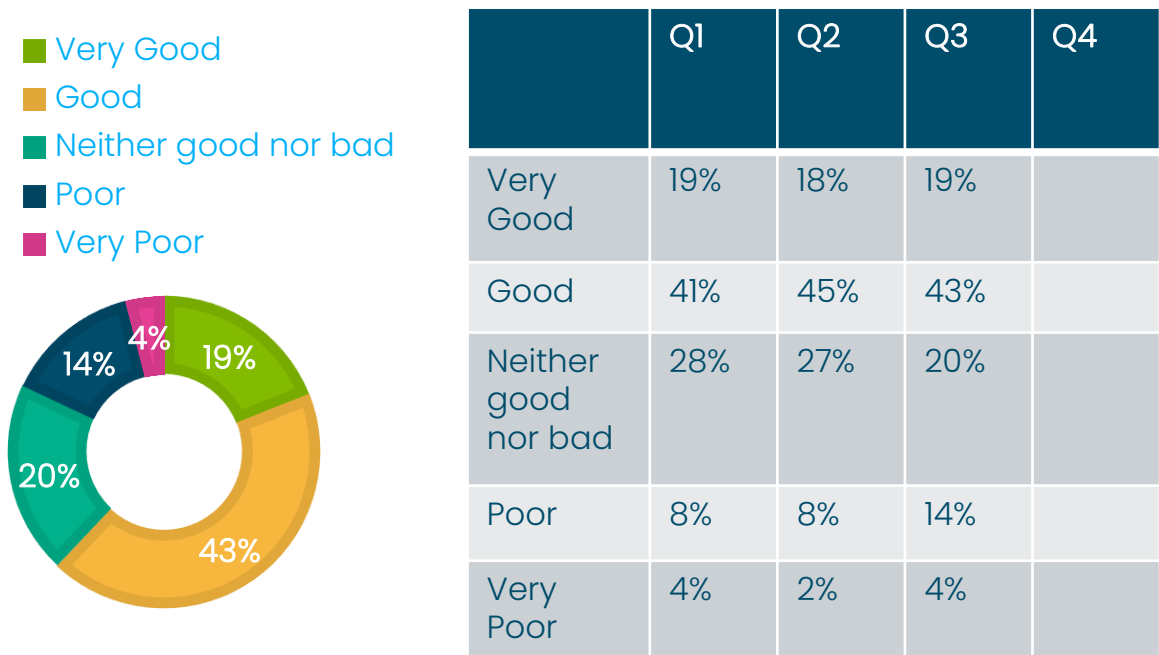
## Q2) How do you find getting through to someone at your GP practice on the phone?



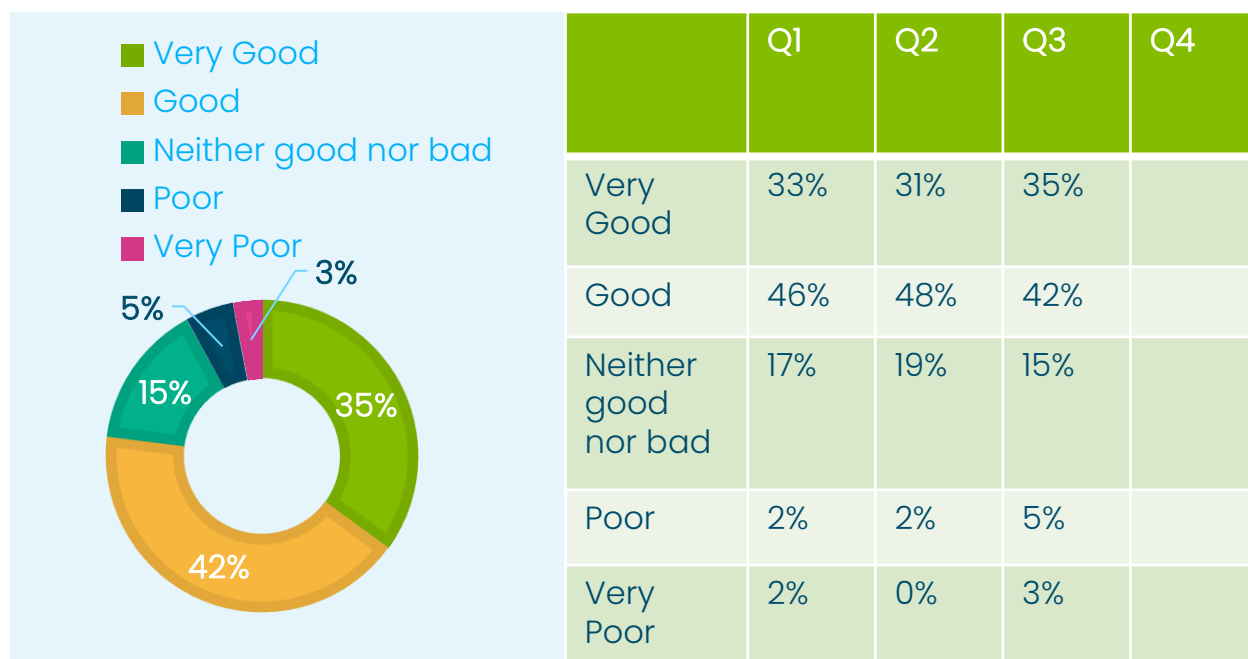
### Q3) How do you find the quality of online consultations?



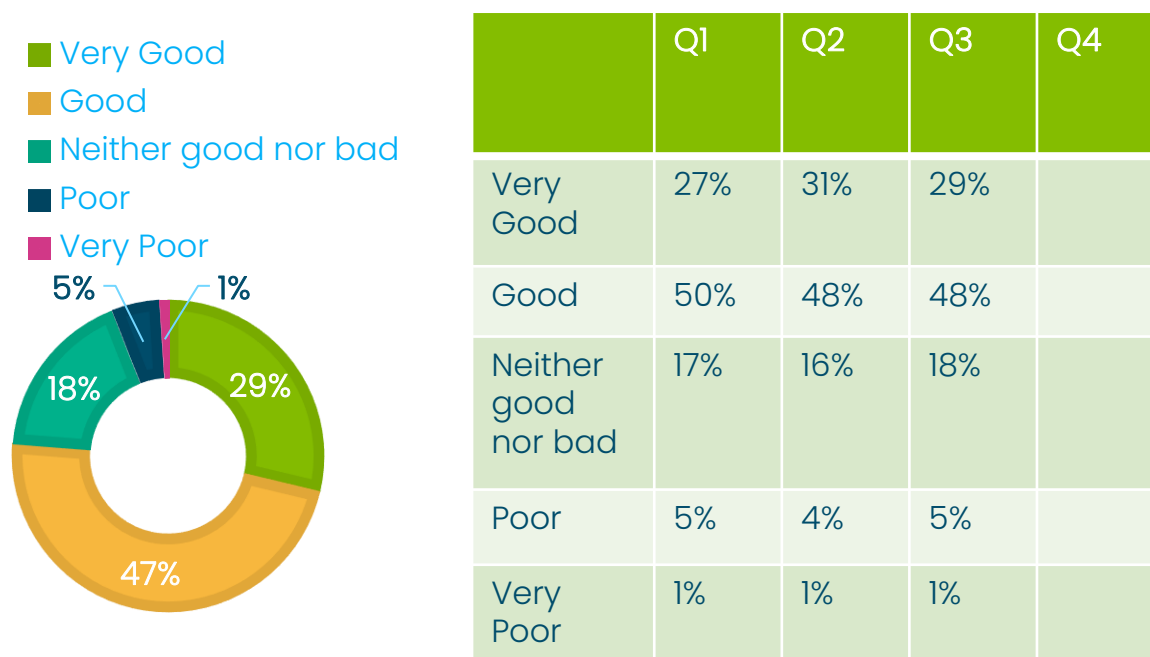
### Q4) How do you find the quality of telephone consultations?



## Q5) How do 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 October and December 2023 based on the free text responses.

The 'top five' positive and negative themes in each section are those mentioned most often by respondents, not necessarily those with the highest numbers of positive and negative assessments. This demonstrates which aspects of health and social care are most important to local residents but does mean that the same theme can appear in both positive and negative lists.

| Top 5 positive Themes            | Total count and % of positive reviews | Top 5 negative Themes                           | Total count and % of negative reviews |
|----------------------------------|---------------------------------------|---|---------------------------------------|
| Staff attitudes                  | 118 (87%)                             | Getting through on the telephone                | 77 (49%)                              |
| Quality of treatment             | 103 (82%)                             | Appointment availability                        | 56 (46%)                              |
| Getting through on the telephone | 62 (39%)                              | Booking appointments                            | 36 (43%)                              |
| Appointment availability         | 52 (42%)                              | Quality of appointment – telephone consultation | 21 (38%)                              |
| Booking appointments             | 38 (46%)                              | Online consultation (app/form)                  | 20 (41%)                              |

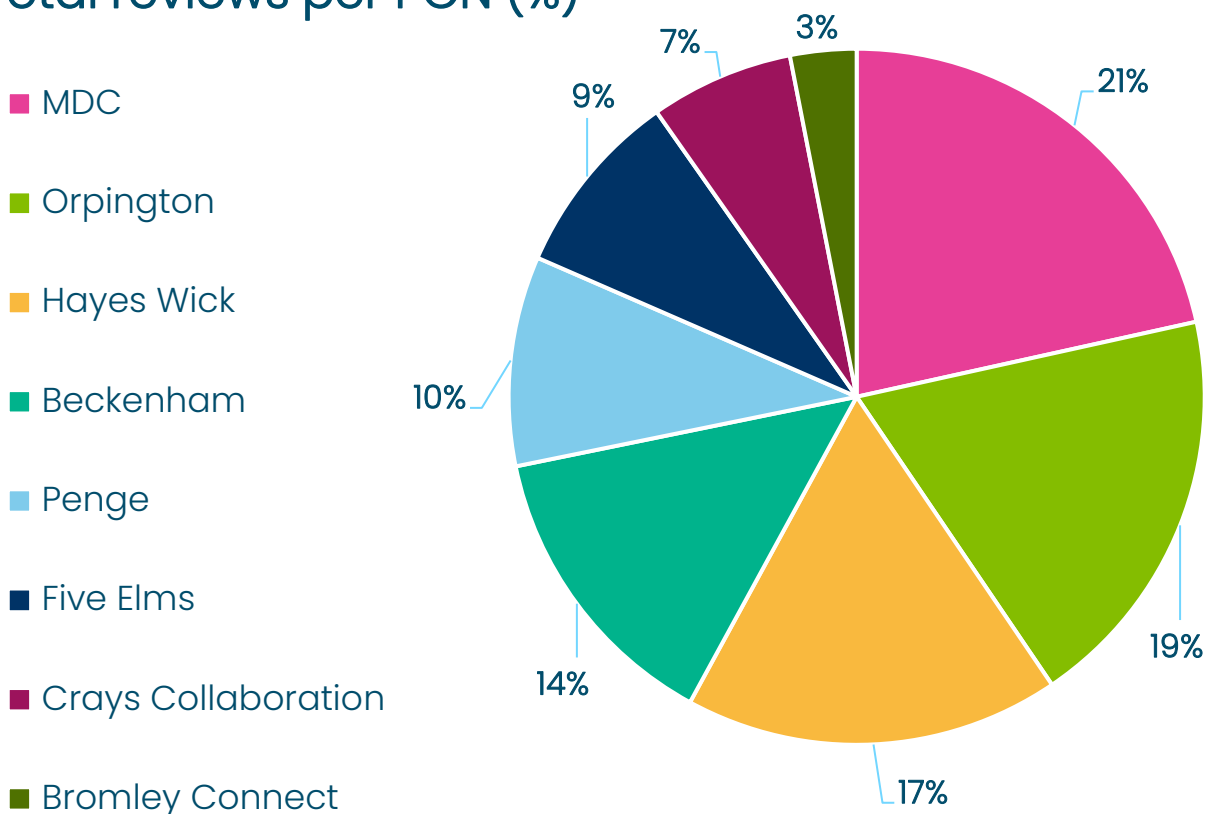
## Primary Care Networks

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. These are:

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

In Q3, Beckenham and MDC received the most reviews (Q2, MDC and Orpington, Q1 Orpington and Five Elms).

### Total reviews per PCN (%)



## PCN Access and Quality Questions

To understand the variety 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 is out of 5 (1 – Very Poor, 5 – Very Good)

Each **average rating** has been colour coded to indicate positive, (green) negative (pink) or neutral (blue) sentiment. Patient experience of access is almost uniformly negative.

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 |
| <b>Beckenham</b>           | 2.7                    | 2.5                          | 3.6                     | 3.6                  | 4.3             | 4                  |
| <b>Bromley Connect</b>     | 2.4                    | 2.4                          | 1.2                     | 3.2                  | 3.7             | 3.9                |
| <b>Crays Collaboration</b> | 2.2                    | 2                            | 3.2                     | 3.5                  | 3.6             | 4.1                |
| <b>Five Elms</b>           | 2.2                    | 2                            | 3.4                     | 3.7                  | 3.7             | 3.9                |
| <b>Hayes Wick</b>          | 2.2                    | 2.3                          | 3                       | 3.4                  | 3.9             | 4                  |
| <b>MDC</b>                 | 2.8                    | 2.7                          | 2.2                     | 4                    | 4.3             | 4.1                |
| <b>Orpington</b>           | 2.4                    | 2.4                          | 3                       | 3.2                  | 3.8             | 4                  |
| <b>Penge</b>               | 3                      | 2.9                          | 3.9                     | 3.7                  | 4.2             | 4.1                |

## PCN Themes

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

| PCN                                      | Overall rating | Top three positive issues           | Top three negative issues                              |
|--|----------------|-------------------------------------|--|
| Beckenham<br>No of reviews: 49           | 3.8            | 1. Staff attitudes                  | 1. Getting through on the telephone                    |
|  |                | 2. Quality of treatment             | 2. Appointment availability                            |
|  |                | 3. Appointment availability         | 3. Booking appointment                                 |
| Bromley Connect<br>No of reviews: 19     | 3.5            | 1. Staff attitudes                  | 1. Getting through on the telephone                    |
|  |                | 2. Quality of treatment             | 2. Booking appointment                                 |
|  |                | 3. Booking appointments             | 3. Waiting Times (punctuality and queueing on arrival) |
| Crays Collaboration<br>No of reviews: 16 | 3.6            | 1. Staff attitudes                  | 1. Getting through on the telephone                    |
|  |                | 2. Quality of treatment             | 2. Booking appointments                                |
|  |                | 3. Booking appointments             | 3. Appointment availability                            |
| Five Elms<br>No of reviews: 25           | 3.6            | 1. Staff Attitudes                  | 1. Getting through on the telephone                    |
|  |                | 2. Quality of treatment             | 2. Appointment availability                            |
|  |                | 3. Appointment availability         | 3. Booking appointments                                |
| Hayes Wick<br>No of reviews: 19          | 3.8            | 1. Quality of treatment             | 1. Getting through on the telephone                    |
|  |                | 2. Staff Attitudes                  | 2. Appointment availability                            |
|  |                | 3. Getting through on the telephone | 3. Getting through on the telephone                    |
| MDC<br>No of reviews: 30                 | 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<br>No of reviews: 25           | 3.6            | 1. Quality of treatment             | 1. Appointment availability                            |
|  |                | 2. Staff Attitudes                  | 2. Getting through on the telephone                    |
|  |                | 3. Getting through on the telephone | 3. Booking appointments                                |
| Penge<br>No of reviews: 24               | 3.5            | 1. Staff Attitudes                  | 1. Appointment availability                            |
|  |                | 2. Getting through on the telephone | 2. Getting through on the telephone                    |
|  |                | 3. Appointment availability         | 3. Booking appointments                                |

## What has worked well?

Below is a list of the more positive aspects of GP practices reported between October and December 2023.



### Staff Attitudes

87% of reviews were positive. Patients said that GPs and their reception teams are professional, friendly, and caring, as in Q2 (82%).



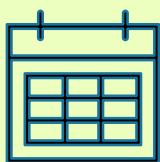
### Quality of treatment

82% of reviews were positive. Patients were very pleased with treatment received and felt that GPs listened to their concerns, as in Q2 (83%).



### Getting through on the telephone

Only 39% of reviews were positive. Many patients prefer to use the telephone to book appointments and the percentage of positive reviews has dropped by 6% since Q2 (45%).



### Appointment availability

42% of reviews were positive; some patients were satisfied with the new online booking systems and found it easy to book an appointment, but the percentage of positive reviews dropped by 5% from Q2 (47%).



### Booking appointments

46% of reviews were positive; some patients were satisfied with booking appointments and said face-to-face appointments were more readily available.

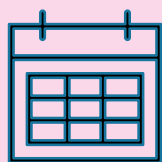
## What could be improved?

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



### Getting through on the telephone

49% of reviews were negative; patients commented on long 'on hold' times up to 45 minutes. Responses were similar to Q2 (47%).



### Appointment availability

46% of reviews were negative, as in Q2. Some patients waited weeks for a face-to-face appointment, others commented on the need for more appointments and GPs and suggested that receptionists needed further training.



### Booking appointments

43% of reviews were negative, an increase of 13% on Q2. Patients commented on the difficulty of booking appointments and expressed dissatisfaction with the new system.



### Quality of appointment – telephone consultation

38% of reviews were negative, a considerable increase on Q2 (14%). Some patients strongly preferred face-to-face appointments and commented that a telephone consultation could mean missed details.



### Online consultation (app/form)

41% of reviews were negative. Some patients found e-consultations convenient for minor illnesses but felt that GPs did not explore all possible treatment options and expressed a strong preference for face-to-face consultations.

## 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 repeated in three or more quarters.

### Positive Issues

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

### Negative issues

| Q1                               | Q2                                 | Q3  | Q4 |
|----------------------------------|------------------------------------|---|----|
| Getting through on the telephone | Getting through on the telephone   | Getting through on the telephone                |    |
| Appointment availability         | Appointment availability           | Appointment availability                        |    |
| Booking appointments             | Booking appointments               | Booking appointments                            |    |
| Communication with patients      | Quality of telephone consultations | Quality of appointment – telephone consultation |    |
| Staff attitudes                  | Quality of treatment               | Online consultation (app/for                    |    |

## 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 = Very Poor 5 = Very Good) A full demographic breakdown can be found in the appendix.



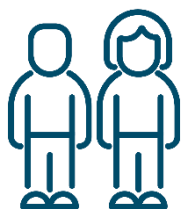
### Gender

We received the majority of reviews from women (156), with few from men (36). A large majority of both left positive reviews, women (69%), men (72%), similar to Q2.



### Age

The majority of reviews (34) were left by people aged 55-64, 56% were positive. The second largest group was people aged 75-84, with 84% positive too (84%). The age profile is slightly different to Q2, where most reviews were from people aged 25-34 and 55-64.



### Ethnicity

Of the 177 people that shared their ethnicity, 137 were White British (69% positive). The second largest group was 'Any Other White' (only 12, 67% positive). We noted that the third group of six was Asian/Asian British but 67% of their reviews were negative. Whilst this is a small number of people, it's important to identify this finding and see if this changes over the next three months.



### Disability and Long-Term Conditions (LTC)

Of the 43 people who consider themselves disabled, 67% left positive reviews. Of 83 people with an LTC, 67% left positive feedback.



# Experiences of 'Other' services



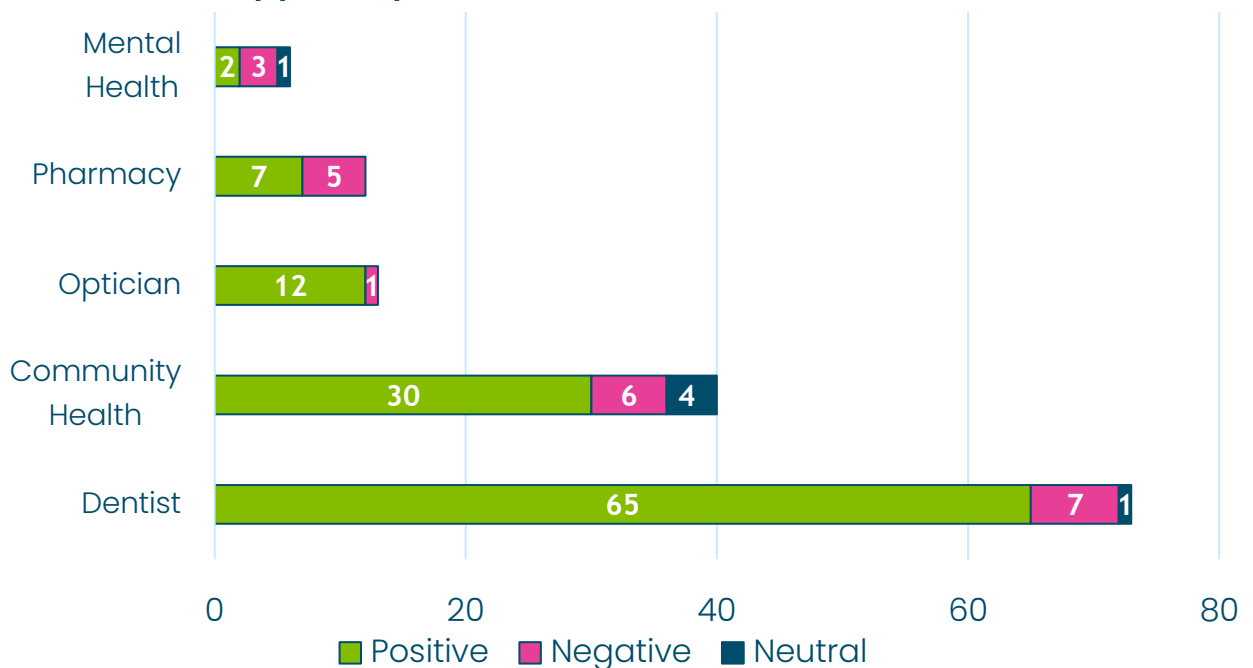
# Experiences of 'Other' services

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 by 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          | 73            | 89%                            |
| Community Health | 40            | 75%                            |
| Optician         | 13            | 92%                            |
| Pharmacy         | 12            | 58%                            |
| Mental Health    | 6             | 33%                            |

## Service Type by Sentiment



Below is a list of good practice and potential areas for improvement relating to dental services between October and December 2023.

## Dentist – What has worked well?



### Treatment and care – experience

48 patients gave positive feedback about their experiences of dental services. Comments included satisfaction with customer service, friendly staff and good communication.



### Quality of staff – health professionals

38 patients rated the quality of staff positively. Most comments were related to friendliness, treatment explanation, information and professional competence.

## Dentist – What could be improved?



### Treatment and care – experience

Four people left negative feedback, including comments about long waiting times – over three months – and poor treatment standards.



### Administration – management of service

Three people shared their dissatisfaction, with a focus on long waiting times for appointments, rude reception staff and lack of communication around cancelling and rescheduling appointments.

Below is a list of good practice and potential areas for improvement relating to community health services between October and December 2023.

## Community Health – What has worked well?



### Staff attitudes

15 people gave positive reviews related to staff attitudes across multiple community health services, including community centres, wellbeing cafes, and children and family centres. Comments included that both health professionals and administrative staff were friendly and attentive. This feedback is very similar to Q2 (18 respondents).



### Treatment and care – experience

17 people left positive reviews of community health services. Feedback mentioned supportive staff, good communication and a great range of health and wellbeing activities for service users.

## Community Health – What could be improved?



### Staff attitudes

Only three people were unhappy with staff attitudes at community health services, mentioning rudeness and poor communication.



### Treatment and care – experience

Only four people left negative feedback, related to poor standards of service and unfriendly staff.

# Appendix



# Demographics

| Gender                        | Percentage % | No of Reviews |
|-------------------------------|--------------|---------------|
| Man(including trans man)      | 25%          | 125           |
| Woman (including trans woman) | 75%          | 383           |
| Non-binary                    | 0%           | 1             |
| Other                         | 0%           | 0             |
| Prefer not to say             | 0%           | 1             |
| Not provided                  |              | 130           |
| <b>Total</b>                  |              | <b>640</b>    |

| Age               | Percentage % | No of Reviews |
|-------------------|--------------|---------------|
| Under 18          | 2%           | 8             |
| 18-24             | 3%           | 12            |
| 25-34             | 10%          | 47            |
| 35-44             | 12%          | 56            |
| 45-54             | 12%          | 57            |
| 55-64             | 17%          | 82            |
| 65-74             | 20%          | 96            |
| 75-84             | 19%          | 91            |
| 85+               | 6%           | 30            |
| Prefer not to say | 0%           | 1             |
| Not provided      |              | 160           |
| <b>Total</b>      |              | <b>640</b>    |

| Ethnicity   | Percentage % | No of reviews |
|---|--------------|---------------|
| British / English / Northern Irish / Scottish / Welsh | 85%          | 386           |
| Gypsy or Irish Traveller                              |              | 0             |
| Any other White background                            | 6%           | 26            |
| Asian British   | 1%           | 5             |
| Bangladeshi   |              | 0             |
| Chinese   | 1%           | 3             |
| Indian  | 1%           | 5             |
| Pakistani   | 0%           | 1             |
| Any other Asian background/Asian British Background   | 2%           | 11            |
| Black British   | 1%           | 5             |
| African   | 2%           | 9             |
| Caribbean   | 0%           | 2             |
| Black African and White                               | 0%           | 2             |
| Any other ethnic group                                | 0%           | 3             |
| Black Caribbean and White                             | 0%           | 2             |
| Any other Mixed / Multiple ethnic groups background   | 1%           | 4             |
| Not provided  |              | 176           |
| <b>Total</b>  |              | <b>640</b>    |

| Unpaid Carer Status | Percentage % | No of Reviews |
|---------------------|--------------|---------------|
| Yes                 | 12%          | 54            |
| No                  | 88%          | 396           |
| Prefer not to say   | 0%           | 1             |
| Not provided        |              | 189           |
| <b>Total</b>        |              | <b>640</b>    |

# Demographics

| Long-term condition | Percentage % | No of Reviews |
|---------------------|--------------|---------------|
| Yes                 | 50%          | 235           |
| No                  | 49%          | 232           |
| Prefer not to say   | 0%           | 2             |
| Not known           | 0%           | 2             |
| Not provided        |              | 169           |
| <b>Total</b>        |              | <b>640</b>    |

| Sexual Orientation         | Percentage % | No of Reviews |
|----------------------------|--------------|---------------|
| Asexual                    | 1%           | 3             |
| Bisexual                   | 0%           | 2             |
| Gay Man                    | 0%           | 0             |
| Heterosexual/<br>Straight  | 95%          | 447           |
| Lesbian / Gay<br>woman     | 0%           | 2             |
| Pansexual                  | 0%           | 2             |
| Prefer not to say          | 3%           | 14            |
| Prefer to self<br>describe | 0%           | 1             |
| Not provided               |              | 169           |
| <b>Total</b>               |              | <b>640</b>    |

| Religion          | Percentage % | No of Reviews |
|-------------------|--------------|---------------|
| Buddhist          | 1%           | 4             |
| Christian         | 50%          | 229           |
| Hindu             | 1%           | 3             |
| Jewish            | 0%           | 2             |
| Muslim            | 1%           | 6             |
| Sikh              | 0%           | 2             |
| Other religion    | 1%           | 4             |
| Agnostic          |              | 0             |
| No religion       | 45%          | 205           |
| Prefer not to say | 0%           | 2             |
| Not provided      |              | 183           |
| <b>Total</b>      |              | <b>640</b>    |

| Pregnancy                           | Percentage % | No of reviews |
|-------------------------------------|--------------|---------------|
| Currently pregnant                  | 2%           | 8             |
| Currently breastfeeding             | 1%           | 5             |
| Given birth in the last 26<br>weeks | 3%           | 14            |
| Prefer not to say                   | 0%           | 2             |
| Not known                           | 3%           | 11            |
| No                                  | 31%          | 131           |
| Not relevant                        | 60%          | 259           |
| Not provided                        |              | 210           |
| <b>Total</b>                        |              | <b>640</b>    |

# Demographics

| Employment status                                      | Percentage % | No of Reviews |
|--|--------------|---------------|
| In unpaid voluntary work only                          | 0%           | 2             |
| Not in employment & unable to work                     | 7%           | 34            |
| Not in employment/ not actively seeking work - retired | 45%          | 206           |
| Not in employment (seeking work)                       | 2%           | 7             |
| Not in employment (Student)                            | 2%           | 9             |
| On maternity leave                                     | 3%           | 14            |
| Paid: 16 or more hours/week                            | 33%          | 149           |
| Paid: Less than 16 hours/week                          | 7%           | 32            |
| Prefer not to say                                      | 1%           | 3             |
| Not provided   |              | 241           |
| <b>Total</b>   |              | <b>640</b>    |

| Disability        | Percentage % | No of Reviews |
|-------------------|--------------|---------------|
| Yes               | 23%          | 108           |
| No                | 77%          | 301           |
| Prefer not to say |              | 0             |
| Not known         |              | 0             |
| Not provided      |              | 172           |
| <b>Total</b>      |              | <b>640</b>    |

| Borough ward                 | Percentage % | No. of reviews |
|------------------------------|--------------|----------------|
| Beckenham Town & Copers Cope | 14%          | 68             |
| Bickley & Sundridge          | 1%           | 3              |
| Biggin Hill                  | 8%           | 4p             |
| Bromley Common & Holwood     | 7%           | 34             |
| Bromley Town                 | 13%          | 62             |
| Chelsfield                   | 2%           | 11             |
| Chislehurst                  | 7%           | 236            |
| Clock House                  | 0%           | 1              |
| Crystal Palace & Anerley     | 0%           | 2              |
| Darwin                       | 0%           | 1              |
| Farnborough & Crofton        | 1%           | 3              |
| Hayes & Coney Hall           | 2%           | 10             |
| Kelsey & Eden Park           | 0%           | 1              |
| Mottingham                   | 1%           | 4              |
| Orpington                    | 17%          | 84             |
| Penge & Cator                | 2%           | 9              |
| Petts Wood & Knoll           | 3%           | 14             |
| Plastow                      | 0%           | 0              |
| Shortlands & Park Langley    | 1%           | 6              |
| St Mary Cray                 | 2%           | 11             |
| St Paul's Cray               | 2%           | 12             |
| West Wickham                 | 2%           | 12             |
| Out Of Borough               | 12%          | 59             |
| Not provided                 |              | 157            |
| <b>Total</b>                 |              | <b>640</b>     |



# healthwatch

Healthwatch Bromley  
Waldram Place  
London  
SE23 2LB

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


t: 020 3886 0752

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

 @HWBromley

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

 @healthwatchbromley

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

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Report No.  
CSD24038

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Tuesday 12<sup>th</sup> March 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

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1. Reason for report

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

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2. **RECOMMENDATION**

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

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

## Impact on Vulnerable Adults and Children

1. Summary of Impact: None

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## Transformation Policy

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

## Financial

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

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: Not Applicable
- 

## Property

1. Summary of Property Implications: Not Applicable
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
- 

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

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

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

## HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

| Agenda Item   | Action  | Officer  | Update  | Status           |
|---|---|--|---|------------------|
| Minute 34<br>30 <sup>th</sup> January 2024<br><br><b>Update from the London Ambulance Service</b>                 | Any specific feedback on the LAS work with the LBB Youth Offending Team to be circulated to Members following the meeting.  | Bromley Group Manager - LAS  |   |                  |
| Minute 35<br>30 <sup>th</sup> January 2024<br><br><b>Update from King's College Hospital NHS Foundation Trust</b> | Information regarding pressures on ophthalmology and retention of glaucoma specialists to be provided following the meeting.<br><br>Information on what the 150,000 patients using MyChart represented as a percentage of eligible patients.<br><br>An update on the MyChart easy guide to be provided at the next meeting. | Site Chief Executive – PRUH & South Sites                                    | Information circulated to Members on 4 <sup>th</sup> March 2024.                  | <b>Completed</b> |
| Minute 37<br>30 <sup>th</sup> January 2024<br><br><b>GP Access</b>  | Social media links to promote the NHS app to be provided to Members following the meeting for onward circulation.<br><br>Confirmation of the number of pharmacies in the borough, and information regarding any changes in recent years, to be provided following the meeting.  | Associate Director   | Information circulated to all Councillors on 12 <sup>th</sup> February 2024.      | <b>Completed</b> |
| Minute 38<br>30 <sup>th</sup> January 2024<br><br><b>SEL ICS/ICB Update</b>                                       | Information regarding MMR coverage in Bromley to be provided in future reports.<br><br>Complete figures on vaccination uptake to be provided once the season ended.   | Place Executive Lead<br><br>Place Executive Lead / Director of Public Health | Information provided in the report to the meeting on 12 <sup>th</sup> March 2024. | <b>Completed</b> |

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

| Health Scrutiny Sub-Committee  |  | 12 <sup>th</sup> March 2024 |
|--|--|-----------------------------|
| Item   |  | Status                      |
| Update from King's College Hospital NHS Foundation Trust                     |  | Standing item               |
| Developments in Community Pharmacy   |  |                             |
| 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   |  | 16 <sup>th</sup> July 2024 |
|---|--|----------------------------|
| Item  |  | Status                     |
| Update from King's College Hospital NHS Foundation Trust<br>(to include <i>Postpartum Haemorrhage</i> ) |  | Standing item              |
| Healthwatch Bromley – Patient Experience Report   |  | Standing item              |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update)                            |  | Standing item              |

| Health Scrutiny Briefing   |  | 22 <sup>nd</sup> October 2024 |
|--|--|-------------------------------|
| Item   |  | Status                        |
| Update from King's College Hospital NHS Foundation Trust                     |  | 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  |  | 10 <sup>th</sup> December 2024 |
|--|--|--------------------------------|
| Item   |  | Status                         |
| Update from King's College Hospital NHS Foundation Trust                     |  | Standing item                  |
| Healthwatch Bromley – Patient Experience Report                              |  | Standing item                  |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) |  | Standing item                  |

| Health Scrutiny Briefing   |  | 8 <sup>th</sup> April 2025 |
|--|--|----------------------------|
| Item   |  | Status                     |
| Update from King's College Hospital NHS Foundation Trust                     |  | Standing item              |
| Healthwatch Bromley – Patient Experience Report                              |  | Standing item              |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) |  | Standing item              |

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