



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 8 July 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,
Colin Hitchins, Alisa Igoe, Tony McPartlan, Alison Stammers and Gemma Turrell

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 16 JULY 2024 AT 5.00 PM***

***PLEASE NOTE STARTING TIME**

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 2nd July 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 10th July 2024**.

- 4 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 12TH MARCH 2024 (Pages 3 - 10)**
- 5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**
 - a GENERAL UPDATE (Pages 11 - 28)**
 - b POSTPARTUM HAEMORRHAGE REPORT**
(To Follow)
- 6 UPDATE FROM BROMLEY HEALTHCARE**
(To Follow)
- 7 SEL ICS/ICB UPDATE (Pages 29 - 36)**
- 8 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT (Pages 37 - 78)**
- 9 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**
- 10 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 79 - 84)**
- 11 ANY OTHER BUSINESS**
- 12 FUTURE MEETING DATES**
 - 5.00pm, Tuesday 22nd October 2024 (Briefing)
 - 5.00pm, Tuesday 10th December 2024
 - 5.00pm, Tuesday 8th April 2025 (Briefing)

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 12 March 2024

Present:

Councillor Mark Brock (Chairman)

Councillors Will Connolly, Robert Evans, Alisa Igoe,
David Jefferys, Charles Joel and Tony McPartlan

Michelle Harvie

Also Present:

Councillor Felicity Bainbridge, Councillor Dr Sunil Gupta
FRCP FRCPATH, Councillor Alison Stammers, Charlotte
Bradford and Councillor Diane Smith, Portfolio Holder for
Adult Care and Health

44 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Stacey Agius and Jo Findlay.

45 DECLARATIONS OF INTEREST

There were no additional declarations of interest.

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

No questions had been received.

47 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 30TH JANUARY 2024

RESOLVED that the minutes of the meeting held on 30th January 2024 be agreed.

48 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 there was good news in respect of the data for Elective Recovery with no patients waiting over 104

weeks. The aim was to now get the figures for 78 weeks down to zero by the end of March, and the Site Chief Executive was confident that this target would be met. Bariatrics and orthopaedics were trickier to address, and work was ongoing. The next goal was to focus on 64 weeks.

There was good recovery in relation to cancer treatment and the data was showing a month-on-month improvement for the 28 day Standard. In relation to the backlog, the Site Chief Executive was confident that the target would be met by the end of March.

In respect of Emergency Care, the Site Chief Executive reported that February had been challenging and performance had been affected by industrial action although there had been improvements in performance in March. A range of initiatives had been implemented in order to drive these improvements.

The Site Chief Executive reported that there were still a number of delays with ambulance handover and there was a need to improve performance between 30 and 60 minutes.

The Sub-Committee was also informed that there was a set of initiatives in place aimed at reducing delays around 12-hour breaches.

In respect of Estates, the Site Chief Executive reported that work on the new Endoscopy Unit was due to complete in March 2025 and the new MRI Scanner was now in place.

In relation to finance, it was anticipated that the end of year deficit would be bigger than planned and steps were being taken to address this.

In response to questions, the Site Chief Executive confirmed that the DM01 pathway related to the ability to see patients in 6-weeks. Results were not affected and both clinicians and patients could access results.

With respect to ambulance handovers, the Site Chief Executive highlighted that when Emergency Departments (EDs) were full this affected the ability of effectively see and treat patients. The Trust had the ability to trigger a response and redirect ambulances to other EDs. The Trust had a good relationship with the London Ambulance Service, and this helped to manage demand. The Committee noted that it was important to establish good flow throughout the department and there was a need to plan for same day emergency care.

In response to a question, the Site Chief Executive confirmed that a range of interventions had been put in place to address the challenges with ambulance handover. The Team was working on flow and the ambulatory pathway. Since 2023, Epic had impacted the ability of clinicians to see patients, industrial action and winter pressures had also had an impact.

In response to a question concerning where the resource for the additional capacity was coming from, the Site Chief Executive confirmed that she did not have the figures but would report back to the Committee

In response to a question around reoccurring delays with appointments, the Site Chief Executive confirmed that industrial action had had a significant impact and any patients affected by reoccurring delays were encouraged to contact the hospital for an update.

It was noted that the new model of same day emergency care would make a big difference to waiting times. It was also hoped that increased continuity of care would deliver further improvements. It was further noted that within the Trust it was acknowledged that further work was needed around demand and capacity.

The Sub-Committee noted that the Savings Plan needed to be agreed by the Regulator and the Trust Board and once this had happened it would be presented to the Health Sub-Committee for information.

The Site Chief Executive explained that the issue of NHS funding was very complicated and until the savings plan was in place and the impact of the cost-cutting and efficiency measures that were in place was understood it was not possible to answer whether it was possible to run the hospital within the funding envelope that was available. There was no simple solution, and the hospital was well supported by the national team and the Southeast London ICB with the development of the best possible plan. A Member highlighted the ongoing issue of fairer funding for Bromley, noting that the demography of the Borough had a significant impact on the funding available.

In response to a question concerning the impact of building works on local residents, the Site Chief Executive confirmed that she was not aware of any danger and had been informed that the buildings works were on track to complete in March 2025. The aim was to deliver the building works with as little disruption to local residents as possible.

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

RESOLVED that the update be noted.

49 DEVELOPMENTS IN COMMUNITY PHARMACY
Report ACH24-019

The Chairman welcomed Raj Matharu, Chair – Community Pharmacy London to the meeting to provide an overview of key work and developments undertaken by the Community Pharmacy Service.

Mr Matharu explained to the Sub-Committee that the Covid Pandemic essentially changed everything and highlighted the asset that was Community Pharmacy.

In response to questions around Pharmacy First, Mr Matharu confirmed that the walk-in service was working well and that patients found it easy to visit their pharmacist. There was a need to manage the expectations of patients' and be clear that there was a specific access point for antibiotic treatment. Capacity was also an issue, and it was noted that it would have been helpful to have all the IT systems in place. There was also a need to ensure that the whole pharmacy team was used to support the process.

In response to a question around funding, Mr Matharu confirmed that NHS England had provided some funding and the Southeast London ICB had been very supportive. There were ongoing issues with the recruitment of staff and the employment market continued to be challenging.

In response to a question concerning the timeframe for GP to Pharmacy referrals, feedback from patients and the impact on GP time, Mr Matharu confirmed that early feedback had been positive so far and the referral time was within 24 hours.

The Sub-Committee noted that from 2026, all pharmacies would be independent prescribers, and this would represent a huge change. Pharmacists were working with the ICB to look at a medicines optimisation service and it was likely that this piece of work would require some additional funding.

In response to a question around the referral process, Mr Matharu and the Bromley Place Executive Lead explained that there were a number of referral routes into Community Pharmacy. There was a digital referral, with a mini-triage process built in, in addition referrals could be made via the NHS App, the 111 Service, GP Practices and Urgent Care Centres. It was also noted that there was a process to refer patients back to GPs in a timely manner for the treatment of more serious conditions.

The Chairman thanked Mr Matharu for the update to the Sub-Committee.

RESOLVED that the update be noted.

**50 SEL ICS/ICB UPDATE
 Report ACH24-020**

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 in the last few years the role of Pharmacists had been expanded and this had placed a strain on the workforce in terms of meeting the additional challenges and demands. It was highlighted that some patients had a better relationship with their pharmacist than the GP – there was often frequent changes in GP practices whereas

Pharmacists were more consistent. It was highlighted that the Community Pharmacy was an important part of access to primary care.

In response to a question, the Place Executive Lead confirmed that the use of the GP initial triage initiative was widespread and was in use across the Country, although it had only been in place a matter of weeks. It was agreed that there would be a report back to the Committee once the initiative had had time to bed in. In response to a question concerning how the roll-out of GP access was being monitored, the Place Executive Lead explained that feedback was largely picked up through the Patient Experience Report but the ICB were also provided with information.

The Place Executive Lead confirmed that cases of whooping cough were being monitored and whilst there was not a high number of cases in Bromley, there had been some incidents across London. It was highlighted that there were vaccinations for both measles and whooping cough so there shouldn't be any cases. However, the take up of immunisations in Bromley was higher than in other parts of London.

The Director of Public Health confirmed that there had been a national rise in the number of cases of whooping cough and this was something that was being monitored.

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

RESOLVED that the update be noted.

51 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 3 Patient Experience Report for Healthwatch Bromley, covering the period from October – December 2023.

In response to a question, the Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the report was provided to a range of partners, and it was hoped that this would help facilitate conversations around the introduction of a call-back service for other health services.

The Operations Co-ordinator confirmed that the responses to the questionnaire were tick box and responses could range from individual to individual and case by case.

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

RESOLVED that the update be noted.

**52 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 1st February 2024.

The Joint Health Overview and Scrutiny Committee had received the results of the consultation exercise around the reconfiguration of children's cancer principal treatment centre and had agreed its formal response supporting the Evelina London Children's Hospital which was the preferred option for Bromley.

RESOLVED that the update be noted.

**53 WORK PROGRAMME AND MATTERS OUTSTANDING
Report CSD24038**

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

It was noted that an update from the Health Protection Board (including pandemic preparedness) would be considered by the Health and Wellbeing Board at a future meeting.

RESOLVED that the update be noted.

54 ANY OTHER BUSINESS

There was no other business.

55 FUTURE MEETING DATES

A Member raised concerns around public access to the online Briefing meetings and it was noted that live streaming would be made available were possible. Members of the Sub-Committee noted that it was very rare for members of the public to attend meetings. Furthermore, there would be no voting right at the Briefings. The sessions would consist of presentations and questions to the presenters and presentations would follow the same format at formal Health Sub-Committee meetings.

Another Member highlighted the need to ensure that the same item was not scrutinised by multiple committees.

The Sub-Committee noted the following dates for meetings in the 2024-2025 municipal year:

5.00pm, Tuesday 16th July 2024
5.00pm, Tuesday 22nd October 2024 (Briefing)
5.00pm, Tuesday 10th December 2024

Health Scrutiny Sub-Committee
12 March 2024

5.00pm, Tuesday 8th April 2025 (Briefing)

The Meeting ended at 5.47 pm

Chairman

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Bromley Health Scrutiny Sub-Committee Update June 2024

Angela Helleur,
Site Chief Executive, PRUH and South Sites



PRUH and South Sites update

- Elective recovery
- Emergency performance
- Estates and service updates

Trust-wide update

- Apollo programme: Epic and MyChart
- Finance update

Elective recovery (1)

We continue to reduce long waiters across all waiting time cohorts in line with the **NHS Elective Recovery Plan**, that addresses backlogs built up during the pandemic and through industrial action. Whilst Epic was launched successfully, we continue to work through challenges in certain specialties, where achieving pre-Epic activity levels remains a challenge. Further junior Dr strikes will also impact capacity.

Exceptionally long waits

The trust remains focused on clearing 78 week waits but due to the recent Synnovis cyber attack, June is unlikely to see a zero breach position.

- All breach patients are clinically assessed to ensure no risk

Waits by specialties

We continue to address long wait cohorts across specialties

- In May there were 58, 78 week breaches. June month end position is not yet finalised but the recent cyber attack will compromise trajectory, and it is likely that the number of breaches will be slightly above May's position. The most challenged services remain Orthopaedics, Bariatrics and Ophthalmology.

Capacity to address long waits

Additional capacity is critical to reducing the total waiting list further

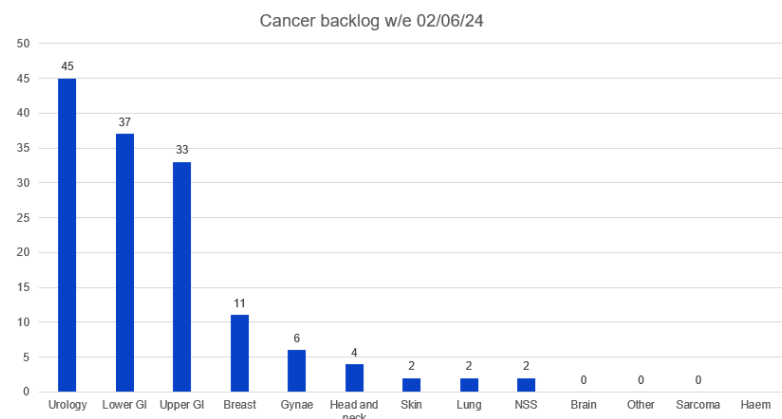
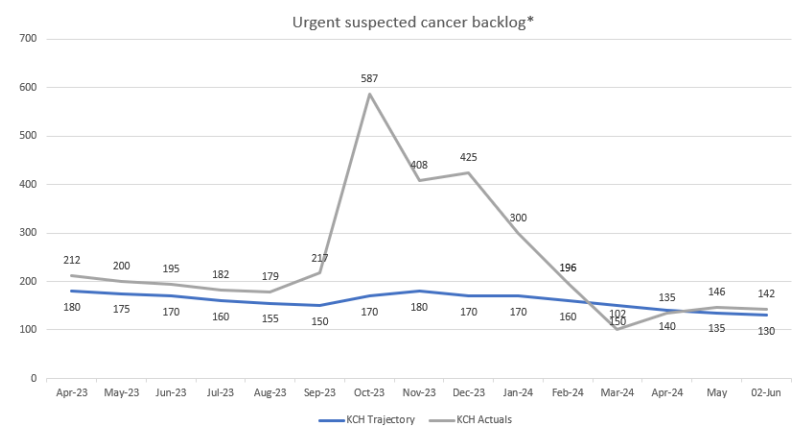
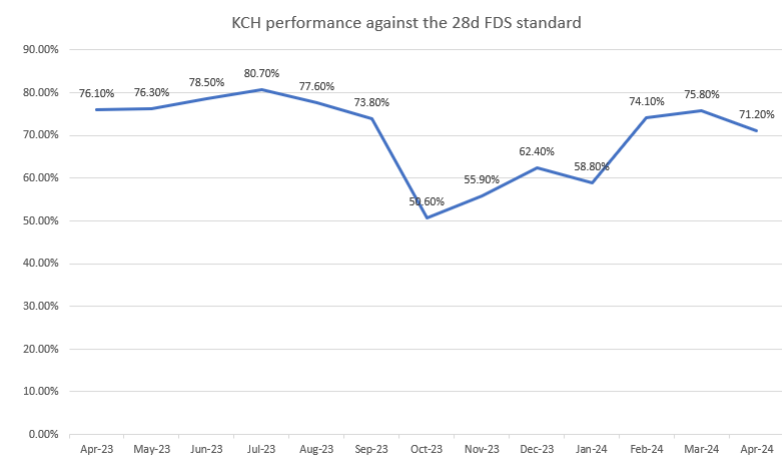
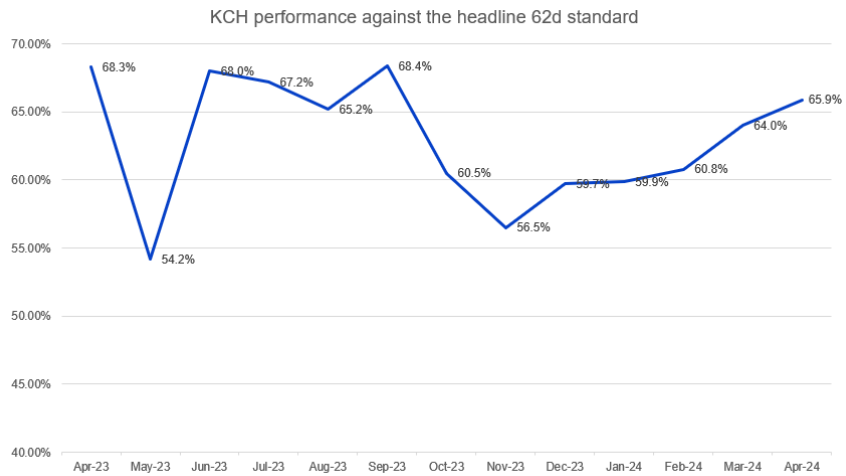
- The trust is focused on removing all 65 week breaches by the end of September but the recent cyber attack poses a significant threat to this.
- Services that are most challenged are exploring mutual aid, and options to realign capacity to deliver the best possible position.
- Capacity overall remains a key challenge and junior Dr strikes for June are confirmed, which will add to the challenge.

Diagnostics Waiting Times and Activity

- DM01 remains our most challenged pathway area in terms of data quality across the Trust.
- We have reconciled the May Month End DM01 Waiting List (XG1) position to the Performance status of 42.58%, with the highest number of breaches within Non-Obstetric Ultrasound (7,421). Our May-24 compliance has worsened from 41.74% last month and the number of 6+ waiters has increased by 732 from 11,704 patients in April 2024 to 12,436 patients waiting 6+ weeks at the end of May.

Elective recovery (2)

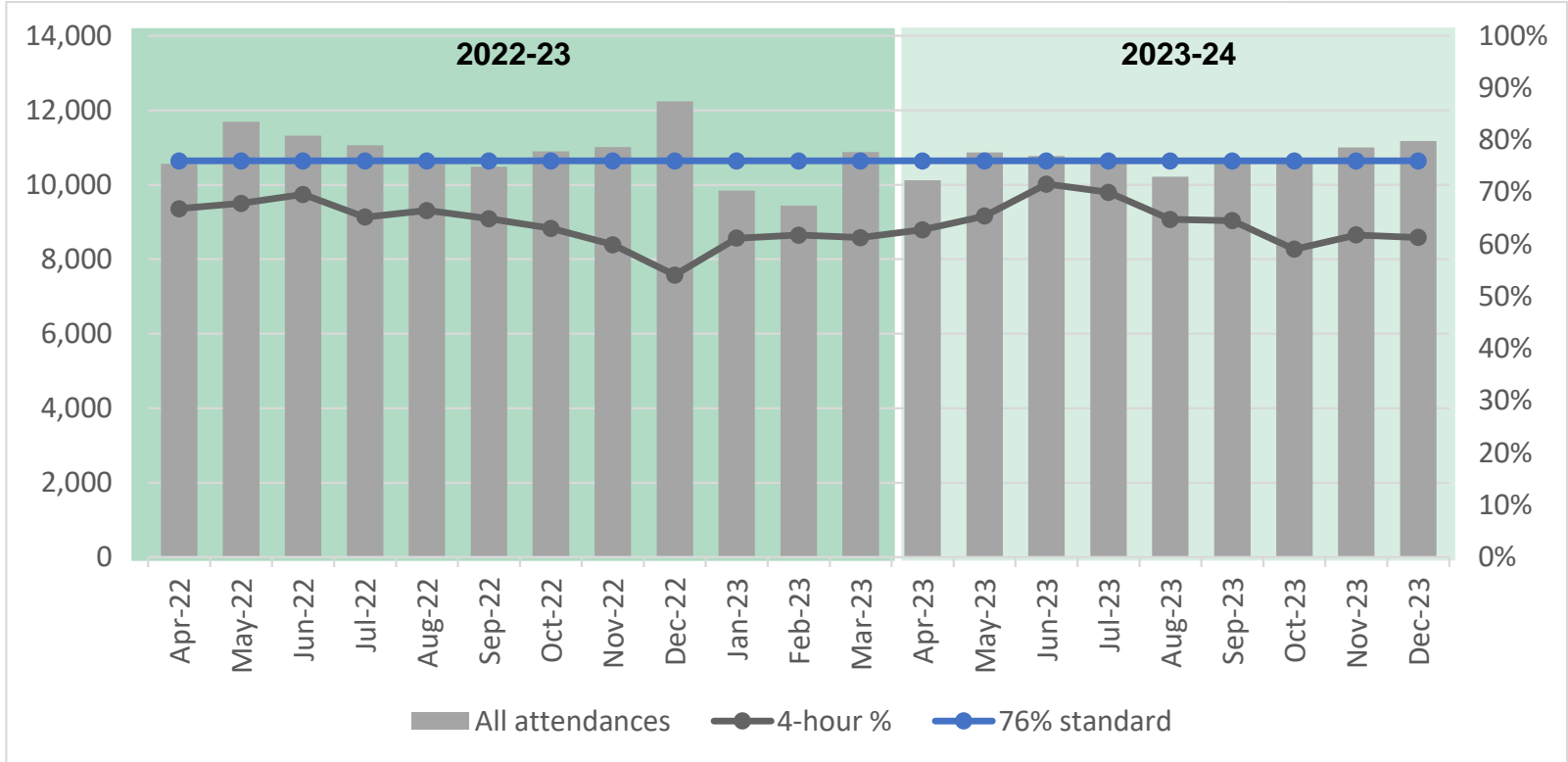
Our Faster Diagnosis Standard (FDS) performance continues a positive trend, and despite some more challenged months performance for FDS has remained above trajectory. Our cancer backlog continues to improve but this is being monitored closely as there are some workforce challenges in Urology and Lower GI, where the backlog has grown slightly.



Emergency performance (1)

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

Total attendances and 4-hour performance since April 2022



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

Emergency performance (2)

April saw a very challenged month nationally and showed a drop in our performance. Attendances and admissions were up 10%. May showed good signs of recovery but June has again become challenged, although the month is not yet over at the time of this report. Both DH and the PRUH have seen the highest increase in ambulance arrivals in SEL, with both sites seeing 19% growth. A significantly enhanced recovery plan is in place and work has begun on the new SDEC environment, which is due to be complete by the autumn. This will allow better flow out of the ED at the PRUH and more ED capacity. DH has seen steady performance above trajectory.

ED Flow – June to date

4 hour performance

- Partial recovery to mean of 42% Type 1 for we 23rd Jun (35% we 9th Jun, 39% we 16th Jun)
- Type 1 admitted: Jun – 7%, May – 8%, Apr – 5%, Mar – 10%, Feb – 9%, Jan – 7%
- Type 1 non admitted: partial recovery to 50% we 23rd Jun (from low of 42% we 9th Jun)

	Mar-23	Apr-23	May-23	Jun-23	Mar-24	Apr-24	May-24	Jun-24
All types	61%	63%	65%	72%	68%	62%	66%	62%
ED Type 1	43%	46%	47%	61%	48%	39%	46%	39%
UTC Type 3	85%	83%	88%	85%	94%	91%	92%	92%

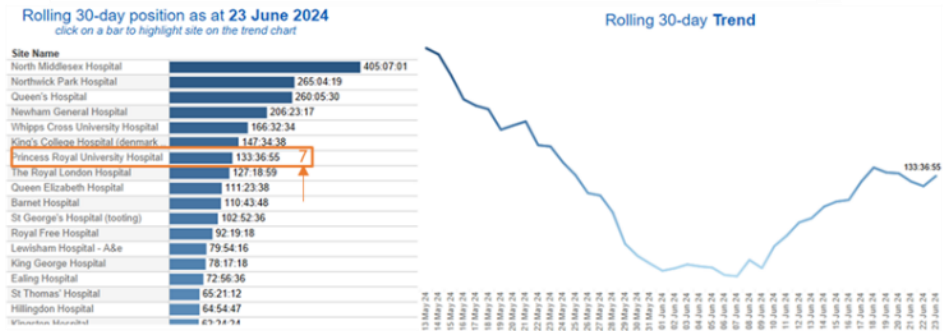
- Average daily volumes for Type 1 Jun-24 to date, 5% up on Jun-23

	Mar-23	Apr-23	May-23	Jun-23	Mar-24	Apr-24	May-24	Jun-24
All types	351	337	350	359	396	374	383	367
ED Type 1	198	186	193	200	219	214	214	210
UTC Type 3	153	151	157	159	177	160	170	157

Ambulance handover delays (LAS data)

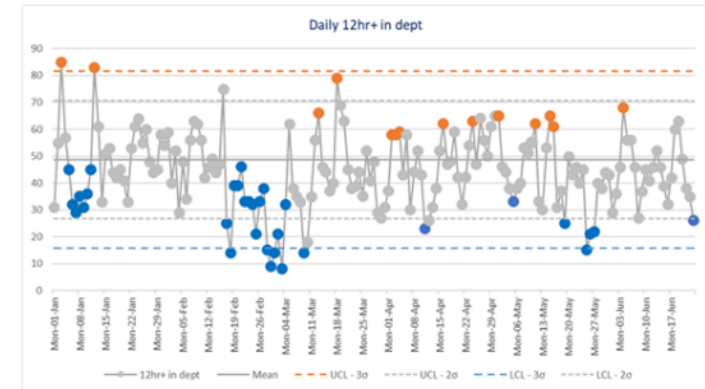
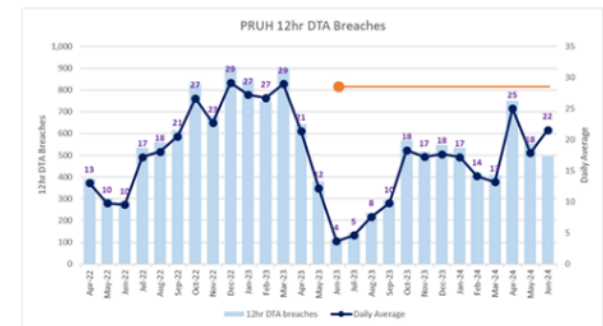
- Down to 7th in London ranking for total time lost
- Average daily arrivals high, 77 in Jun, higher than Jun-23 (72 p/day)

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



12hr DTA breaches:

- Increase in Jun to 22 p/day average (May, 18 p/day)
- % of Type 1 attendances over 12 hrs in ED up to 21% (May, 20%)
- As % of All Types, over 12hrs in ED = 12% in Jun (SEL & London benchmark = 6%)
- 38% with 12hr+ LoS have not been admitted (May – 32%)



Strike impact on elective care

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

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

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

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

ENDOSCOPY UNIT

The Trust has met all ten pre-planning conditions, now subsequently discharged by Bromley planning. This position has allowed construction to begin. The cost has increased over the initial estimates due to a number of factors. These have been reviewed extensively to ensure value for money. Despite the delay, we aim to adhere to the expected completion July 2025.

**RADIOLOGY UPGRADES**

The new MRI 2 installation is complete and operational. The existing MRI has now been replaced. All work for the current phase has been completed on time. Mammography replacement is under review.

FLOW UPGRADES AND OTHER DEVELOPMENTS

A range of other capital projects across the PRUH are being undertaken. The new 16 bed RSU and HDU unit is nearing completion. 12 Beds are open for RSU. The HDU will be complete by the end of June.

The current phase of Omnicell installation has been completed.

The new power substation has been completed and energized. The installation of the EV chargers has been completed in the car park giving 41 bays.

The additional estate capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments, this is now underway.

DSU structural improvements are nearing completion. Phase 1 of the NICU upgrade has been completed.

Good news look back – year highlights



Microwave Thyroid Ablation – the PRUH became the first hospital in the UK to carry out an innovative treatment using microwave energy to treat patients with an enlarged thyroid.



New skin cancer service– a new teledermatology service launched at Beckenham Beacon allowing patients to be assessed and treated for skin cancer more quickly



New respiratory unit – the new unit at the PRUH consists of 12 specialist beds and has replaced the former respiratory ward. The modern and improved facility increases capacity for specialist respiratory care



Endoscopy team HTN award– the endoscopy team at the PRUH were recognized for their work to speed up patient waiting times. They were awarded runner up in the national 2024 Health Tech News (HTN) awards for Excellence in Digital Pathways..

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Hep B and C screening – all patients having a blood test in the ED at the PRUH care now offered testing for Hepatitis B and C

Apollo programme: Epic and MyChart update

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



Patient communication

- Issues related to the functionality of patient communications within the system are ongoing and we are working hard to resolve. Some progress has been made allowing for text messages and letters to patients via Epic resuming in November after a temporary switch off.
- We are working to rectify an issue with our Hybrid Mail service which has led to delays in hard copy letters being sent to patients. A fix is in place and the backlog is being tackled. Patients are currently being contacted by phone as needed.

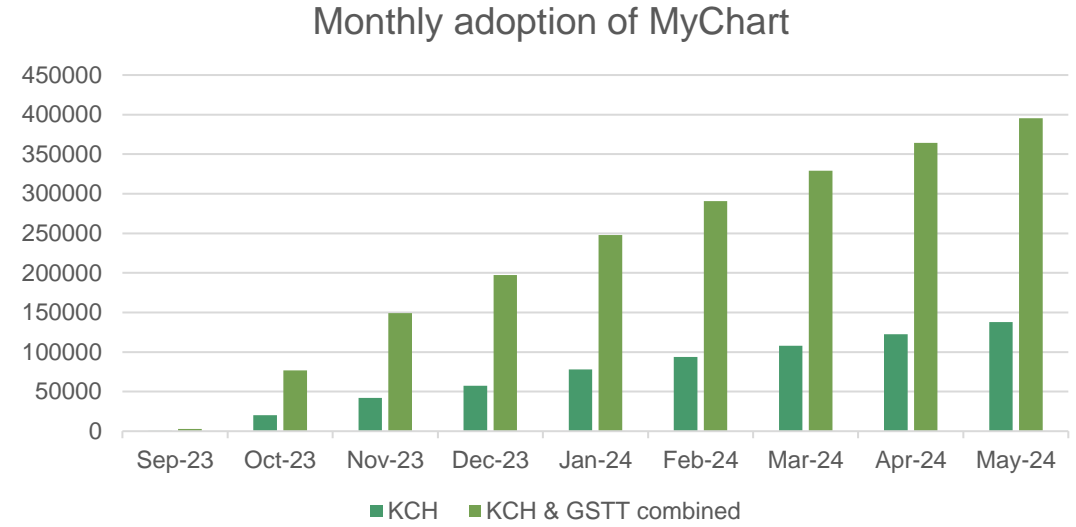
GP referrals

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

Key achievements since launch

- Over 85% of the frontline workforce across King's and Guy's and St Thomas' (GSTT) are now trained
- Over 41,000 members of King's and GSTT staff have accessed Epic since go live
- Over 395,000 patients have registered for MyChart.

Apollo / EPIC – My Chart details



- How many patients are actually using MyChart compared to the number of patients who have been offered MyChart, but have never logged in or actively used it.

A total of 395,450 users have attended appointments within the last 12 months across GSTT and King's and have been active on MyChart up until end of May 2024. Of the total 137,644 are KCH users (or 35%). Key to note that since go-live in September, user adoption has grown steadily. The other 65% are GSTT users using May figures – which is in keeping with a rough 40/60 proportionality difference in Trust size.

It is currently not possible with current analytics to understand 'uptake' rate vs total proportion of appointments. E.g. how many have been 'offered' MyChart and declined.

- Did the MyChart Easy guide ever actually materialise and if not what improvements or schemes have been developed or are being developed to help address the training needs / knowledge gap for users?

At King's College Hospital, we recognise the importance of ensuring that our diverse communities benefit from MyChart. In 2024/2025, we have therefore agreed to develop a suite of manuals, tools and videos to enable our patients to better understand and utilise the system. This will be delivered alongside support offer by our volunteers and community outreach events commencing in October 2024.

Financial position

At the start of the last financial year, we committed to delivering a deficit of £49 million by the end of March 2024. Unfortunately, despite the enhanced controls, we did not deliver the financial plan, and as a result, our year end deficit was £78.9 million.

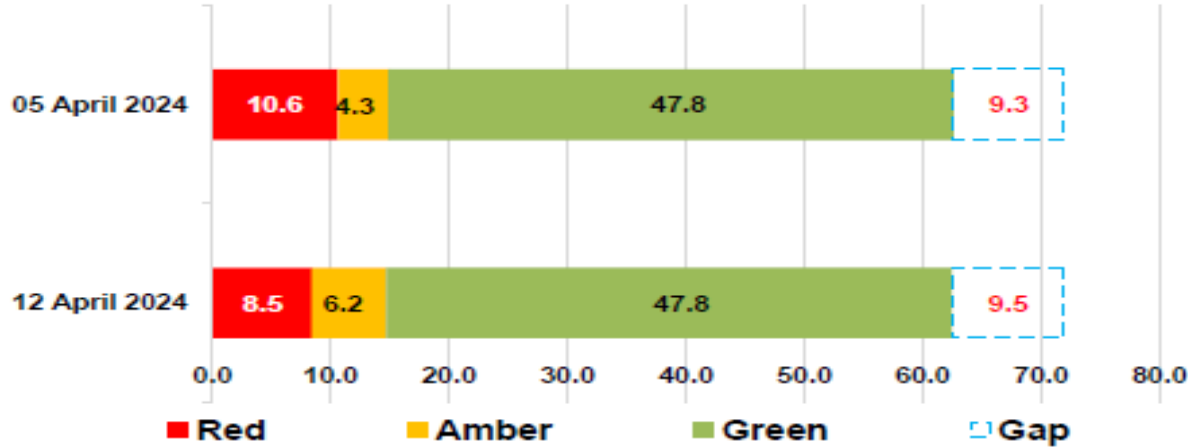
In early April, the Trust received confirmation that it is being moved into National Oversight Framework segment four and has been placed in the Recovery Support Programme. The Trust is working at pace to deliver a cost improvement programme over the next year, which we are confident will deliver significant savings, whilst also keeping patients safe.

CIP Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £62.5m of which £47.8m is in Green and ready for implementation

Headlines of schemes in scoping/identification stage:

- The Kings Group Efficiency Programme CIP target is £72m.
- The programme to date has identified £62.5m of schemes. This is broken down as £8.5m in Red, £6.2m in Amber and £47.8m in Green.
- The identified schemes are currently split Recurrent £39.0m and Non-Recurrent £23.5m.
- This leaves a £9.5m gap which is yet to be identified.

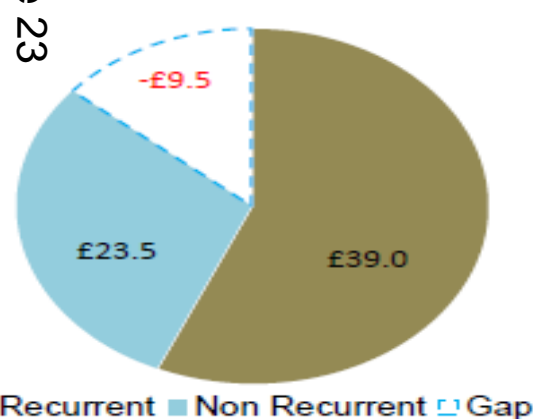
Weekly Movement by PMO RAG Rating - £m



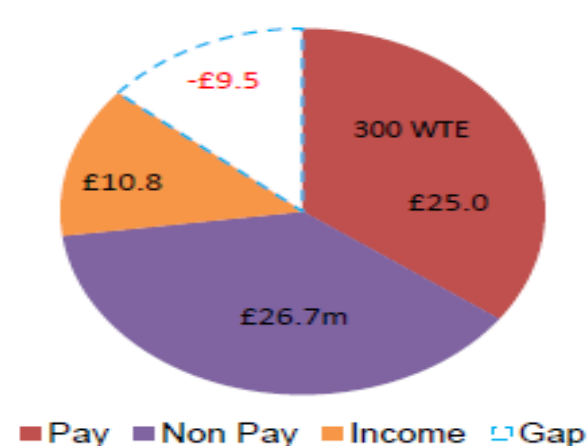
Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	34.1	27.4	(6.7)	1.9	0.6	24.9
PRUH and South Sites	12.1	13.6	1.5	2.7	0.3	10.6
Corporate	22.8	14.8	(8.0)	1.3	3.3	10.2
Commercial	1.0	3.8	2.8	0.0	2.0	1.7
Guthrie	2.0	0.4	(1.6)	0.0	0.0	0.4
Unallocated	0.0	2.5	2.5	2.5	0.0	0.0
Total	72.0	62.5	(9.5)	8.5	6.2	47.8

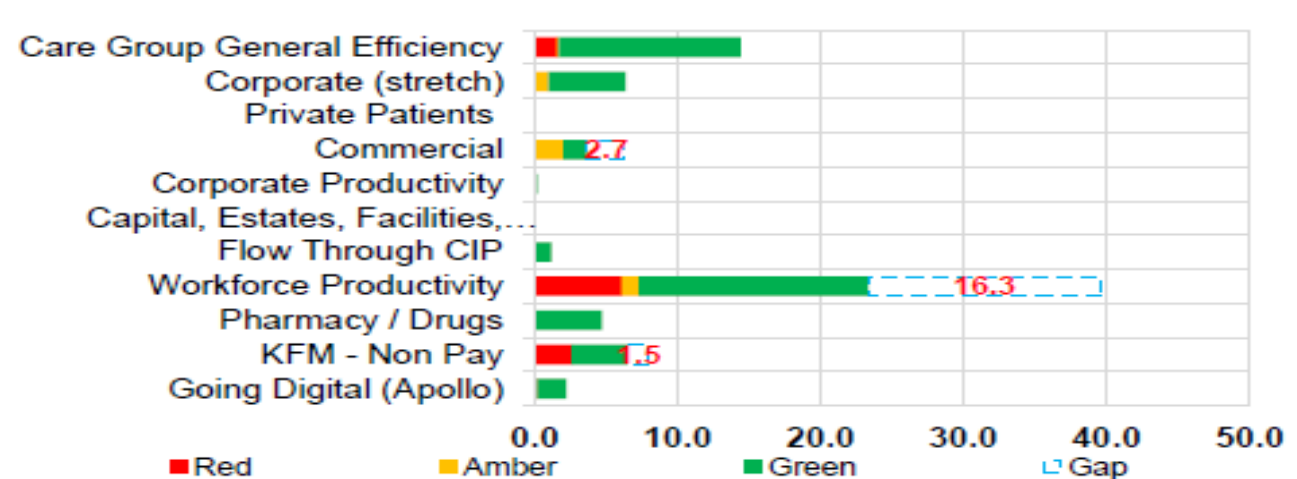
Total Identified - Split by Recurrent / Non Recurrent



Total Identified - Split by Type



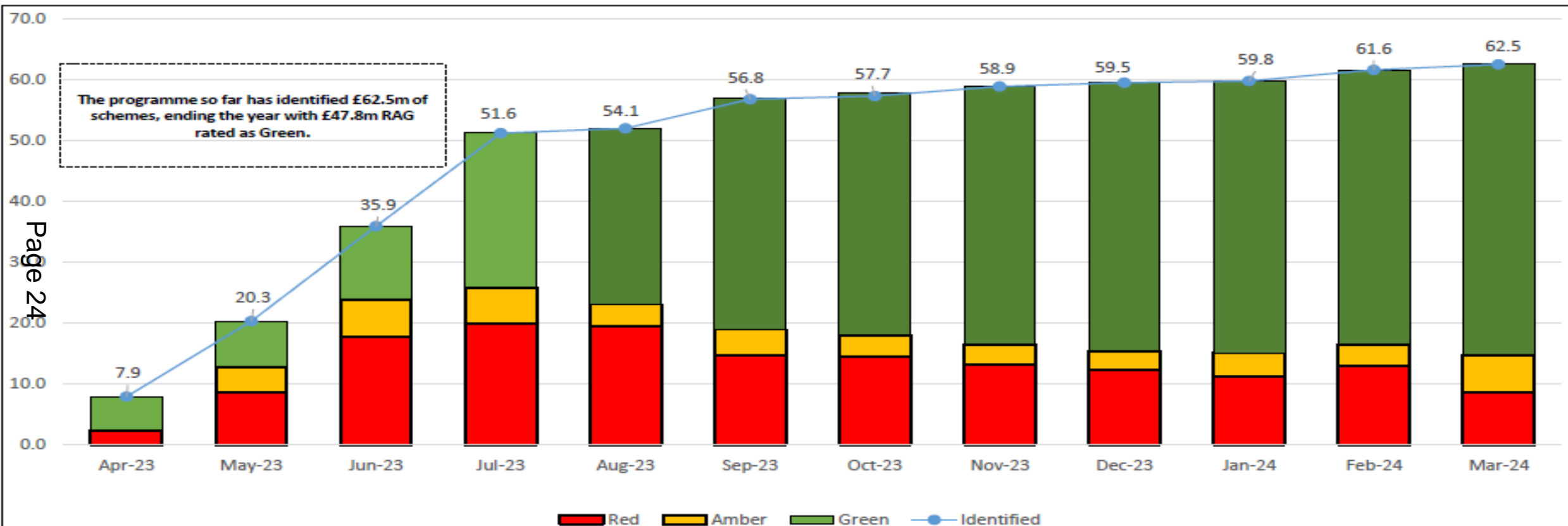
Total Identified split by Workstreams (£m)



As at the 12th April, the Group had £62.5m CIP identified of which £47.8m is in green.

By the end of March, the CIP programme should have fully developed and identified the £72m trust wide target

	Denmark Hill	PRUH & South Sites	Corporate & Commercial	Total
100% of Identified Developed by End of March (Green)	£34.1m	£12.1m	£25.8m	£72m

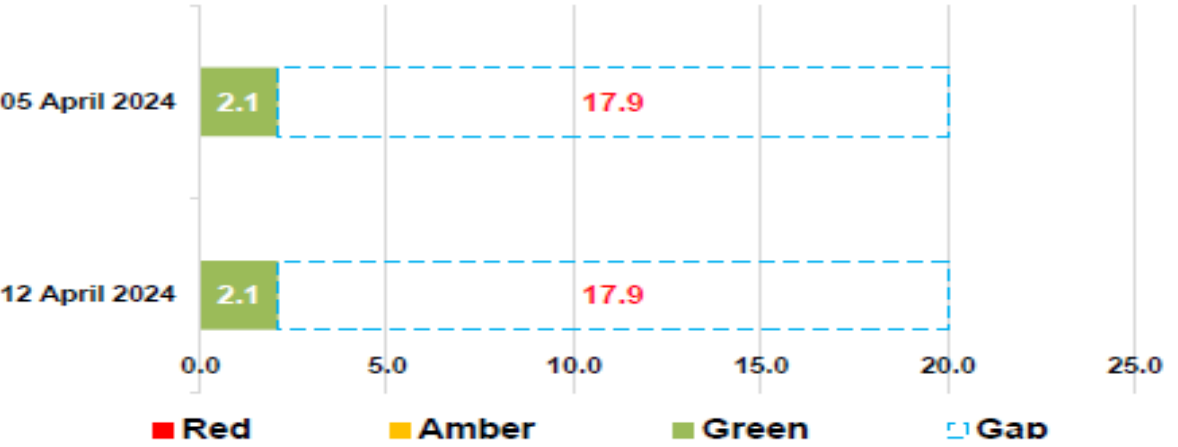


Productivity Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £2.1m of which £2.1m is in Green and ready for implementation

Headlines of schemes in scoping/identification stage:

- The Kings Group Efficiency Programme Productivity target is £20m.
- The programme to date has identified £2.1m of schemes. This is broken down as £0.0m in Red, £0.0m in Amber and £2.1m in Green.
- The identified schemes are currently Recurrent £1.8m and Non-Recurrent £0.3m.
- This leaves a £17.9m which is yet to be identified.

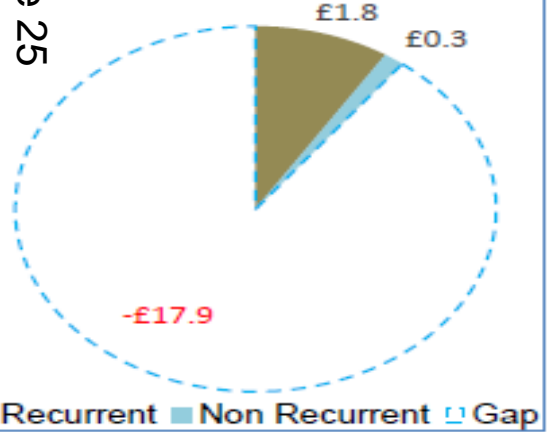
Weekly Movement by PMO RAG Rating - £m



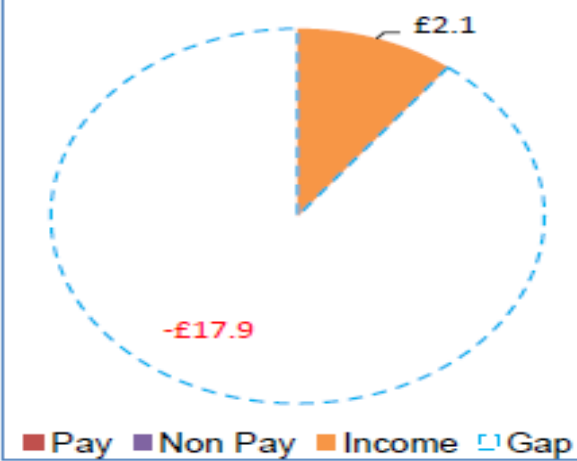
Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	12.4	1.7	(10.7)	0.0	0.0	1.7
PRUH and South Sites	4.4	0.4	(4.0)	0.0	0.0	0.4
Corporate	3.2	0.0	(3.2)	0.0	0.0	0.0
Unallocated	0.0	0.0	0.0	0.0	0.0	0.0
Total	20.0	2.1	(17.9)	0.0	0.0	2.1

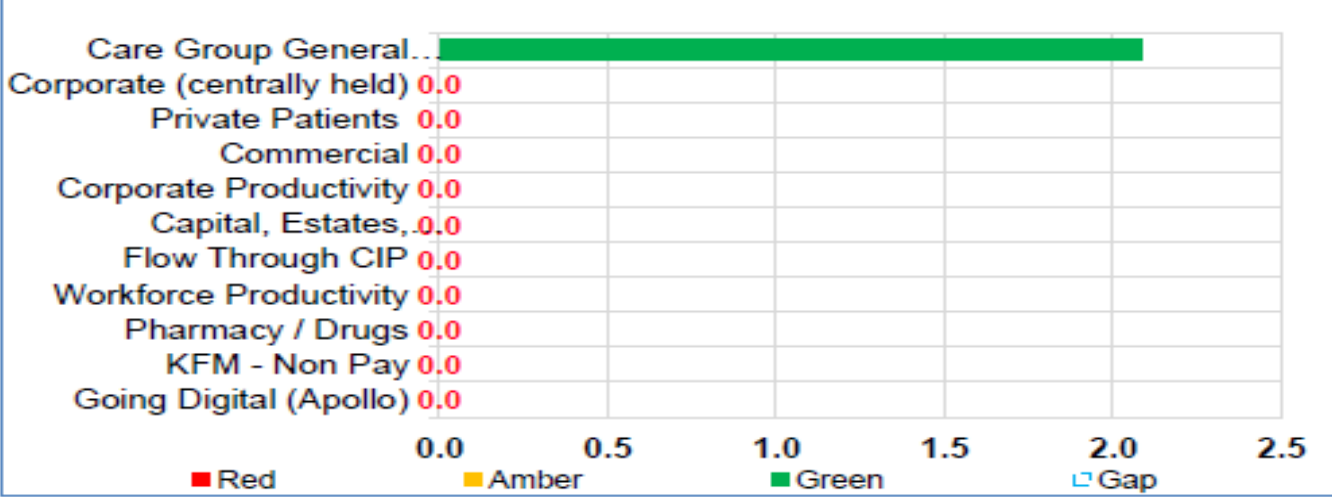
Total Identified - Split by Recurrent / Non Recurrent / Gap - £20.0m



Total Identified - Split by Type - £20.0m



Total Identified split by Workstreams (£m)



Synnovis pathology provider incident

Serious incident

On 3 June 2024, Synnovis, the Trust's pathology provider was subject to a ransomware cyber attack.

As a result, we are experiencing ongoing disruption to our pathology services, particularly blood tests. This is having a significant impact on the delivery of services in our hospitals, as well as across partner organisations in mental health, community and primary care services across south east London.

Regrettably some patient care is having to be cancelled or redirected to other providers as urgent care is prioritised.

Current position

- We continue to work as a matter of urgent priority to investigate the impact of the incident and take appropriate action. We are working closely with Integrated Care Board (ICB) and NHS England colleagues as part of this.

Communicating with our patients

- We are advising patient to attend their appointments as planned unless they are contacted. We are contacting patients who are directly impacted by phone.
- We are regularly updating the news section of the Trust website with the latest position and guidance for patients [Trust website](#)

Appointments

- Sir David Behan appointed as new Trust **Chair**. Sir David joined the Trust in June.
- Roy Clarke joined the Trust in March as our new **Chief Financial Officer**. Roy previously worked at Norfolk and Norwich University Hospitals NHS Foundation Trust.



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Agenda Item 7

Report No.
ACH24-038

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: 16th July 2024

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

Title: SEL ICS/ICB UPDATE

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

Chief Officer: Andrew Bland, ICB Chief Executive Officer

Ward:

1. Reason for decision/report and options

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

2. **RECOMMENDATION(S)**

The Committee is asked to note the update.

Impact on Vulnerable Adults and Children

1. Summary of Impact: **N/A**
-

Transformation Policy

1. Policy Status: **Not Applicable** 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: Estimated Cost No Cost **Not Applicable**: Further Details
 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:
-

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? Yes No **Not Applicable**
2. Summary of Ward Councillors comments:

3. COMMENTARY

SEL ICS/ICB UPDATE

1.1 Covid Spring Vaccination Programme Uptake

The 2024 Covid Spring Vaccination campaign commenced on April 15th for Care Home residents and Housebound patients, and April 22nd for all other cohorts. The campaign ended on June 30th.

Due to a combination of naturally acquired and vaccine-derived immunity, COVID-19 is now a relatively mild disease for the vast majority of people. As such, JCVI recommended a more targeted list of cohorts for the Spring Booster, aimed at those at higher risk of developing serious COVID-19 disease:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed

Covid vaccine partners and locations for the 2024 Spring programme comprised:

- 3 Local Vaccination Sites: Orpington (Chelsfield), Penge (Oaks Park) and London Lane
- 19 Community Pharmacies
- 1 pop-up event

The One Bromley Vaccination Taskforce met regularly throughout the campaign to enable service providers, the ICB and Public Health to collaborate, assist each other with delivery issues and identify actions to improve uptake and address barriers to immunisation. There was close collaboration with colleagues in South-East London, where work continues to streamline processes, improve campaign delivery and increase vaccine uptake.

With the support of partners, almost 22,000 eligible patients were vaccinated for Covid by the June 30th campaign deadline.

Final Covid Spring Booster Uptake

Cohort	Uptake
Over 75	64%
Immunosuppressed/ At-risk	24.7%
Housebound	62.5%
Care Homes	79.1%

Source: Bromley Primary Care Data 01.07.2024

Although lower than previously, the figures are consistent with previous years' uptake.

1.2 The One Bromley Wellbeing Hub reopens

The reopening of the One Bromley Wellbeing Hub in June 2024 marks a significant step forward in the efforts to reduce health inequalities in Bromley. A comprehensive refurbishment has transformed the Hub into a one-stop shop for health and lifestyle support and information. Conveniently located in the Glades shopping centre (upper mall opposite M&S), it is open from Tuesday to Saturday, 10.30am to 6.30pm.

Provided by the One Bromley Local Care Partnership in collaboration with MyTime Active, the Hub offers a range of services targeting the five leading causes of poor health, known as the Vital 5. By focusing on these critical areas, the aim is to prevent the development of long-term health

conditions that can disproportionately affect underserved communities. The Vital 5 includes smoking, obesity, high blood pressure, mental health, and alcohol consumption – key factors that, when addressed, can significantly improve individual and community health outcomes.

Also on offer, are essential services such as support for carers, befriending services, smoking cessation, and cost-of-living advice and support. These services are designed to address both health and socio-economic challenges, which are often linked. For instance, smoking cessation not only improves physical health but also reduces financial strain. Similarly, cost-of-living advice can alleviate stress and improve mental well-being.

Services are available as walk-in or booked appointments. This will particularly help those who find it difficult to schedule and keep regular appointments due to unpredictable work patterns or caring responsibilities. The formal opening of the Hub is scheduled for mid July.

For more information visit www.selondonics.org/OneBromleyWellbeingHub

1.3 One Bromley Staff Recognition Awards 2024

Staff from across Bromley's health, care, and voluntary services came together to celebrate teamwork, collaboration, and partnership at the One Bromley Recognition Awards 2024. Held on 16 May, the awards recognise exceptional staff and teams whose dedication, compassion and resilience are inspiring. Dr Andrew Parson, Clinical Lead for the One Bromley Local Care Partnership and compere for the evening was joined by the Mayor of Bromley, Councillor David Jeffreys and the Mayoress who attended the awards to express their gratitude to the staff working across Bromley to improve health and wellbeing.

The One Bromley Recognition Awards celebrate not only achievements, but also the spirit of collaboration and partnership that drives continuous improvement of health and care services in the borough. The awards are a reminder of the incredible impact working together has on the community's health and wellbeing. More information about the award winners and to watch a short video of the event, visit the [website](#).

1.4 Bromley Health Initiatives Shortlisted for HSJ Awards

Two of the One Bromley health initiatives have been shortlisted in three categories for the HSJ Patient Safety Awards 2024.

The Orpington Wellbeing Cafe has been announced as a finalist in both the Improving Care for Older People and the Primary Care Initiative of the Year categories, while the Bromley Homeless project has been announced as a finalist in the Best Use of Integrated Care and Partnership Working in Patient Safety category. The café reduces isolation and health inequalities in older people. Led by the Orpington Primary Care Network and supported by a range of Bromley services, it brings people together in a welcoming and safe space, offers health information advice, routine health checks, advice and signposting.

The Bromley Homeless project supports vulnerable homeless people, who often suffer with complex and many physical and mental health needs. The initiative provides year-round services and offers very bespoke and personalised support, which has resulted in a 100% satisfaction rating from clients. Nationally recognised on several occasions, the service leads the way across south east London on supporting the homeless.

The HSJ Patient Safety Awards will be held on 16 September 2024. A full list of finalists are available at: [Shortlist 2024 | HSJ Patient Safety Awards \(patientsafetycongress.co.uk\)](https://patientsafetycongress.co.uk)

1.5 Bromley Cervical Screening Campaign

The "Cervical Screening Saves Lives" campaign in Bromley, launched in June, aims to overcome the barriers preventing some individuals from getting screened and to encourage wider participation. The campaign is built on insights from nearly 400 Bromley residents and findings from a Health Equity report that reviewed disparities in access to cervical screening.

Cervical cancer is among the most preventable cancers, and Bromley's current screening uptake rate of 75.9%, whilst the highest in south east London, falls short of the national target of 80%.

To address this, the campaign introduces new resources, including an information booklet that explains cervical screening, when and how to get tested, and addresses specific barriers identified by residents. These resources are designed to make the screening process more understandable and accessible to everyone in the community. Information has been widely distributed through services and partnerships. Paid for advertising is targeting areas of lower screening uptake.

For more information about the campaign and to access these resources, visit www.selondonics.org/BromleyCervicalScreening

1.6 Bromley Children's Health Integrated Partnership (B-CHIP) Update

The Bromley delivery of the national CHILDS model, BCHIP continues to develop and expand across the borough with the final 3 PCNs (primary care networks) scheduled to implement the service in July/August 2024. Once fully established across all 8 PCNs, most referrals into secondary care general paediatrics from primary care should take place through BCHIP.

Currently BCHIP is being delivered across 5 PCNs, with the following impact highlighted:

- 850 children were seen via triage, of which,
 - 55% discharged were from service without needing further assessment
 - 24% referred into the MDT community clinic
 - 9% referred to secondary care (specialism)
 - 7% were deemed to be inappropriate referral
 - 4% referred into community services

- 128 children were seen in the MDT community clinic, of which,
 - 77% discharged from the service
 - 13% needed active monitoring
 - 10% referred to secondary care (specialism)
 - 1% referred into community service

The positive impact on the general paediatric secondary care waiting list is illustrated by a reduction from 9 months wait for non-urgent referrals, down to 5 months for first assessment. The expectation is that once all PCNs are onboard, the waiting list will begin to reduce, hopefully until it no longer exists. Almost all activity will go via the BCHIP model.

BCHIP has maintained the modelled timeliness of triage and clinics, ensuring from referral into the service, through to being seen in a community clinic (if required) takes no longer than x6 weeks – a reduction of approximately 33 weeks as compared to the pathway prior to BCHIP implementation.

1.7 Synnovis Update

On 3rd June 2024, Synnovis, a pathology laboratory which processes blood tests on behalf of a number of NHS organisations, primarily in South East London, was the victim of a cyber-attack. Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust remain in a critical incident, while Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Bromley Healthcare, and primary care services in South East London continue to be impacted and involved in the incident.

NHS England is working with Synnovis and the National Crime Agency to respond to this criminal ransomware attack on Synnovis systems. Synnovis has confirmed that data published by a cybercrime group has been stolen from some of their systems and are working at pace to carry out analysis to understand the full scale and nature of the data released and patients impacted. We understand that colleagues may be concerned by this, especially those of us who live in south east London. As more detail becomes available, the NHS will continue to provide updates [here](#) and on a page of frequently asked questions [here](#). There is also a helpline for people to call if they are concerned about their data: 0345 8778967.

Mutual aid arrangements to meet urgent demand from general practice and community services have been introduced at pace in all six of our boroughs and are already hugely helpful. Pathology services are currently able to operate at 45% of the capacity we had before the cyber-attack, and we anticipate that this figure will rise as the mutual aid arrangements bed in and develop further.

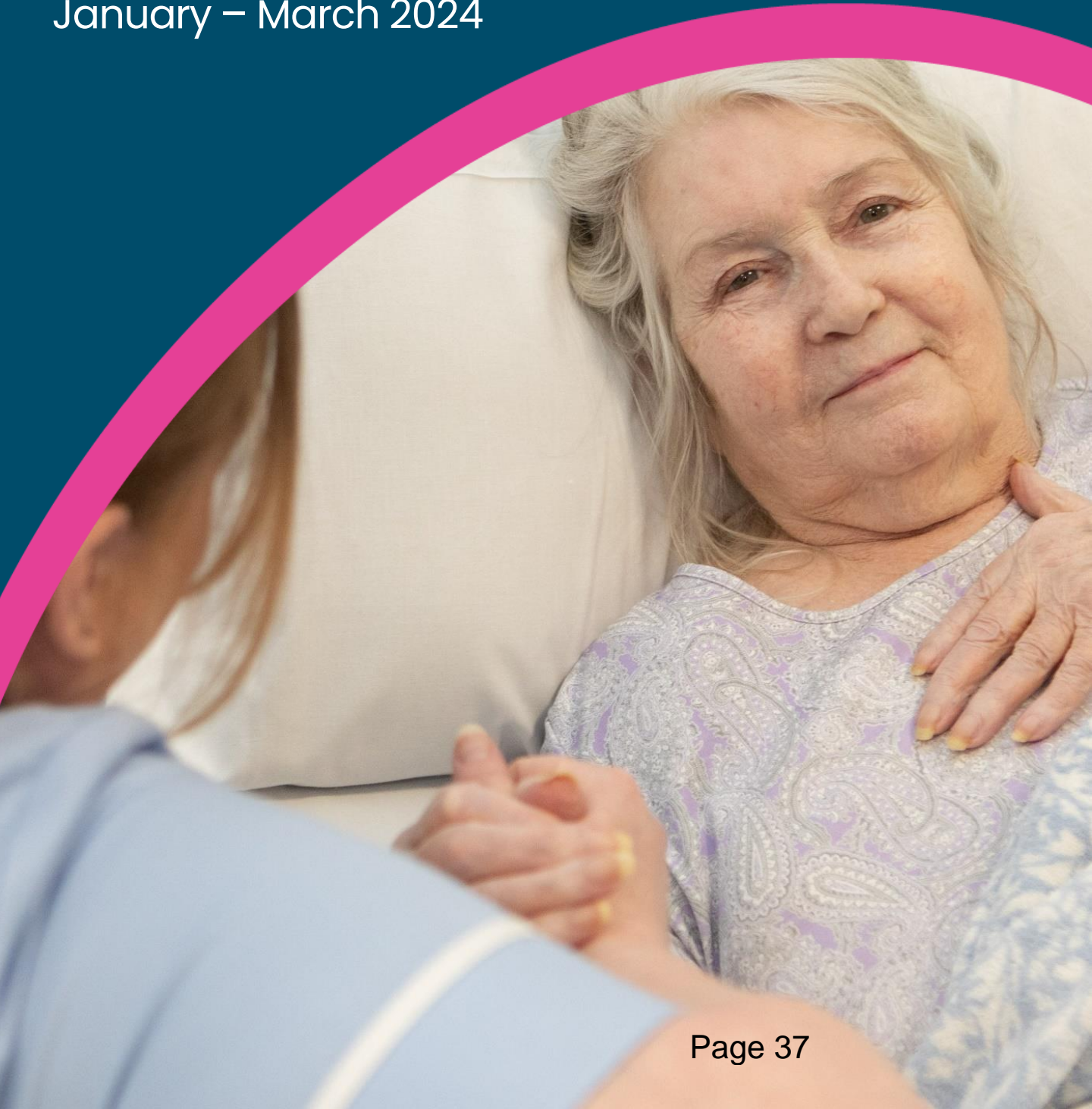
Patients should continue to attend their appointments unless they have been told otherwise and should access urgent care as they usually would.

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

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Q4 Patient Experience Report

Healthwatch Bromley
January – March 2024



Contents

Introduction	3
Q4 Snapshot	4
In-year Comparison	5
Experiences of Hospital Services	6
Experiences of GP Practices	19
Experiences of 'Other' Services	33
Appendix	37

Layout of the report

This report is broken down into five key sections:

- Quarterly snapshot
- In-year comparison
- 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 for improvement.

This report gives a 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 of patient experience and suggest how services could be improved.

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.

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

Between January – March 2024, we reached out to faith groups, community centres and support groups across Bromley to hear voices of residents who might not otherwise be heard.

The format of HWB Patient Experience Report will be slightly amended from Q1 2024-25 as a result of our annual internal review process.

Q4 Snapshot

This section provides a summary of the experiences we collected during January – March 2024 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)



613 reviews

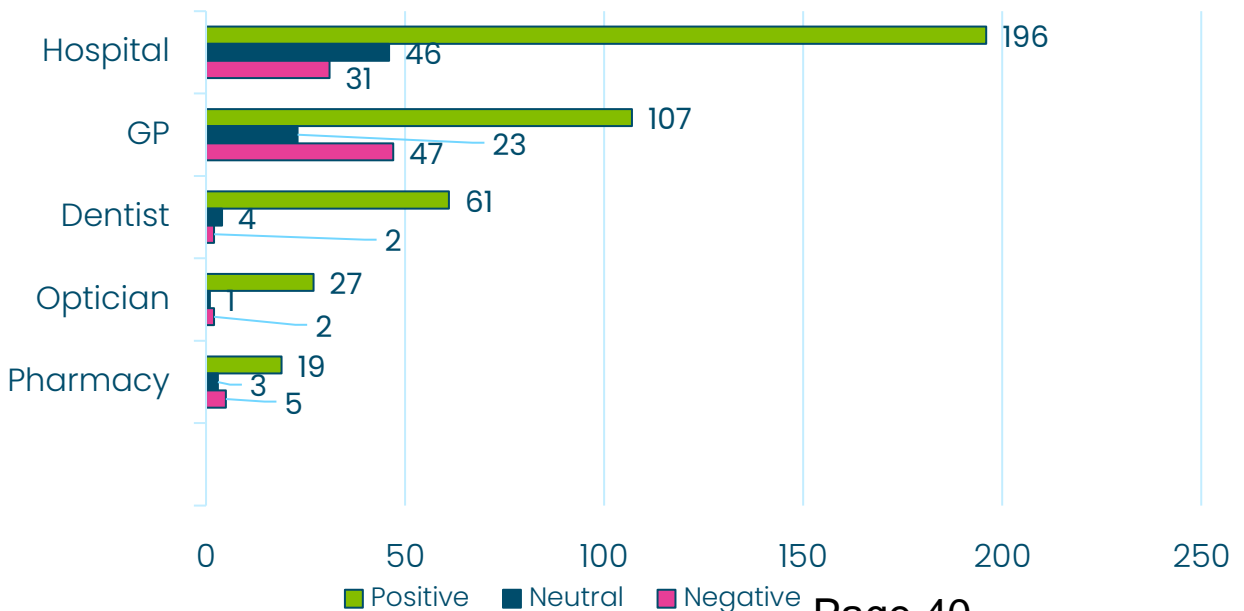
of health and care services were shared with us, helping to raise awareness of issues and improve care.

64 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	273	72%
GP	177	60%
Dentist	67	91%
Optician	30	90%
Pharmacy	27	70%

Sentiment of Reviews



In-year 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.

The total number of positive reviews has been included next to the percentage.

Percentage of positive reviews for each service type

Service Type	Q1 (Apr-Jun 23)	Q2 (Jul-Sep 23)	Q3 (Oct-Dec 23)	Q4 (Jan-Mar 24)
Hospital	81% (250)	81% (201)	77% (221)	72% (196)
GP	60% (114)	67% (132)	68% (141)	60% (107)
Dentist	91% (61)	94% (77)	89% (65)	91% (61)
Community Health	56% (19)	71% (35)	75% (30)	65% (11)
Optician	74% (25)	82% (23)	92% (12)	90% (27)
Pharmacy	61% (20)	69% (11)	58% (7)	70% (19)
Mental Health	63% (5)	25% (1)	33% (2)	71% (15)

What does this tell us?

- Hospital services have seen a small decrease (5%) in positive reviews when compared to the previous quarter, which is a similar finding to the last PE report. There is a 9% decrease over the financial year.
- The percentage of positive GP reviews dropped by 8% between Q3 and Q4, but Q4 is identical to Q1.
- We have seen a significant increase in the percentage of positive reviews about mental health services in the last three months, primarily as a result of receiving more feedback about Oxleas Community Mental Health Services.
- Experiences of Dental services (91%) and Opticians (90%) remain mainly positive.
- We received less feedback about community health services during Q4; the percentage of positive reviews decreased by 10%.

Experiences of Hospital Services



What people told us about Hospitals

"The service is very interpersonal; the doctor reacts very well to me because they are compassionate."

"The appointment was cancelled several times. One appointment was cancelled when I got to Orpington Hospital, so the journey was a waste of time."

"You used to wait for ages here, nowhere to sit, but it's so much better and you can choose what appointment you want rather than one they want to give you."

"Waiting times are long, they need more staff. I had to wait six hours and come back the next day."

"The nurses and staff at the Phlebotomy department are really good and you don't have to wait long now."

"Communication between GP and hospital could be improved. No care plan for patient."

"Friendly environment at the hospital. Staff are caring which works well for me."

"More staff are really needed, long waiting hours with no explanations."

Hospital Services

No. of Reviews	273 (relating to 8 hospitals)
Positive	72%
Negative	11%
Neutral	17%

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?

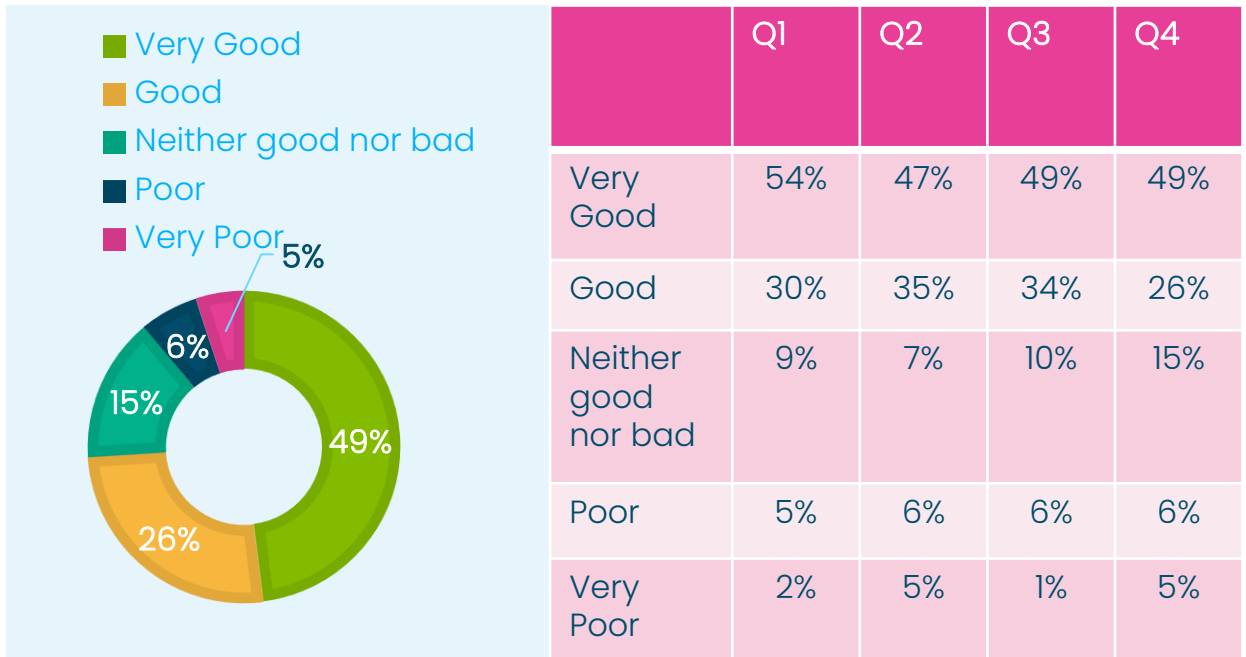
Q6) How would you rate the quality of treatment and care received?

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

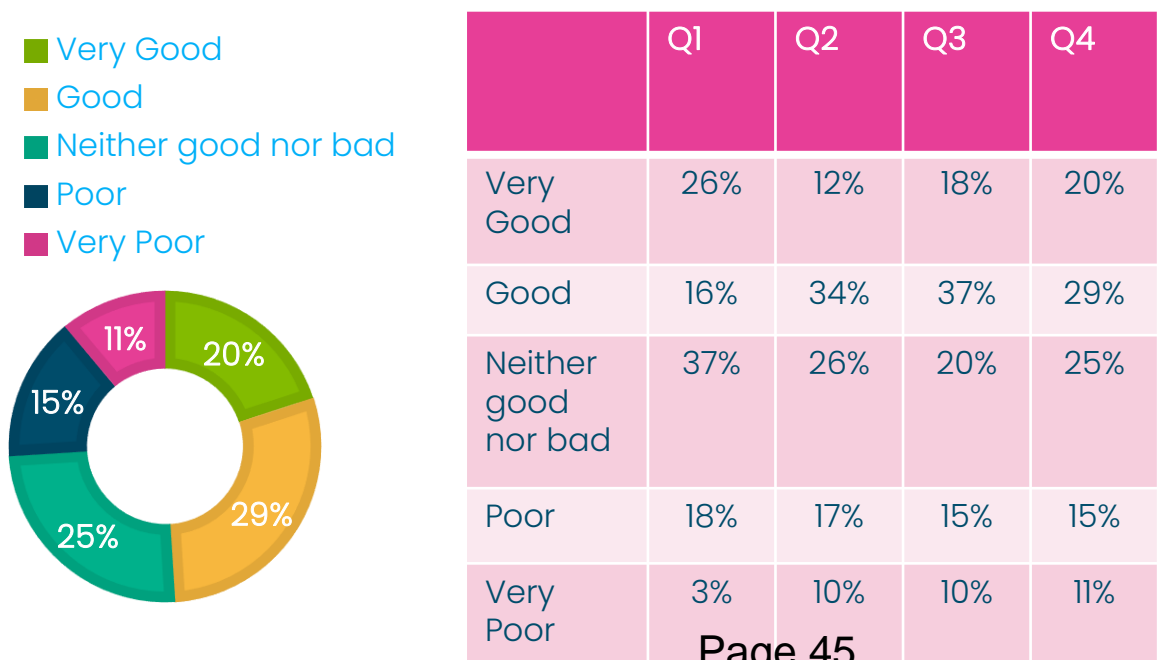


Access and Quality Questions

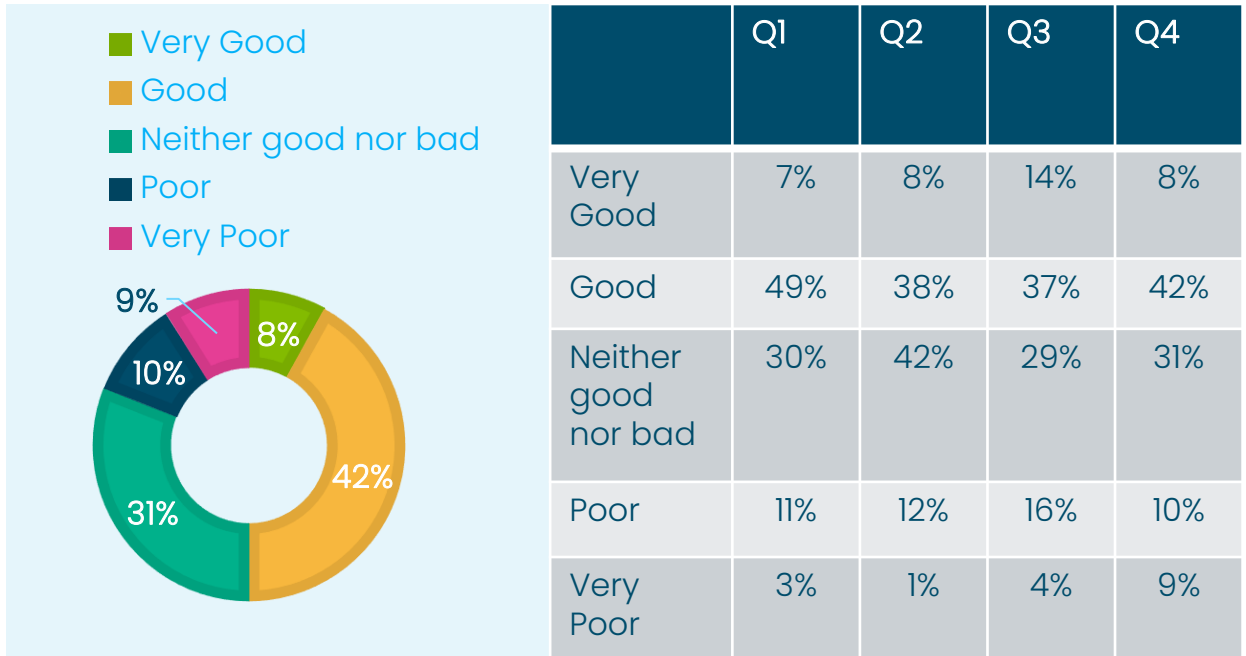
Q1) How did you find getting a referral/appointment at the hospital?



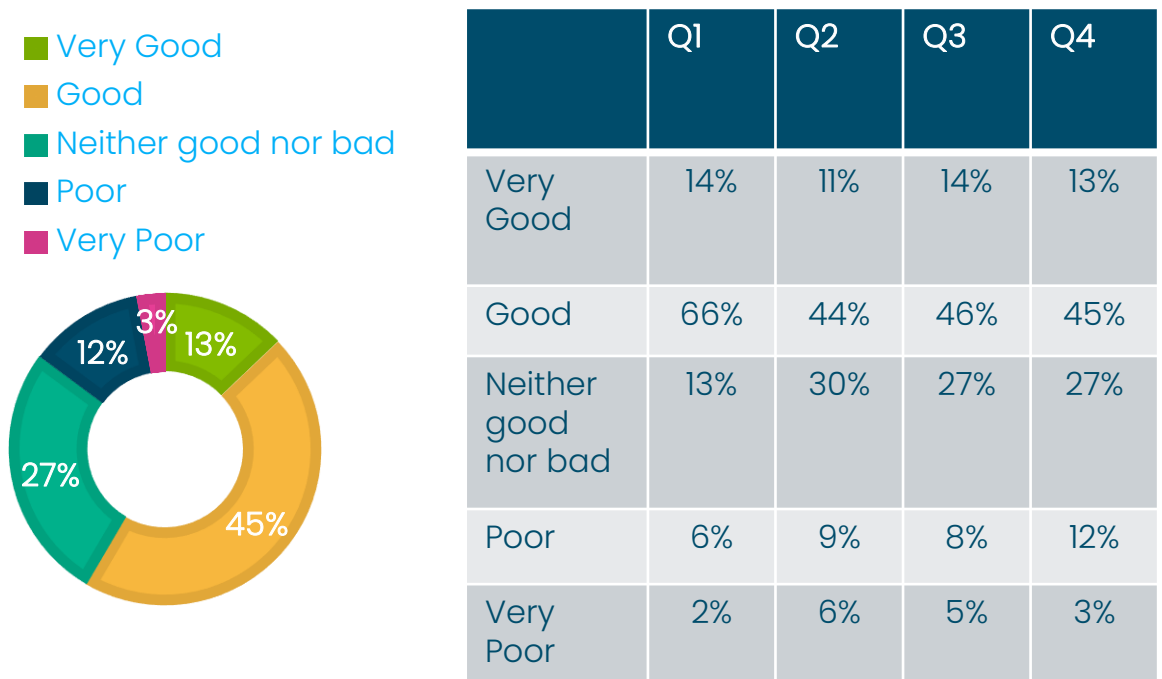
Q2) How do you find getting through to someone on the phone?



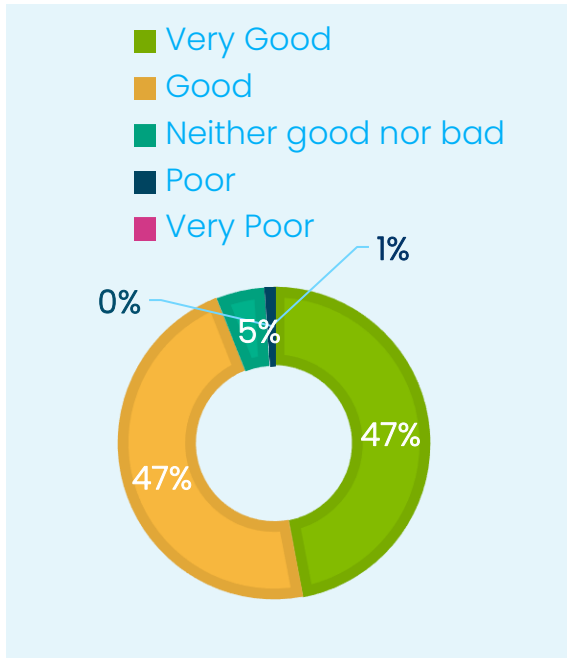
Q3) How do you find the waiting times at the hospital?



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

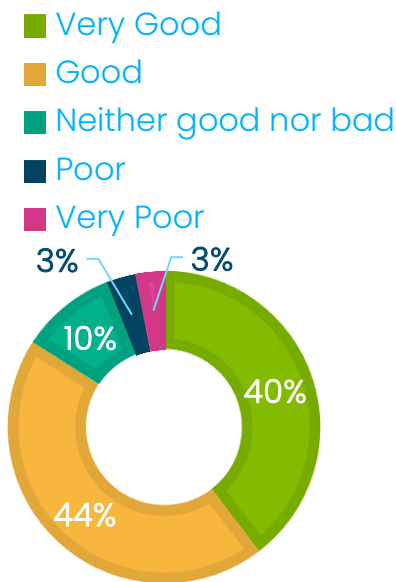


Q5) How do you find the attitudes of staff at the hospital?



	Q1	Q2	Q3	Q4
Very Good	32%	48%	46%	47%
Good	64%	41%	45%	47%
Neither good nor bad	4%	8%	8%	5%
Poor	0%	1%	1%	1%
Very Poor	0%	2%	0%	0%

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



	Q1	Q2	Q3	Q4
Very Good	34%	39%	44%	40%
Good	57%	49%	42%	44%
Neither good nor bad	7%	8%	9%	10%
Poor	2%	3%	4%	3%
Very Poor	0%	2%	1%	3%

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 applied. The tables below show the top five positive and negative themes mentioned between January – March 2024 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.

For this report, we have only included three negative issues as all other themes were connected to less than 15 hospital reviews.

Top five positive Issues	Total count and % of positive reviews	Top three negative Issues	Total count and % of negative reviews
Staff attitudes	186 (94%)	Waiting times (punctuality and queueing on arrival)	48 (27%)
Quality of treatment	125 (83%)	Getting through on the telephone	29 (36%)
Waiting times (punctuality and queueing on arrival)	85 (48%)	Communication between services	29 (19%)
Communication between services	81 (53%)		
Booking appointments	76 (72%)		

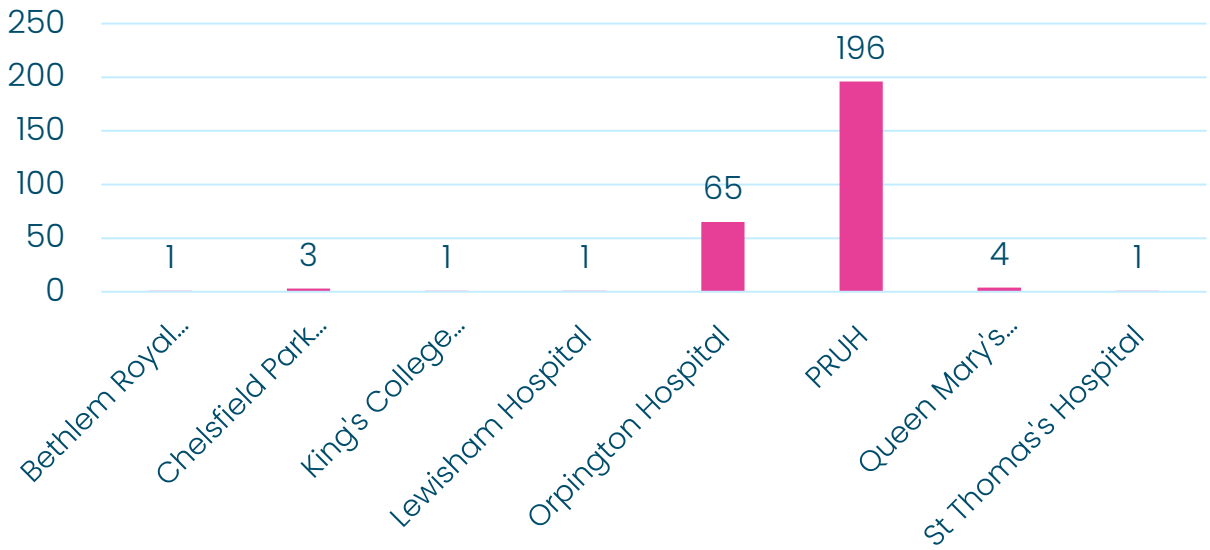
Reviewed Hospitals

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 NHS Foundation Trust
Orpington Hospital	
Queen Mary's Hospital	
King's College Hospital	
Bethlem Royal Hospital	South London and Maudsley NHS Foundation Trust
St Thomas's Hospital	Guy's and St Thomas's NHS Foundation Trust
Chelsfield Park Hospital	Circle Health Group
Lewisham Hospital	Lewisham and Greenwich NHS Foundation Trust

Between January – March, 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.

Hospital by number of reviews



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/ appointment	Getting through on the phone	Waiting times	Communication between GP and Hospital	Staff attitudes	Treatment and care
Princess Royal University Hospital	4.1	3.2	3.2	3.4	4.4	4.1
Orpington Hospital	4	3.7	3.6	3.8	4.4	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 No of reviews: 196	3.7	1. Staff attitudes	1. Waiting Times (punctuality and queueing on arrival)
		2. Quality of treatment	2. Communication between services
		3. Waiting times (punctuality and queueing on arrival)	3. Getting through on the telephone
Orpington Hospital No of reviews: 65	4.2	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the telephone
		3. Communication between services	3. Waiting Times (punctuality and queueing on arrival)

What has worked well?

Below is a list of the key positive aspects of hospitals reported between January and March 2024.



Staff attitudes

94% of people praised the attitudes of staff; this represents a 1% increase compared to Q3. Nearly all patients continue to describe staff as kind, caring and friendly which makes their experience less uncomfortable.

Patients valued these attitudes, especially given the pressures staff often face.



Quality of treatment

83% of patients expressed high levels of satisfaction with the treatment and care they received at hospitals. Although highly positive, this marks a 7% decrease when compared to Q3.

People praised the quality of inpatient, outpatient and emergency care especially when patient focused. They felt well treated by empathetic staff.



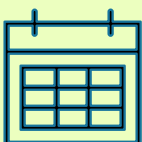
Waiting Times (punctuality and queueing on arrival)

Positive assessments of waiting times remained at 48% this quarter. Patients who were happy with this aspect were seen by a professional within a timeframe they considered suitable. This related to outpatient appointments rather than attendance at the Emergency Department.



Communication between services

53% of patients felt their GP practice and hospital communicated very well, leading to better access to referrals, though several people felt that GP services were not updated by their hospital counterparts. See the 'What could be improved?' section.



Booking appointments

72% of reviews praised access to planned appointments, though this represents a 14% decrease from Q3. Patients mostly found the appointments system to be quick and efficient.

What could be improved?

Below is a list of the key areas for improvement for hospitals suggested by respondents this quarter.

Only 11% of hospital reviews were negative, so the percentages of negative sentiment for themes are low. It remains important to highlight the issues.

Waiting times (punctuality and queuing on arrival)

27% of reviews of waiting times experienced once arriving at the service were negative, an 8% decrease from Q3.



As mentioned in the previous section, patients who endured long waits did so mainly in the Emergency Department.

Some patients shared their frustration about having to wait between 30-60 minutes for their scheduled appointment in Outpatients, which made them feel stressed. Patients always value receiving regular updates/ explanations if there are long waits to be seen by a health professional.



Getting through on the telephone

36% of patients reported a negative experience of getting through on the phone, which is 3% more than Q3.

People told us that they find it difficult to speak to someone to ask for advice or change appointments because phones are not answered.



Communication between services

19% of patients rated this aspect negatively, 3% less than Q3.

As in the last PE report, lack of communication between hospital departments and between the hospital and GP services led to delays with referrals, medication and treatment/care plans.

Emerging or Ongoing Issues

To understand ongoing or emerging issues in the borough we compare the top positive and negative issues identified 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	Staff Attitudes
Quality of treatment	Quality of treatment	Quality of treatment	Quality of treatment
Communication with patients	Booking appointments	Waiting Times (punctuality and queueing on arrival)	Waiting Times (punctuality and queueing on arrival)
Appointment availability	Waiting times (punctuality and queueing on arrival)	Communication between services	Communication between services
Treatment and care experience	Communication with patients	Booking appointments	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)	Waiting times (punctuality and queueing on arrival)
Communication between services	Communication between services	Communication between services	Getting through on the telephone
Facilities and surroundings - car parking	Facilities and surroundings - car parking	Facilities and surroundings - car parking	Communication between services
Treatment and care experience	Getting through on the telephone	Communication with patients	Booking appointments
Communication with patients	Booking appointments	Getting through on the telephone	Quality of treatment

Equalities Snapshot

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

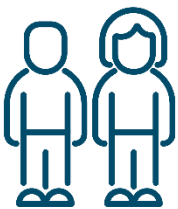
Between January and March, 106 women (69%) and 68 men (83%) shared positive reviews. The data for men is similar to findings in Q3, though the percentage of positive reviews left by women has decreased by 11%.



Age

As in Q3, people aged 65–74 shared the most experiences (53), with the majority being positive (72%).

This was the same for all age groups except for 25–34 year olds, where of the 19 reviews shared, only 47% were positive.



Ethnicity

Of the 234 patients who shared their ethnicity with us, 188 were 'White British'. 74% left positive reviews which represents a 10% decrease compared to Q3.

The second largest group was 'Black British' which accounted for 10 reviews with 60% being positive. The third largest group was 'African'. 8 reviews were given with a positive percentage of 75%.

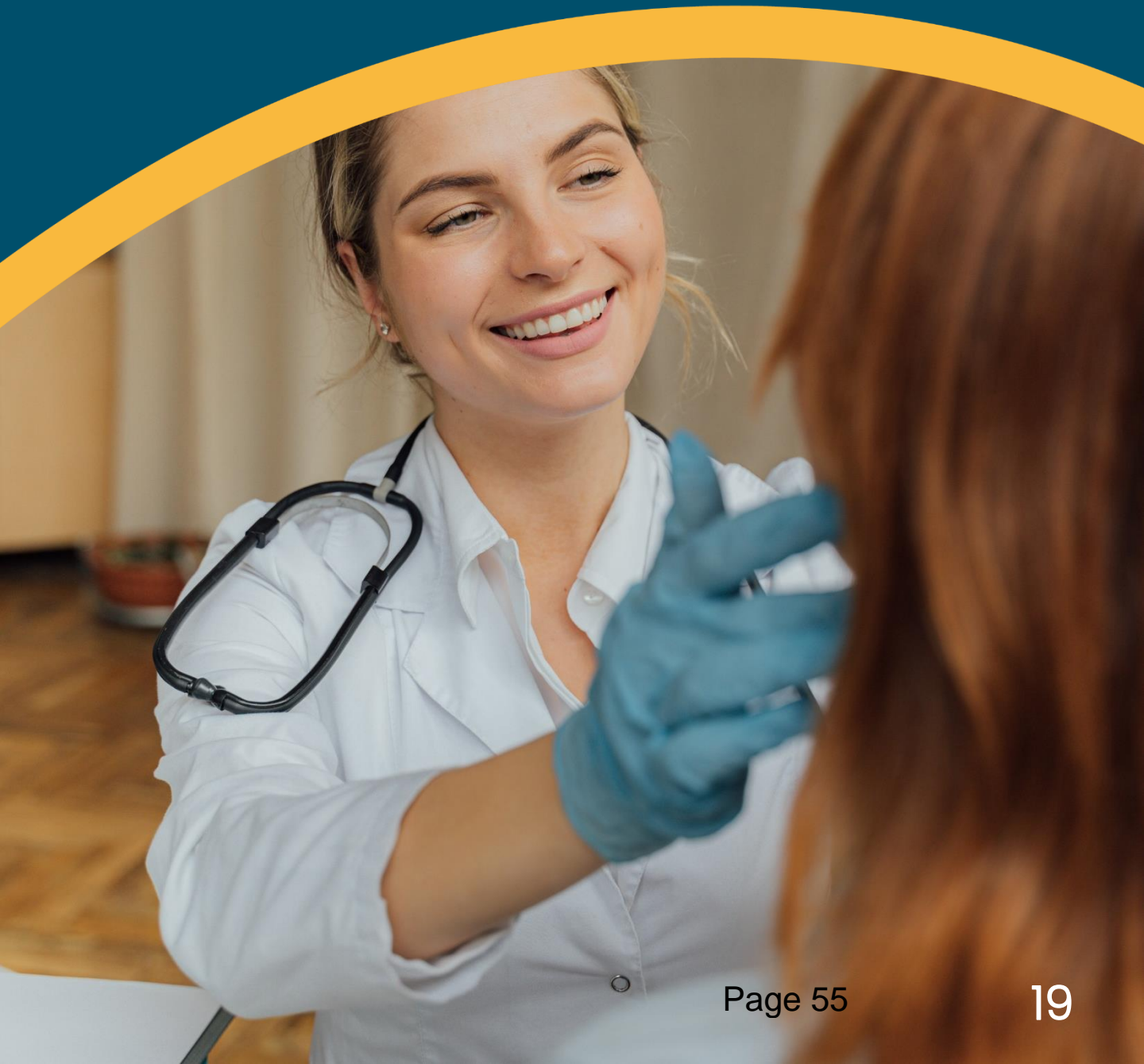


Disability and Long-Term Conditions (LTC)

38 people who consider themselves disabled shared feedback about hospital services during Q4. Only 58% gave positive which a substantial decrease of 30% compared to Q3.

Interestingly, this was different from the 131 respondents with an LTC., 72% of whom gave a positive review of their hospital visit.

Experiences of GP Practices



What people told us about GP Practices

"The staff attitude is great at my GP practice. they attend to patients positively."

"It's very hard to get appointments, even if you call first thing in the morning, they say there are no appointments."

"Friendly, communicative, helpful and knowledgeable staff."

"They could improve the ease of getting routine appointments for adults, for example smear tests."

"Good online medical request service, no long waits on the telephone, got a next day doctor's appointment after submitting form online."

" My GP should improve the ease of using the website and also use online consultations outside of working hours."

"Doctors are very good and caring if you can get an appointment eventually."

"I don't trust the phone consultation, not very accurate to diagnose over the phone."

GP Services

No. of Reviews	177 (relating to 40 GP practices)
Positive	60%
Negative	27%
Neutral	13%



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:

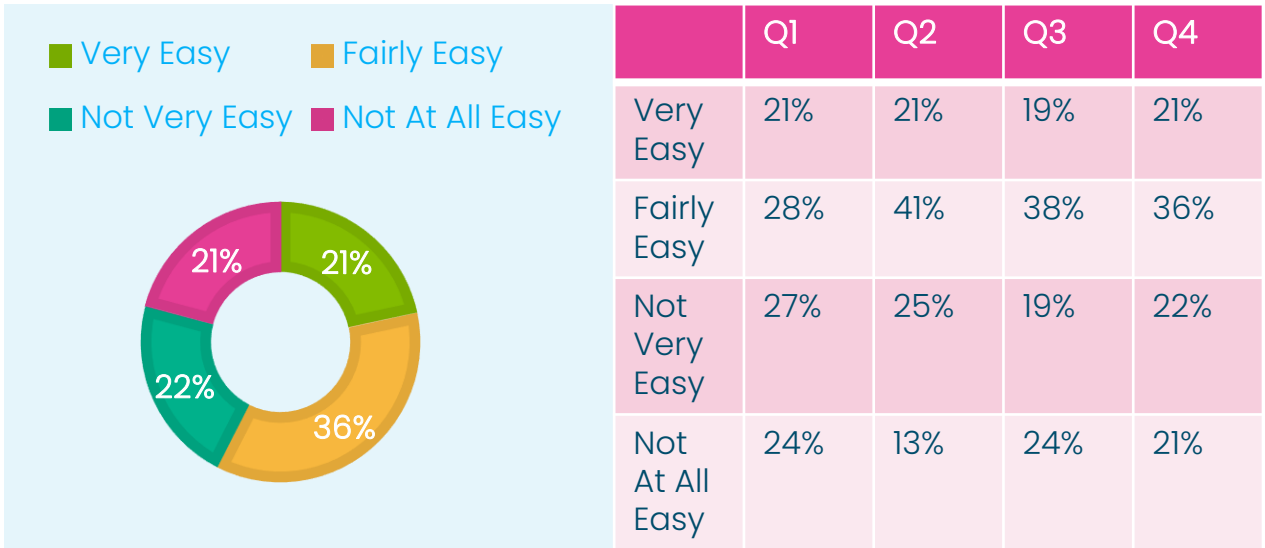
- Q1) How do you find getting an appointment?
- Q2) How do you find getting through to someone at your GP practice on the phone?
- Q3) How do you find the quality of online consultations?
- Q4) How do you find the quality of telephone consultations?
- Q5) How do you find the attitudes of staff at the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

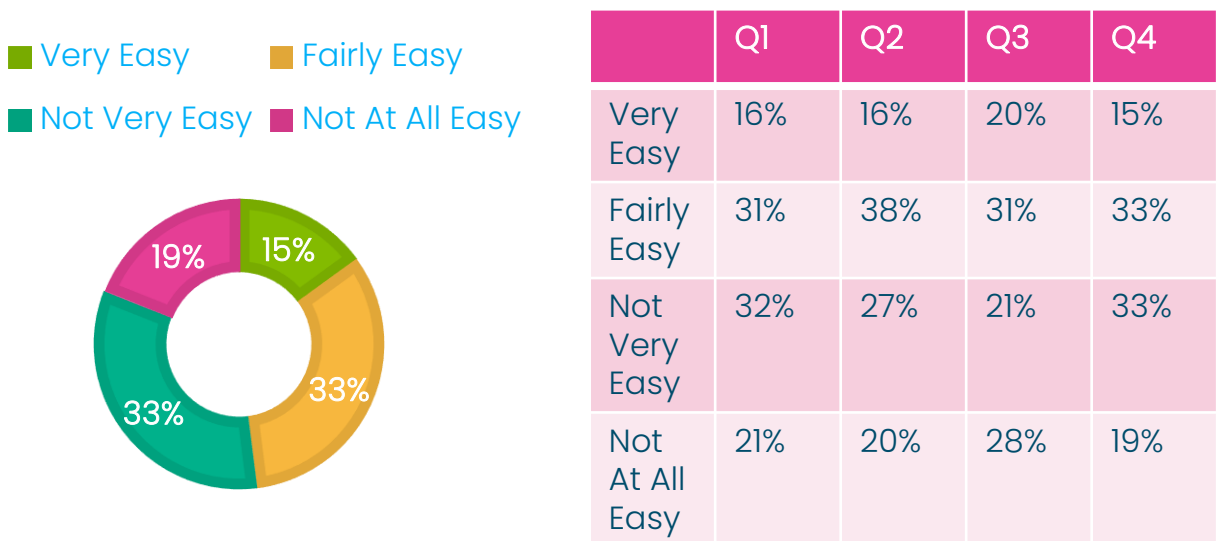
Participants were asked to choose between 1-5* (Very Poor – Very Good)

Access and Quality Questions

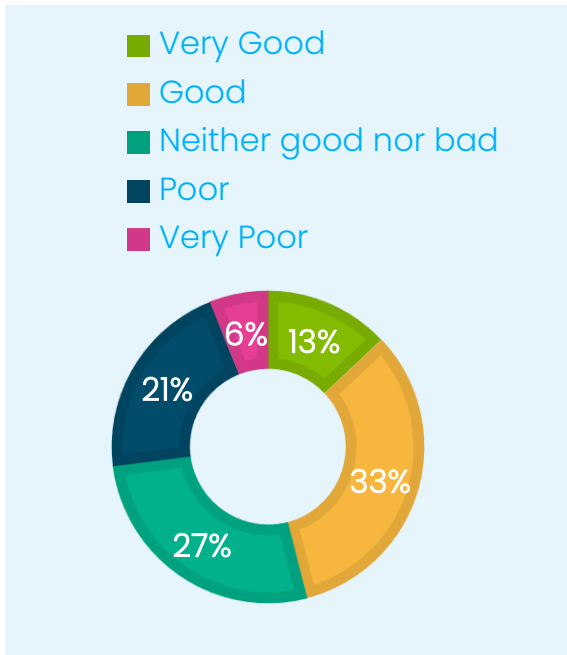
Q1) How do you find getting an appointment?



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

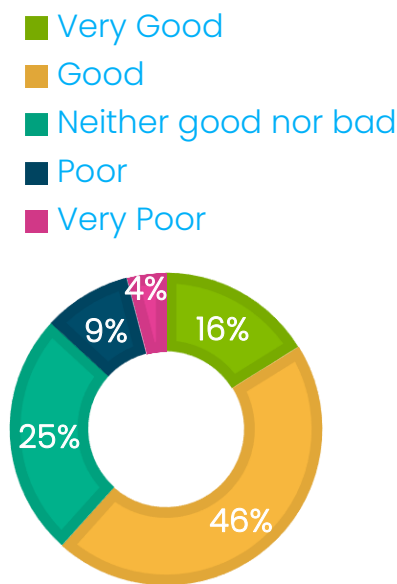


Q3) How do you find the quality of online consultations?



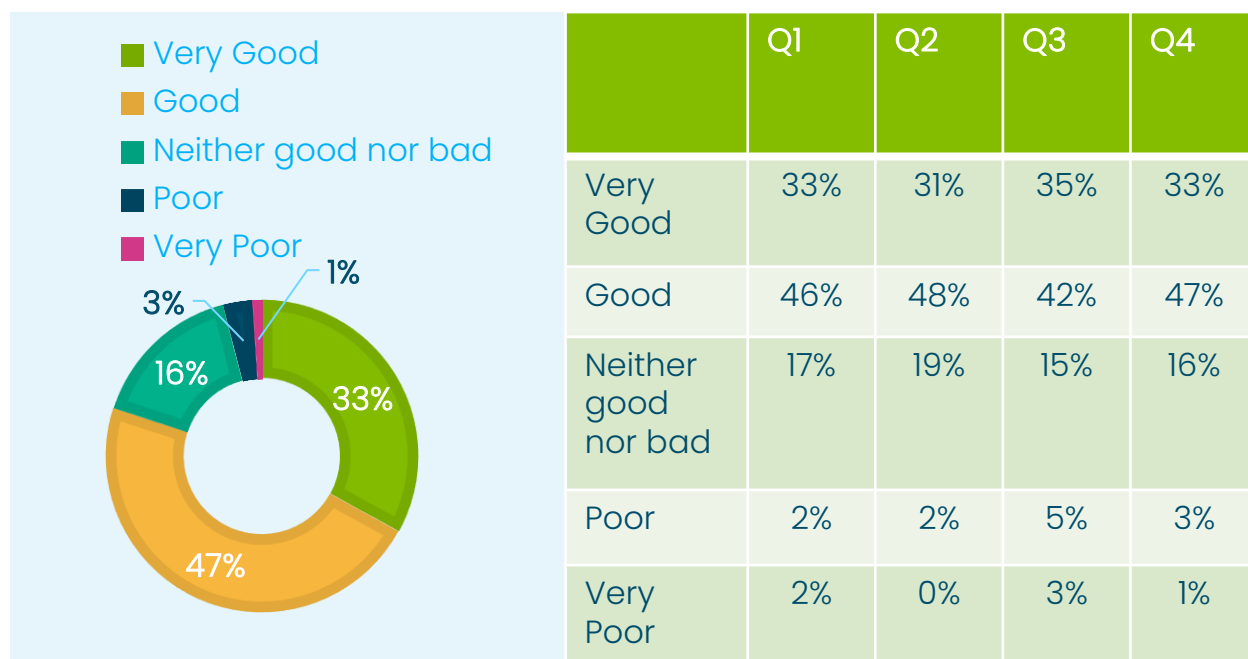
	Q1	Q2	Q3	Q4
Very Good	22%	17%	19%	13%
Good	37%	41%	33%	33%
Neither good nor bad	24%	31%	24%	27%
Poor	14%	8%	16%	21%
Very Poor	3%	3%	8%	6%

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

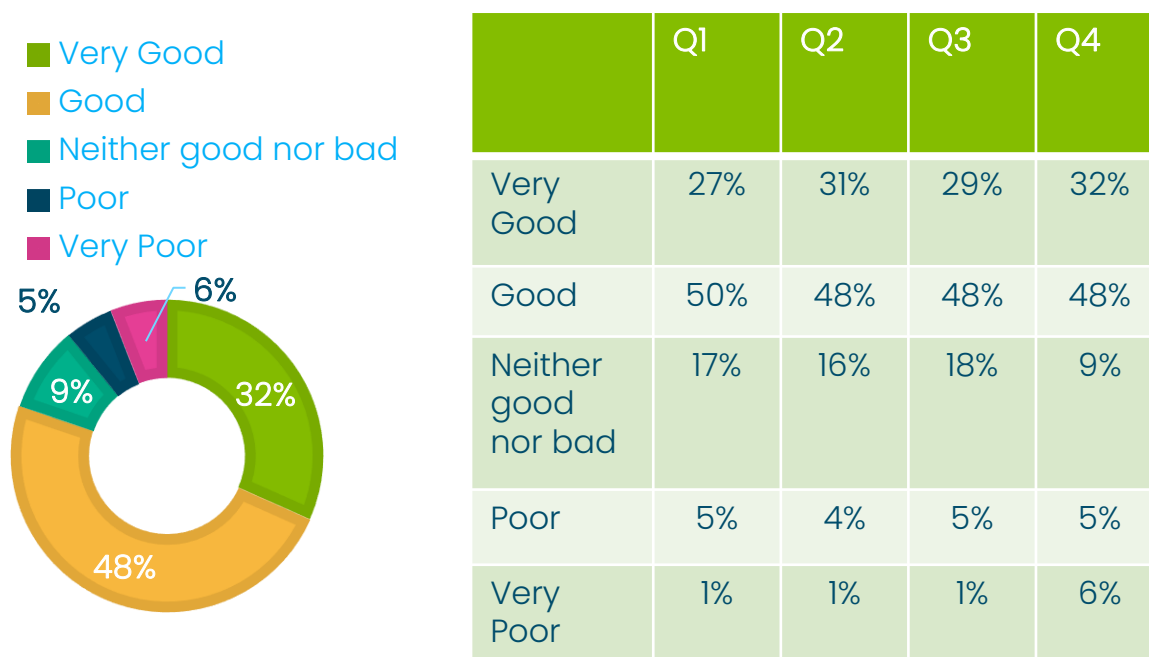


	Q1	Q2	Q3	Q4
Very Good	19%	18%	19%	16%
Good	41%	45%	43%	46%
Neither good nor bad	28%	27%	20%	25%
Poor	8%	8%	14%	9%
Very Poor	4%	2%	4%	4%

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 identified between January and March 2024 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.

For this report, we have only included three negative issues, as all other themes were connected to less than 15 GP reviews.

Top 5 positive Themes	Total count and % of positive reviews	Top 5 negative Themes	Total count and % of negative reviews
Staff attitudes	100 (79%)	Booking appointments	61 (50%)
Quality of treatment	89 (80%)	Getting through on the telephone	58 (53%)
Booking appointments	61 (50%)	Management of Service	20 (74%)
Getting through on the telephone	49 (45%)		
Quality of telephone consultation	31 (66%)		

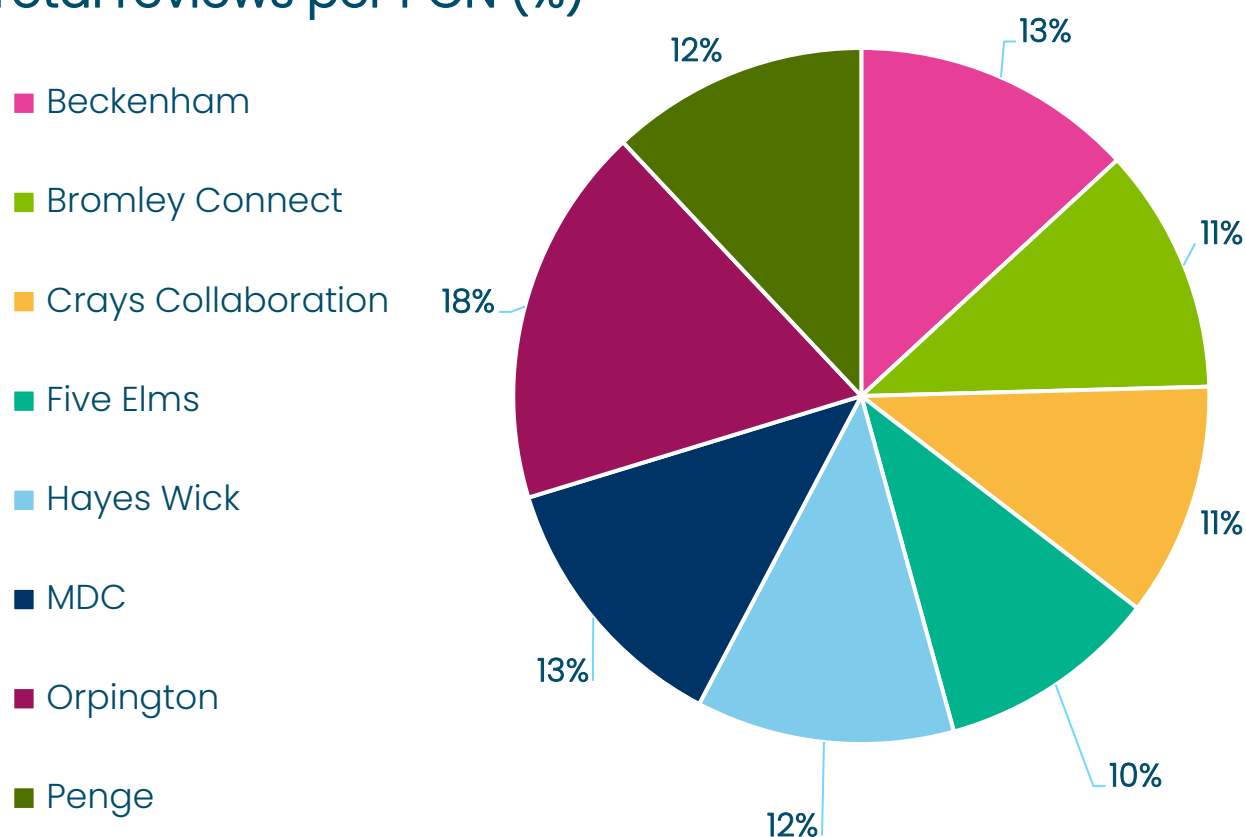
Primary Care Networks

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 Q4, Orpington and Beckenham received the most reviews (Q3 - Beckenham and MDC, 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 and staff attitudes and quality of treatment are positive.

Positive ■ Neutral ■ Negative ■

Primary Care Network	ACCESS (out of 4)		QUALITY (out of 5)			
	Getting an appointment	Getting through on the phone	Online consultations	Telephone consultations	Staff attitudes	Treatment and Care
Beckenham	2.9	2.1	3.4	3.9	3.8	4
Bromley Connect	2.4	1.9	3.2	3.3	3.7	3.8
Crays Collaboration	2.8	2.6	3.3	3.8	4.1	4
Five Elms	1.8	2.2	2.8	3	4	2.7
Hayes Wick	2.2	2.4	3.4	3.7	4.1	4.2
MDC	2.5	2.2	2.8	3.5	4	4.3
Orpington	2.8	2.7	3.6	3.4	4.3	4.3
Penge	3.2	3.1	3.6	3.5	4.6	4.3

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 No of reviews: 23	3.7	1. Quality of treatment	1. Getting through on the telephone
		2. Staff attitudes	2. Booking appointments
		3. Booking appointments	3. Management of Service
Bromley Connect No of reviews: 20	2.9	1. Staff attitudes	1. Getting through on the telephone
		2. Quality of treatment	2. Booking appointments
		3. Booking appointments	3. Waiting Times (punctuality and queueing on arrival)
Crays Collaboration No of reviews: 19	3.8	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the phone
		3. Getting through on the telephone	3. Waiting Times (punctuality and queueing on arrival)
Five Elms No of reviews: 18	2.7	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the phone
		3. Quality of telephone consultations	3. Quality of treatment
Hayes Wick No of reviews: 21	3.7	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the phone
		3. Getting through on the phone	3. Management of Service
MDC No of reviews: 22	3.1	1. Quality of treatment	1. Getting through on the phone
		2. Booking appointments	2. Booking appointments
		3. Staff attitudes	3. Management of Service
Orpington No of reviews: 31	3.6	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the phone
		3. Getting through on the phone	3. Waiting Times (punctuality and queueing on arrival)
Penge No of reviews: 21	3.4	1. Staff attitudes	1. Booking appointments
		2. Quality of treatment	2. Getting through on the phone
		3. Getting through on the phone	3. Management of Service

What has worked well?

Below is a list of the more positive aspects of GP practices reported between January and March 2024.



Staff Attitudes

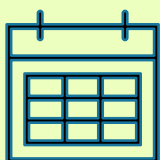
79% of reviews were positive which represents an 8% decrease on Q3. As we have consistently seen over the years, patients value staff who are polite, friendly, caring and understanding.

GP and nurse attitudes are nearly always praised, but views of receptionists are more mixed. This is often a result of patients' frustrations with lack of access to appointments and what they perceive as obstructive staff.



Quality of treatment

80% of reviews were positive, similar to Q3 (82%). Most patients continue to be pleased with the treatment and advice received from health professionals to help resolve their problems quickly and effectively. The most common word to describe doctors and nurses was helpful.



Booking appointments

Experiences of booking appointments at GPs was split down the middle, 50% positive and negative. Patients said they were able to get appointments slightly more easily, often urgent appointments.



Getting through on the phone

45% of reviews were positive which represents a 6% increase from Q3, with shorter waits on the phone and less time in phone queues in Q4.



Quality of telephone consultations

66% of reviews were positive, a 4% increase on Q3. Many patients only value telephone consultations when they don't feel physical examination is necessary to immediately resolve their issues.

What could be improved?

Below is a list of the key areas for improvement relating to GP practices between January and March 2024.

Booking appointments

As mentioned earlier, 50% of reviews were negative. Booking appointments and appointment availability remain the key issues for patients but there a variety of different reasons for the dissatisfaction.



For most people, it relates to a lack of routine appointments being available within a convenient timeframe. Also, an issue we have heard consistently since the pandemic is that patients feel there should be greater provision of face-to-face appointments.

Preferences varied on how people would like to make appointments, with a few people frustrated their service didn't offer online booking systems as well as phone systems.

Getting through on the telephone

53% of reviews were negative which is a 6% increase compared to Q3. For those who were frustrated with access through the phone they mentioned long phone queues of up to an hour on some occasions.



People would regularly experience long waits on the phone to then be told that they would have to call back the surgery the next day and begin the process again.

Management of Service

27 reviews related to management of service issues. 74% of these were negative. Some experiences involved patients being unhappy with lost prescriptions, blood tests or medical notes.



People also felt their GP service was disorganised due to long standing issues with access to appointments and poor customer service.

Emerging or Ongoing Issues

To understand ongoing or emerging GP issues in the borough we compare the top positive and negative themes 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	Staff attitudes
Quality of treatment	Quality of treatment	Quality of treatment	Quality of treatment
Communication with patients	Getting through on the telephone	Getting through on the telephone	Booking appointments
Staff attitudes – health professionals	Appointment availability	Appointment availability	Getting through on the telephone
Booking appointments	Quality of telephone consultations	Booking appointments	Quality of telephone consultations

Negative issues

Q1	Q2	Q3	Q4
Getting through on the telephone	Getting through on the telephone	Getting through on the telephone	Booking appointments
Appointment availability	Appointment availability	Appointment availability	Getting through on the telephone
Booking appointments	Booking appointments	Booking appointments	Management of Service
Communication with patients	Quality of telephone consultations	Quality of telephone consultations	Quality of Treatment
Staff attitudes	Quality of treatment	Online consultation (app/for	Staff Attitudes

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 based on these 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

As in Q3, most reviews about GP services came from women (83), with only 27 from men. A large majority of both genders left positive reviews, women (69%), men (70%) which matches findings in Q2 and Q3.

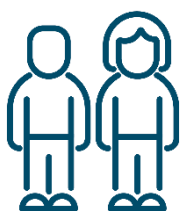


Age

All age groups had a positive experience of GPs.

65-74 year olds (28) shared the most reviews in Q4. 61% of reviews were positive, a decrease of 23% on Q3.

The second largest number of reviews was given by 35-44 year olds; 68% were positive.



Ethnicity

Of the 108 people that shared their ethnicity, 81 were White British. 69% of their reviews were positive, as in Q3.

All other groups gave 5 or fewer reviews of GPs so we are unable to compare this data with the previous quarter.



Disability and Long-Term Conditions (LTC)

14 people who shared their personal information considered themselves to have a disability. Interestingly, only 50% gave positive reviews which is a substantial difference from Q3. (67%)

63% of people with an LTC had a positive experience, a decrease of 4% when compared to Q3.

Experiences of 'Other' services



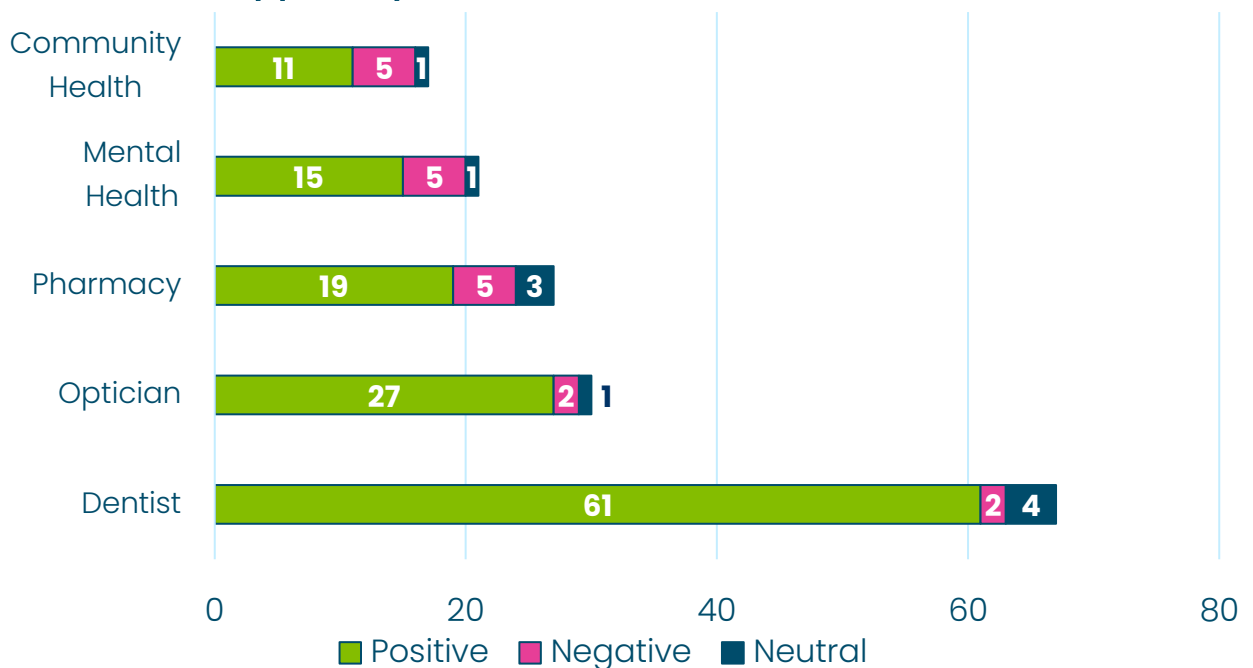
Experiences of 'Other' services

In addition to asking specifically about GPs and hospitals, we ask people to share experiences of 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)

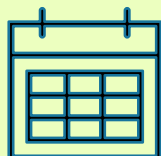
Service Type	No of Reviews	Percentage of positive reviews
Dentist	67	91%
Optician	30	90%
Pharmacy	27	70%
Mental Health	21	71%
Community Health	17	65%

Service Type by Sentiment



Below is a list of good practice relating to dental services between January and March 2024. Dental experiences were nearly all positive, so we are unable to suggest areas of improvement.

Dentists – What has worked well?



Booking Appointments

Nearly all patients were pleased with how they could access their dental service for an appointment. Most respondents were already registered with a service and only a couple were accessing the service for the first time.

Five patients had needed an emergency or urgent appointment, were able to be seen very quickly and had their issues resolved successfully.



Staff attitudes

A key reason for the 91% positive dental reviews was staff attitudes. Patients found all staff from receptionists to the health professionals to be friendly, caring, patient and reassuring.

11 people specifically mentioned how going to the dentist could make them feel nervous and stressed. After using the services, they explained that staff had managed to make them feel at ease. In some cases, this was achieved by giving the patient extra time to try and make the situation more relaxing.

The experiences had such a positive impact on a couple of patients that that they no longer hated visiting the dentist because of the caring environment.

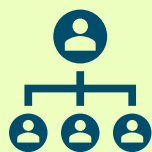


Quality of Treatment and Care

Dental services continue to provide a high level of treatment for patients, whether checkups or dental procedures. Professionalism and meticulous attention to detail were highlighted in the reviews. Patients felt informed about their treatment and knew what to expect, due to clear explanations.

Below is a list of good practice and potential areas for improvement relating to other types of health and care services about which we received feedback between January and March 2024.

What has worked well?



Opticians – management of service

90% of experiences of opticians were positive. Patients found them to provide valuable advice and support around eye tests and choosing suitable glasses in response to changes to their prescription. They felt that the whole process was co-ordinated and smooth. Staff were considered pleasant, welcoming and helpful.



Pharmacy – medication management

80% of reviews mentioning medication management were positive. Patients considered the prescription process to be quick and simple with medication often being ready to pick up upon arrival. Communication around prescriptions was praised for being clear and transparent.

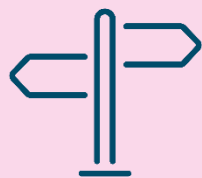


Mental health services – medication management and general support

19 reviews related to adult mental health services provided by Oxleas. Of the 15 positive reviews, four people were happy with the prescription they had received and satisfied with meetings held with professionals.

Three people appreciated support with issues such as housing, employment, sick leave and obtaining a freedom pass.

What could be improved?



Beckenham Beacon Urgent Care Centre/111 – Triage

We only received seven reviews about Beckenham Beacon Urgent Care Centre, but we felt it should be noted that on two occasions patients were provided incorrect information by 111 which meant they turned up to the service unnecessarily.

Patients were told services such as blood tests and stitch removals were possible but when attending the UCC were informed that the service does not provide them.

Appendix



Demographics

Gender	Percentage %	No of Reviews
Man (including trans man)	31%	121
Woman (including trans woman)	69%	272
Non-binary	0%	0
Other	0%	0
Prefer not to say	0%	1
Not provided		220
Total		613

Age	Percentage %	No of Reviews
Under 18	0%	1
18-24	3%	13
25-34	9%	37
35-44	14%	55
45-54	15%	58
55-64	16%	63
65-74	22%	88
75-84	15%	57
85+	4%	17
Prefer not to say	1%	3
Not provided		221
Total		613

Unpaid Carer Status	Percentage %	No of Reviews
Yes	10%	33
No	87%	301
Prefer not to say	3%	12
Not provided		267
Total		613

Ethnicity	Percentage %	No of reviews
British / English / Northern Irish / Scottish / Welsh	78%	301
Irish	1%	2
Gypsy or Irish Traveller	0%	0
Roma	0%	1
Any other White background	2%	8
Asian British	3%	10
Bangladeshi	0%	0
Chinese	1%	4
Indian	3%	10
Pakistani	1%	4
Any other Asian background/Asian British Background	2%	6
Black British	4%	17
African	4%	15
Caribbean	0%	1
Any other Black / Black British background	0%	1
Black African and White	0%	0
Black Caribbean and White	1%	2
Any other Mixed / Multiple ethnic groups background	0%	1
Arab	0%	0
Any other ethnic group	1%	3
Not provided		227
Total		613

Demographics

Long-term condition	Percentage	No of Reviews
Yes	57%	210
No	39%	143
Prefer not to say	2%	6
Not known	3%	10
Not provided		244
Total		613

Sexual Orientation	Percentage	No of Reviews
Asexual	1%	3
Bisexual	1%	2
Gay Man	1%	3
Heterosexual/ Straight	92%	346
Lesbian / Gay woman	1%	3
Pansexual	0%	0
Prefer not to say	5%	17
Prefer to self describe	0%	1
Not provided		238
Total		613

Religion	Percentage	No of Reviews
Buddhist	0%	1
Christian	45%	170
Hindu	3%	12
Jewish	0%	1
Muslim	3%	11
Sikh	0%	0
Spiritualism	0%	1
Other religion	3%	10
No religion	41%	157
Prefer not to say	5%	19
Not provided		231
Total		613

Pregnancy	Percentage	No of reviews
Currently pregnant	3%	9
Currently breastfeeding	1%	2
Given birth in the last 26 weeks	0%	0
Prefer not to say	1%	3
Not known	4%	12
No	13%	41
Not relevant	78%	244
Not provided		302
Total		613

Demographics

Employment status	Percentage %	No of Reviews
In unpaid voluntary work only	0%	1
Not in employment & unable to work	7%	24
Not in employment/ not actively seeking work - retired	44%	157
Not in employment (seeking work)	1%	3
Not in employment (Student)	2%	6
On maternity leave	1%	2
Paid: 16 or more hours/week	34%	123
Paid: Less than 16 hours/week	6%	23
Prefer not to say	5%	18
Not provided		256
Total		613

Disability	Percentage %	No of Reviews
Yes	17%	61
No	79%	291
Prefer not to say	4%	14
Not known	1%	2
Not provided		245
Total		613

Borough ward	Percentage %	No. of reviews
Beckenham Town & Copers Cope	8%	30
Bickley & Sundridge	4%	15
Biggin Hill	2%	7
Bromley Common & Holwood	10%	38
Bromley Town	16%	60
Chelsfield	1%	3
Chislehurst	6%	22
Clock House	0%	1
Crystal Palace & Anerley	1%	3
Darwin	0%	1
Farnborough & Crofton	2%	8
Hayes & Coney Hall	1%	2
Kelsey & Eden Park	0%	1
Mottingham	1%	2
Orpington	22%	83
Penge & Cator	1%	2
Petts Wood & Knoll	5%	20
Plaistow	0%	1
Shortlands & Park Langley	0%	0
St Mary Cray	4%	14
St Paul's Cray	3%	10
West Wickham	7%	26
Out Of Borough	9%	34
Not provided		230
Total		613

healthwatch

Healthwatch Bromley
Waldram Place
London
SE23 2LB

www.healthwatchbromley.co.uk


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e: info@healthwatchbromley.co.uk

 @HWBromley

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

 @healthwatchbromley

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

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Report No.
CSD24084

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Tuesday 16th July 2024

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2024/25

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

Chief Officer: Director of Corporate Services & Governance

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2024/25.

2. **RECOMMENDATION**

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

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Transformation Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £402k
 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 2024/25 Council year were confirmed as follows:
- 5.00pm, Tuesday 16th July 2024
 - 5.00pm, Tuesday 22nd October 2024 (Briefing)
 - 5.00pm, Tuesday 10th December 2024
 - 5.00pm, Tuesday 8th April 2025 (Briefing)
- 3.4 The work programme is set out in [Appendix 2](#) below.

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

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 34 30 th January 2024 Update from the London Ambulance Service	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 30 th January 2024 Update from King's College Hospital NHS Foundation Trust	Information on what the 150,000 patients using MyChart represented as a percentage of eligible patients. An update on the MyChart easy guide to be provided at the next meeting.	Site Chief Executive – PRUH & South Sites	Information provided in the King's College Hospital NHS Foundation Trust presentation.	Completed
Minute 38 30 th January 2024 SEL ICS/ICB Update	Complete figures on vaccination uptake to be provided once the season ended.	Place Executive Lead / Director of Public Health	Figures provided in the SEL ICS/ICB Update report.	Completed
Minute 38 12 th March 2024 Update from King's College Hospital NHS Foundation Trust	Savings Plan to be presented to the Health Sub-Committee for information.	Site Chief Executive – PRUH & South Sites	Information provided in the King's College Hospital NHS Foundation Trust presentation.	Completed
Minute 50 12 th March 2024 SEL ICS/ICB Update	Update on the GP initial triage initiative to be provided to the Sub-Committee once it had time to bed in.	Place Executive Lead		

Health Scrutiny Sub-Committee Work Programme 2024/25

Health Scrutiny Sub-Committee		16th July 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust (to include <i>Postpartum Haemorrhage</i>)		Standing item
Update from Bromley Healthcare		
SEL ICS/ICB Update		
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Health Scrutiny Briefing		22nd October 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Health Scrutiny Sub-Committee		10th December 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update from the London Ambulance Service		
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Health Scrutiny Briefing		8th 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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