HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 11 October 2022

Present:

Councillor David Jefferys (Chairman)

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

Roger Chant and Vicki Pryde

Also Present:

Councillor Dr Sunil Gupta FRCP FRCPath (Vice-Chairman) *(via conference call)*
Charlotte Bradford *(via conference call)*
Rona Topaz *(via conference call)*
Councillor Mike Botting, Executive Assistant for Adult Care and Health
and Councillor Diane Smith, Portfolio Holder for Adult Care and Health

13 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for lateness were received from Councillor Simon Jeal and Councillor Thomas Turrell.

Apologies for lateness were also received from Councillor Dr Gupta due to a professional obligation.

14 DECLARATIONS OF INTEREST

Co-opted Member, Vicki Pryde declared that she had undertaken work with both Oxleas NHS Foundation Trust and Bromley, Lewisham and Greenwich Mind.

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

No questions had been received.

16 MINUTES OF THE INFORMAL MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 5TH JULY 2022

RESOLVED that the minutes of the informal meeting held on 5th July 2022 be noted.

17 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") and Debbie Hutchinson, Site Director of Nursing – PRUH and South Sites ("Site Director of Nursing") provided an update on the King's College Hospital NHS Foundation Trust.

General Update

The Site Chief Executive advised that, with regards to elective recovery performance, work was continuing to reduce long waiters across all waiting time cohorts in line with the NHS Elective Recover Plan following the backlogs caused by the impact of the COVID-19 pandemic. The London region was the most improved area across the UK – of the five Integrated Care Systems (ICS) in London, South East London was the most improved, and King's was currently the highest performing of its three Trusts. It was noted that there was still a range of long waiting patients, but King's was in a good position and continued to progress. Around 13,500 patients were currently waiting for an operation and there were approximately 86,000 patients across the total spectrum, which began from GP referrals. The order book was large, but under control – it grew by around 300 patients per week, which was similar to other Trusts across London. Since February 2022, the PRUH and South Sites had maintained its compliance with the national standard, and less than 1% of patients were waiting more than six weeks for their diagnostic test. The importance of this was highlighted as the quicker the tests were undertaken, the quicker an informed diagnosis could be made, and a treatment plan put in place. It was noted that access for cancer patients had improved – the PRUH performance against the 62-day target was 80% for August, and although below the compliance threshold of 85%, had improved due to the increased speed of diagnostics. For August 2022, 96.2% compliance with the two-week wait standard had been achieved.

In response to a question, the Site Chief Executive said that national standard for diagnostic test included endoscopy, but there were different forms of endoscopy referrals. The target for a routine endoscopy to be completed was six weeks from referral, however there was a multitude of pathways. Endoscopies were one of fourteen diagnostic targets – it was noted that the performance against national standards was collective, however information relating specifically to endoscopy performance could be provided to Members following the meeting. The Portfolio Holder for Adult Care and Health said it was positive to see that the six week diagnostics target was being met and enquired if this impacted on the patient pathway for those needing operations.

The Site Chief Executive advised that there were around 13,000 patients across the Trust, and 4,000 patients were allocated to the PRUH and South Sites for operative care. These patients underwent a clinical assessment, and their prioritisation was reviewed against the national levels, 1 (most urgent) to 4, on a rolling weekly basis. At any point in time, due to further referrals, they were around 300 patients behind. For patients requiring urgent operations they aimed to operate within four weeks – this could not always be achieved but they were making substantial inroads. It was suggested that data relating to this could be provided to Members at the next meeting of the Sub-Committee.

With regards to emergency care, the Site Chief Executive advised that attendance at Accident and Emergency (A&E) departments continued to be a challenge across the UK, the Trust and the PRUH. The PRUH's performance against the four-hour wait target for A&E ranged between 65-70% and this related to full completion of treatment – during this times patients were being triaged and provided with the necessary pain medication. There were seven organisations across London that were particularly challenged with regards to ambulance offloads. The government had three markers in terms of ambulance handover and drop-off – handover in 15 minutes from arrival at a hospital site, 30 minutes and 1 hour. The majority of handovers took place between 30 minutes and 1 hour, and only one or two exceed the 60-minute handover time. In was noted that central government and the regional NHS were aware of these challenges and were supporting the PRUH, and other sites around London. To help address this and an additional £1m had been secured for the PRUH and South Sites and Denmark Hill to aid performance going into the winter period.

A Co-opted Member extended thanks to staff at the PRUH following his recent personal experience at the Emergency Department (ED). The Site Chief Executive thanked the Co-opted Member for his positive comments and advised that these would be fed back to the team. It was noted that around 100,000 patients were seen at the ED each year, and the team strived to offer good care to local residents.

In response to a question, the Site Chief Executive said that from the outset of the COVID-19 pandemic, King's as an organisation followed the national directions issued by the Department of Health and Social Care and/or Public Health England. These were augmented in real time and were fully registered and audited through the command structure. In terms of current restrictions across the PRUH and South Sites, in clinical based areas face masks were encouraged, and they were required in immunocompromised environments. Following recent intelligence it was likely that sites would encourage the wearing of face masks more widely.

The Site Chief Executive advised that the Trust had received multiple Care Quality Commission (CQC) inspections: maternity services (PRUH); maternity services (Denmark Hill); medicine services (PRUH); and older adults' services (PRUH). The full feedback from all of these assessments was still awaited. Formal notification had also been received that the organisation's full

assessment would take place on the 15th and 16th November 2022. They had however received published feedback in relation to the older adults' services at Orpington Hospital following an unannounced CQC inspection on 11th July 2022. The Churchill and Elizabeth Wards had been given a 'Requires Improvement' rating in the overall category for care – medical care was rated 'Inadequate' for being caring, and 'Requires Improvement' for being safe – from a previous assessment of 'Good'. The areas of concern related to base level staffing; levels of medication and administration; and domestic levels of dignity. Learning had been taken as these two wards had not been flagged as wards of concern – a range of tools were used to monitor the effectiveness of care, and the aspects highlighted by the CQC were behavioural. The Trust's viewpoint was that all of these concerns had been addressed within three weeks of the CQC findings – they were confident of the robustness of the response and had already invited the CQC to return and reassess these areas. The Site Chief Executive said that Members' disappointment in these short comings was shared, however it was noted that they had not been found in the PRUH's older adults' wards.

In response to questions, the Site Chief Executive advised that a simplified version of the action plan in response to the CQC inspection had been provided. The full action plan was monitored formally by the CQC on a weekly basis – they were up to date on all aspects, and were required to provide reference and evidence. The issues had been addressed within three weeks of the CQC inspection and they were sustaining these high standards. They were confident that the action plan would meet the needs of these areas long term.

A Member noted that a previous CQC inspection of the PRUH's A&E department had rated the caring element as 'Inadequate', and the same had been highlighted during the recent inspection at Orpington Hospital and enquired what cultural changes were being made. The Site Chief Executive said that staff had been equally shocked and disappointed. To provide some context, Members were advised that the visit had taken place on a single day, with single day observations by three inspectors, across three wards. The specific area of concern related to the speed and efficacy of toileting assistance being insufficient, and this had been compromised by the number of staff on the ward. It was noted that the ward had been appropriately staffed, but staff had then been moved to support an alternative care environment on another hospital site. The ward then became short staffed, and this shortage compromised the care being offered to patients – there had been an immediate stop on staff moving to different hospital sites. It was emphasised that this was not a systemic cultural issue, and the shortcoming was caused by the number of staff available to provide care. The Site Director of Nursing echoed the comments regarding the disappointment felt by the outcome of the inspection. Members were advised that it was not just numbers of staffing, there also needed to be the right skill mix and level of support. Earlier in the year it had been recognised that, due to the way in which care groups were managed across a number of sites, the matron support was not as sufficient as they would like. The matron level support had since been considered and reorganised, and just after the CQC inspection a new matron had started and

was providing support to the wards at Orpington Hospital. Evidence from the action plan showed that there had been quick and dramatic improvements in the areas identified during the inspection, and this needed to be maintained 24 hours a day, 7 days a week. In response to a further question, the Site Director of Nursing said that the movement of staff was minimised as much as possible, as they knew this was not good for staff or patients. Staffing levels were reviewed two or three times a day and wards were RAG rated – occasionally, if a staff member needed to be moved to avoid a ward becoming RAG rated 'red', they would try and do so within the same care group as they would have the same skill set.

The Site Chief Executive informed Members that the Trusts capital developments were continuing. The development of the car park deck, which would provide 197 additional spaces, was on target and Sir Bob Neill MP would be cutting the ribbon during the first week in November. The final plans for the £25m cancer endoscopy unit would be brought to a Plans Sub-Committee in the coming months, and the connecting bridge between the Day Surgery Unit and the main hospital was expected to be completed in late December 2022.

In response to questions, the Site Chief Executive said that car parking was not currently free of charge. There was a pay and display public car park at the hospital, although its capacity had been reduced during the building of the new deck, and provision was also available in the adjoining Sainsbury's car park. The price of the pay and display parking had been held, and they did not believe it was beyond the market rate. The money went straight into the Trust, and not to a private contractor, and was used to support things such as in-house security. If central government dictated that all parking charges needed to be suspended, they would happily do so. A Member enquired if the staff park and ride scheme would be kept in place. The Site Chief Executive said that the park and ride scheme had been very popular with staff, however it cost around £250k to provide. There would be an overlap period of eight weeks once the new car deck opened, and during this period consideration would be given as to whether the park and ride scheme continued.

Women's Health Services

The Site Chief Executive informed Members that a full range of maternity service were offered at the core PRUH site, and community maternity services and enhanced home birthing services were also provided. The PRUH's maternity service was a busy department, caring for on average 5,500 births each year. It was noted that the maternity services were being further developed. Services within neonatology were being enhanced which would allow care to be provided at the PRUH for mothers that were classed as high-risk. The Site Director of Nursing advised that they had recently appointed an experienced Head of Midwifery across the PRUH and South Sites, who worked alongside a number of matrons. The Site Chief Executive noted that a formal CQC inspection of maternity services had taken place in July 2022. The draft inspection report was still awaited, but verbal feedback received was that there were no immediate concerns.

In response to questions, the Site Director of Nursing confirmed that the data on elective caesarean section (C-section) consisted of both mothers who had underlying medical conditions and mothers who requested to have a C-section. The Site Chief Executive advised that approximately 25% of the elective C-sections undertaken were for mothers who did not have underlying medical conditions. The Site Director of Nursing said that once a patient was overdue in terms of their delivery date there was an increased risk. A C-section would sometimes be performed; however, this was not always the case and could be dependent on the induction of labor, and how it progressed. If this was not progressing, or the baby was in distress, and emergency C-section would take place.

A Member noted concerns regarding the postpartum haemorrhage (PPH) data. It was acknowledged that a comprehensive audit had since been undertaken, and suggested that this was an area that could be presented in further detail later in the year. Another Member noted that the PRUH was an outlier for PPH and enquired if the reasons for this were known, and whether it was still considered an outlier following the actions implemented. The Site Chief Executive advised that PPH data was routinely tracked and agreed that an update could be provided at a future meeting of the Sub-Committee.

The Chairman noted that Councillor Cuthbert had requested the update on maternity services, but had been unable to attend the meeting. The Site Chief Executive said he would be happy to respond to any question from Councillor Cuthbert outside of the meeting.

In response to questions, the Site Chief Executive said that robust and wide-ranging feedback was provided by patients in relation to maternity services. Some of the areas for development and review were additional birthing pools at the PRUH and for home births; and continuity of care, having the same named midwife throughout (however on occasions this needed to change if specialist care was needed). Throughout the COVID-19 pandemic, substantial feedback had been received in relation to restrictions on birthing partners, however these rules had since been lifted. It was noted that more contextual information on the feedback received could be provided at a future meeting of the Sub-Committee.

A Member noted concerns regarding the higher rate of stillbirths and birthing issues for women from Black, Asian and ethnic minorities (BAME), and enquired if more help and support could be offered during pregnancy. The Site Director of Nursing advised that this was a national phenomenon, and was not just specific to the PRUH. There were certain groups of high-risk women, and a number of specialist midwives could provide support through these specialist pathways. The Site Chief Executive noted that there were less of these issues across the borough due to the demographics, however they could draw on the skillset of staff across the Trust. The majority of experts covered both sites and patients could be referred to Denmark Hill for specific intervention. A Member considered that, in addition to social factors, stillbirths in BAME mothers could also be impacted by medical factors, with high incidents of anaemia and sickle cell disorder among this group.

The Chairman enquired if data was available in relation to multiple births. The Site Chief Executive advised that further information could be provided at the next meeting of the Sub-Committee, along with feedback on the outcome of the CQC inspection of maternity services.

The Chairman thanked the Site Chief Executive and Site Director of Nursing for their presentation to the Sub-Committee.

RESOLVED that the update be noted.

18 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The Chief Executive Officer informed Members that, around 18 months ago, the organisation had been subject to a CQC inspection, and it was agreed that updates against the improvement plan would be provided to the Sub-Committee on a regular basis. The last regular engagement meeting between Bromley Healthcare and the CQC had taken place in August 2022, and it was considered that positive progress was being made. It was noted that the next engagement meeting was scheduled for the end of November 2022.

The Bromley Healthcare Programme Management Office (PMO) system was the central repository for all projects and programmes within the organisation, and provided oversight of every action. All CQC related projects were identified within the tool – internally, these were monitored weekly, and monthly via the CQC Sub-Committee. Progress at a programme, project and task level was visible and transparent, along with all project risks and issues. The tool worked on a linear basis, tracking percentage completion against target deadlines at a task level – any tasks potentially at risk were flagged early so that remedial action could be taken if required. Members were assured that the two actions labelled as 'at risk' were both on target. In response to a question, the Chief Executive Officer advised that completion percentages were dependent on the programmes themselves – each programme had a number of workstreams, and each action had its own rating.

With regards to programmes, the Chief Executive Officer advised that a complete review of the Audit Programme had been undertaken – an Audit Panel was now in place and a number of audits were underway across the organisation. In relation to the Lone Working Programme, there were just two final actions for completion which related to the Standard Operating Procedures (SOP) that were in the process of being updated. The Chief Executive Officer informed Members that, as part of its long-term strategy, Bromley Healthcare had reviewed its values following the pandemic. The strategy would cover the next three-year period, and the engagement process had just commenced. Other programmes included mock inspections led by

different services leads, a new app for clinical supervision and a central review dashboard. It was highlighted that a new approach was being taken to record keeping which included spot checks; a planned programme of record keeping; and external assurance provided by KPMG.

The Chief Executive Officer noted that a particular area of challenge was recruitment of Health Visitors and District Nurses – to help reduce vacancies, new career pathways had been established in both areas, and the training and development up to Director level was highlighted. Ten newly qualified Band 5 nurses had recently started a bespoke training programme, and a similar scheme would be run in Health Visiting. Members were advised that, in order to utilise capacity, all therapy services had been brought together. By working as one team, the number of patients, and the length of time they waited to be seen, had been reduced dramatically. The feedback received from patients had been extremely positive.

The Chief Executive Officer advised Members that during a recent staff survey, concerns had been raised regarding the levels of abuse being experienced. A new campaign looking at the prevention, reduction and management of workplace abuse had been launched. In response to questions from the Chairman, the Chief Executive Officer said that abuse of staff was an issue that was increasing, and teams were being encouraged to report it via the relevant system. They had a zero-tolerance process – patients would initially be spoken to face-to-face, and if it continued to be a problem it was followed up with a letter. As this was an issue being seen across various organisations, it was considered that it may be beneficial to run a co-ordinated campaign with One Bromley partners.

In response to questions, the Chief Executive Officer advised that an example of the co-production work undertaken was the Orpington Health and Wellbeing Café. This was a joint Primary Care Network (PCN) and Bromley Healthcare (BHC) preventative/anticipatory care initiative to support the wellbeing of residents in Orpington. The Communications Team had attended and engaged with residents to help inform the set-up of the Neighbourhood Team. There was also an active patient reference group who provided advice in relation to the website and undertook mystery shopping exercises. They wanted to ensure that patients with lived experiences were providing feedback to help to improve services.

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

RESOLVED that the update be noted.

19 GP ACCESS

Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS ("Associate Director") and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership ("GP Clinical Lead")

delivered a presentation outlining the challenges and contribution of General Practice to meeting the health and care needs of Bromley residents. Changes in the way these challenges were met were also highlighted, as well as acknowledging areas for improvement and future intentions.

The GP Clinical Lead advised that some of the challenges faced in Bromley included it being the largest, and least densely populated London borough. It had the greatest number of people aged 65 years and older, and residents had a higher life expectancy than the average Londoner. There was also a higher prevalence of complex health conditions compared to neighbouring boroughs in South East London – a greater proportion of people in the borough had long-term conditions, requiring additional care compared to those people with routine and same day needs. This resulted in more GP referrals into secondary care and increased spend on prescribing to support long-term conditions. A Member noted that there was a high prevalence of depression in the borough, compared to neighbouring borough, and enquired if the reasons for this were known. The GP Clinical Lead advised that depression was a condition that increased in prevalence with age, which could account for some of the figure. It was important to note that the data was extracted from GP systems – the data needed to be accurately recorded in order to plan any work to be undertaken. Within PCNs they had developed the role of mental health practitioners to support practices in addressing the needed of patients, the challenge of which had increased since the pandemic. A Member considered that depression could also be related to social circumstances, such as deprivation or loneliness, not just an ageing population.

The Associate Director advised Members that there were 43 GP practices across the borough, which formed 8 Primary Care Networks (PCNs) – they worked alongside the GP federation and community pharmacies to provide primary care services to Bromley residents. Practices ranged from small to large in size – some were formed of bigger partnerships of GPs, whilst others were single-handed practices. By collaborating in PCNs, they were able to develop a shared workforce of healthcare professionals, working alongside the GP and practice nurses. As PCNs, general practice was delivering a wider range of clinical care to patients, supporting the out of hospital strategy to better manage acute demand.

During the pandemic, GP practices, alongside the wider NHS, had temporarily adjusted how patients accessed its services – since the easing of restrictions, patients could access care in more ways than ever before:

- GP surgery doors were open for making appointments and seeing clinicians;
- remote consultations were available, where this suited the patient's needs; and,
- online services offered convenience for administrative matters and self-referrals.

However, general practice was experiencing continued high demand. This was experienced as delayed presentations, overdue routine screening and

care, and increased contacts. Overall, population health and wellbeing had also been negatively affected by the pandemic, adding further pressures on practices. It was highlighted that total appointments were returning to pre-pandemic levels, and a greater proportion were now offered as remote options. Increased access to primary care services included:

- Online consultations portal – around 17,000 eConsults were submitted every month. It was noted that this service had been introduced at pace and they were looking to review it to ensure it worked efficiently;
- Text messaging services – direct to mobile appointment bookings and health monitoring;
- Website service – 34 out of 43 practices were now using a professional web hosting platform; and,
- Electronic repeat prescriptions – now offered by all Bromley GP practices and were easily accessible via the NHS App.

The Associate Director advised that there was a national drive to increase the number of additional roles in general practice. To help maintain the necessary capacity, the NHS was recruiting a wider group of clinicians and healthcare professionals to work alongside GPs and practice nurses. These roles were shared between practices in their primary care network groupings and were designed to provide care to all the patients within a PCN. From 1st October 2022, practices had become responsible for providing Enhanced Access services for their patients, working jointly with local GP surgeries as part of PCNs. This had resulted in the following:

- *More flexible appointments at convenient times for patients* – as well as the core opening hours, Enhanced Access offered routine and same day appointments on weekday evenings (6.30pm-8.00pm) and Saturdays (9.00am-5.00pm);
- *Local, convenient locations* – appointments may be face-to-face (at a patient's own surgery, or other local surgery within the PCN), by phone or video;
- *Enhanced access for all patients* – the service was for all patients registered with the GP surgery;
- *Appointments with a wider range of clinicians* – depending on the patient's needs, the appointment may be with a GP, practice nurse, physiotherapist, clinical pharmacist, mental health practitioner or other suitable professional; and,
- *Easy to book* – patients could contact the surgery in the usual way to book their appointment.

A Member considered that the Enhanced Access services did not reflect the experiences of residents in the borough, who were having difficulties in getting GP appointments. It was noted that the recently appointed Health Minister had stated that patients should be able to get an appointment within 2 weeks, and enquired if this was viable in Bromley. The GP Clinical Lead said that a recent review had been undertaken at his practice in terms of what they wanted to try and do. Discussions had been held with staff, before the recent announcement, about patients not wanting to wait longer than 2 weeks for an appointment – this was a challenge shared by practices, who wanted to be able to do this. They were aware that the delivery of appointments was high,

but they were provided in a variety of ways – face-to-face, online, eConsult, texting and telephone calls. All of these appointments took time. The same ambitions were shared, and they hoped to target resources in the right area to achieve this. The Associate Director said that PCN operations would provide additional capacity into general practice. Some practices had managed the same day need by encouraging patients with non-urgent needs to use other routes, such as eConsult or self-referral. It was noted that expansion of general practice was limited as there were difficulties in recruiting GPs, and therefore they needed to maximise the use of the wider workforce. The GP Clinical Lead noted that this was a national trend – trying to restore regular care for long-term conditions and manage same day needs created difficulties which they were working to improve.

A Member enquired how a decisions was made as to whether an appointment was held face-to-face, online or via telephone call, and what the average time was for each. The GP Clinical Lead advised that during the pandemic, telephone appointments had been used due to infection control. They had now moved away from this need, and face-to-face appointments were used for those patients that needed to be examined. The average time for all appointments was 10 minutes.

Members were advised that an extensive programme of transformation was underway to help free up clinical time in general practice in order to offer more time for clinicians to see patients. Changes delivered, and others in train, included:

- Investments in expertise to optimise the workflow of clinical documents from secondary care to the GP for clinical review and follow up care;
- Analysis of clinical outcomes and trends to give GPs insights, guidance and tools to improve clinical effectiveness in their practice;
- Introducing demand and capacity tools to help practice management teams with planning clinic types and staffing needs, matching to peaks in demand;
- Working jointly as PCNs, operating e-Hubs to handle and respond to online consultation requests in a timely manner;
- Setting up systems to support remote and self-monitoring of long-term conditions; and,
- Undertaking process improvements to make practice-level operational and organisational systems more efficient.

With regards to improving the experiences of patients in Bromley, the Associate Director noted that the National GP Patient Survey results indicated that patient satisfaction was lower compared to last year. This trend was broadly reflected across South East London and nationally. Bromley was undertaking a deep dive into the appointment times offered, as this appeared to be an outlier area, and would take action. Members had been provided with copies of posters for five key messages – 'Who's who in the GP surgery'; 'Appointment options'; 'Community pharmacy'; 'Self-referral to local services'; and 'Social Prescribing'. These messages would be shared with the public and reinforced in the winter newsletter.

The Associate Director said that work to continue to further improve access included:

- scoping with practices was underway to identify and prioritise cloud-based telephony needs in anticipation of funding following recent national announcements;
- procurement of a new website service for GP practices and PCNs to provide easy-to-use online services and more functions through the website;
- a recruitment campaign was being prepared to attract new people to health and care roles in the borough, including in Bromley primary care; and,
- refreshed programme of professionally designed training and development by a dedicated Training Hub to maintain a qualified and professional workforce.

A Member noted that there appeared to be disparities between GP practices, specifically in terms of difficulties getting an appointment and the time spend on hold trying to speak to someone. It was questioned if these type of statistics were recorded by practice. The Associate Director confirmed that this data was available on a practice level, and they would continue to speak with individual practices that were seen as outliers. It was noted that smaller practices had less flexibility in terms of staffing phones during peak times. In some practices it had been identified that their telephony systems were outdated, which did not allow the patients calling to queue, and others were tied into long contracts. All practices had been advised that if they were coming to the end of a contract they should get in contact as support could be provided to help them take advantage of the tools available. During the spring, a couple of practices had completed major upgrades to their telephone systems, and it was hoped that their feedback scores would improve. A mystery shopping exercise was also planned, where practices would be called a number of times a day, over several days, to identify any particular issues.

In response to questions, the GP Clinical Lead said that telephone queues were a sign of the high demand for appointments. Appointments could be booked online, through 111 and the NHS App. In terms of a robotic phone system, it was noted that small practices would not be able to do this at scale, and older or vulnerable patients often wanted to speak with an actual person. The length of telephone calls was also increasing, which reflected the complexity of the conversations. An important part of the work of GP practices was informing patients of hospital results, as well as providing support to those waiting for hospital appointments.

The GP Clinical Lead said that the Associate Director had outlined the huge amount of improvement work that was being delivered and actioned within primary care. It was noted that the diversification of the workforce was happening at speed – these role would need time to be embedded into the workforce and it was hoped that the benefits would be seen over the coming years. Work at PCN level to feedback data was important for the delivery of care – there was a variable level of need across the borough, and they were working to provide a consistent delivery of care.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee, and requested that GP Access be added as a standing agenda item at future meetings.

RESOLVED that the update be noted.

20 WINTER PLANNING

The Assistant Director – Urgent Care, Hospital Discharge and Transfers of Care ("Assistant Director") provided an update on the proposed One Bromley Winter Plan 2022-23.

Members had been provided with a copy of the One Bromley Winter Plan for 2022/23 which described how the system would respond to seasonal pressures, as well as how individual organisations were preparing for winter. The plan also outlined the financial investment being made from non-recurrent winter monies to support the increase in capacity across the system. Following a request from Members, it was agreed that a glossary of terms would be provided, and is attached at Appendix A.

The Bromley Executive Lead – South East London Integrated Care Board (SEL ICB) ("Bromley Executive Lead") advised that a strong partnership approached had been developed across Bromley in relation to the management of winter pressures. This year they would build on lessons learnt from the COVID-19 pandemic. The Assistant Director highlighted that the 2022/23 winter plan was rigorous and comprehensive, and aimed to deliver on the successful elements of the previous year's Plan, as well as responding to new emerging needs and system changes. The Plan focused on providing additional capacity to the system at points of expected surges on existing services. The plan was being built on three key pillars:

1. Increasing system capacity
    - Primary Care
    - Admission Avoidance
    - Discharge

2. Meeting Seasonal Demands
    - Respiratory pathways – Adults and Children and Young People
    - Christmas and New Year additional capacity
    - COVID-19 and Flu vaccination planning

3. Information Sharing and escalation
    - Winter Intelligence Hub
    - System Escalations
    - Winter Communications and Engagement

In response to questions, the Associate Director said that staffing issues were the biggest risk, however as a One Bromley system a huge amount of work had been undertaken in relation to recruiting and retaining staff. A range of

training and qualification opportunities were available, and this offer was continually being increased. It was emphasised that this risk was being closely monitored, and everything possible was being done across the organisations.

With regards to a potential nurses' strike, the Bromley Executive Lead said that nurses were a key part of the community response, but noted that they were not the only professionals working in this area – patients were supported by a range of staff when they left hospital, such as Health Care Assistants (HCAs) and therapists. If there were additional pressures on the workforce, consideration would need to be given as to how people could be better supported in their own homes. A benefit of the Winter Intelligence Hub was that these issues could be discussed when they were happening, and consideration given as to the alternative ways in which other staff could be used. The Site Chief Executive said that the Royal College of Nursing had balloted its members for consideration of strike action – the ballot opened on 6th October and would run until 2nd November. It was noted that the British Medical Association (BMA) junior doctors committee had now also balloted its members. The outcome of both consultations would not be known for some time, but it was highlighted that in the UK there were certain actions that could be carried out – for example individuals and representative bodies could refuse to work overtime, rather than downing tools and walking out. During the last junior doctors strike, acute services and primary care practices had continued to be provided and, although availability was reduced, it was at a tolerable standard. With the knowledge they currently had at a senior level, a variation to the service would be made to allow them to continue to provide life or limb critical response.

In relation to COVID-19 vaccinations, a Member noted concerns that there now seemed to be some apathy toward this, and questioned if there may be a lower take up. The Bromley Executive Lead said that, traditionally, Bromley had been a keen borough in terms of taking up both flu and COVID-19 vaccinations. As of last week, more than 50% of residents in the over 75 cohort had received a further COVID-19 vaccination. There was a programme of visits to care homes by the Bromleag Care Practice to deliver COVID-19 vaccinations, the first round of which would be completed by 23rd October 2022. Uptake from residents was usually good, and they would also look to vaccinate staff members at the care homes too. It was noted that last year, vaccination uptake from care home staff had been good as at the time it was believed that this would be a condition of their employment, however this had not been the case. The uptake of flu vaccinations was going well – however it was anticipated that an awareness campaign for both flu and COVID-19 would be needed later in the year to further increase uptake. It was noted that around 15% of these vaccinations were given at the same time, but they hoped this would increase as they went through the winter period. The Director of Public Health agreed that there appeared to be some reluctance from people to get further COVID-19 vaccinations, as people felt that COVID-19 was no longer such a big issue – to address this, campaigns were continuing, and information was available on the website.

In response a to question from another Member, the Bromley Executive Lead said that the programme for the workforce to get a further COVID-19 vaccination had got off to a slow start – it was expected that most staff would receive both the COVID-19 vaccination and flu jab together, and they had been waiting for the supply of flu vaccinations to arrive. The flu programme had started from the 1st October. At the beginning of last week, around 10% of staff across SEL hospitals and mental health units had received their vaccinations. It was still very early in the programme, and therefore not possible to yet draw any conclusions on uptake, but it was anticipated that a big uplift would be seen by the end of the month. The Director of Public Health informed Members that, in addition to frontline staff being offered a flu vaccination, the Local Authority had agreed to reimburse all staff if they purchased a vaccination privately. This was due to the level of concerns around a potential flu outbreak, and would increase the number of staff vaccinated. The Chairman reminded Members that the SEL vaccinations update session for Councillors would be held on 3rd November 2022.

In response to a further question, the Bromley Executive Lead confirmed that vaccinations administered by pharmacies should be registered in order for it appeared on a patient's GP records. Another Member enquired if the One Bromley Partnership worked with pharmacies to encourage uptake of the vaccinations, and asked if there was a point in time where it was considered to be too late to get vaccinated. The Bromley Executive Lead said that the One Bromley Partnership worked closely with pharmacy colleagues – around 8 or 9 pharmacies across Bromley were delivering COVID-19 vaccinations, and even more were delivering flu vaccinations. It was emphasised that it was worth getting both vaccines as the peak for this winter had not yet been reached, and outbreaks of flu could still be seen into next year.

With regards to the second pillar, a Member asked what things were considered as part of the seasonal demands in adult social care. The Assistant Director said that in Bromley, the demands often related to the older adult population, and things such as slips and falls were monitored closely. Activities included ensuring that they were providing timely access to care and support; support for carers; and sufficient workforce to deliver the statutory duties of the Care Act.

A Member asked for further information on the One Bromley @Home service virtual bed offer. The Assistant Director advised that this was a national initiative – in Bromley a mixed model was offered, with direct specialist input from acute consultants. For those patients who were acutely unwell, but safe and confident in managing their own condition, virtual monitoring could be offered through Assistive Technology (AT). For those unable to use the virtual monitoring system, the workforce would be used to carry out interventions, allowing the patient to be treated in their own home. The national data suggested that there had been significant reduction in the number of people for which health care needed to be provided and an improved recovery rate. The Chairman thanked the Assistant Director and Bromley Executive Lead for their update, and noted that Bromley was in a strong position. The Portfolio Holder said that a resilient plan had been produced and thanks were

extended to everyone one involved. The Director of Adult Social Care highlighted that it demonstrated the collaborative system approach to winter, and was a plan that she was very happy to support.

RESOLVED that:

i.) the activity and schemes taking place to mitigate against seasonal increases in demand and pressure be noted; and,

ii.) the ONE Bromley 2022/23 Winter Plan be endorsed.

21 SEL ICS/ICB UPDATE

The Bromley Executive Lead advised that the ICB, a new structure across South East London, was now in place and the second meeting in public would be held the following day. Key areas of focus included:

- Formulation and delivery of the Annual Plan (including managing elective waiting lists; managing acute pressures; and ensuring an inclusive approach was taken)
- Development of a strategy for SEL (this was not intended to replace work at a borough level, but would identify areas where value could be added by working across SEL)
- Winter pressures (significant challenges were expected UK-wide this winter, with flu and increased infections of COVID-19).

The One Bromley Partnership would continue to look at the needs of the local population, and these meeting were chaired jointly by the Leader of Bromley Council and the GP Clinical Lead. The Partnership had focussed on improvements to primary care, workforce recruitment and the Winter Plan.

The Chairman noted that the excellent system in Bromley was being preserved, whilst further added value was identified.

RESOLVED that the update be noted.

22 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT

Charlotte Bradford, Operations Co-ordinator – Healthwatch Bromley ("Operations Co-ordinator") provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 1 2022-2023 Patient Engagement Report.

The Operations Co-ordinator informed Members that 600 reviews had been collated during the Quarter 1 period (April to June 2022). Overall, based on the star ratings received, 71% of responses received from patients had been positive, 5% neutral and 24% had been negative. Dentist, GP and hospital services were the most reviewed services during Quarter 1. The majority of

service users found Dentist services to be excellent, and high levels of satisfaction had been recorded across all areas. The negative feedback received was minimal, but related to appointments and staff attitudes. GP practices and hospitals had generally received a good level of satisfaction – again the areas identified for improvement were appointments, communication and waiting times. Other areas that had received positive reviews were pharmacies, COVID-19 vaccination centres and opticians. The Chairman highlighted that patients were dissatisfied in terms of being able to get an appointment, but appeared to be very satisfied once they did so.

The Portfolio Holder for Adult Care and Health noted that it was widely publicised in the media that people had difficulties in getting appointments with NHS dentists, and enquired if the data collated differentiated between NHS and private dentists. It was suggested that issues with NHS dental appointments could be discussed at a future meeting of the Sub-Committee. The Operations Co-ordinator said they had recently undertaken a check to ensure that only NHS dentists were listed on the Healthwatch Bromley website for collecting feedback.

With regards to information on demographics, it was noted that Healthwatch Bromley were looking to find new ways to engage with individuals – over the last few months they had been trying to reach out to the Gypsy-Roma Traveller community, which they were aware would take some time. The demographics of patients providing responses had changed over the last six months, and they were trying to broaden their engagement to speak to those who may not normally have a voice.

A Member noted that there that been a reduction in the feedback relating to Urgent Care, and questioned if this made it difficult to understand how this area was performing. The Operations Co-ordinator advised that they were a small team with limited resources, and relied heavily on volunteers to help gather feedback – they had ambitions to engage as widely as they could across the borough, but this was limited by capacity. An area of focus had been mental health – this was a sensitive subject matter so there were always areas that needed to be taken into consideration. They had been looking at the overall patient experience programme and how it could be developed in terms of the questions asked. It was hoped that the new forms being used would allow them to collect data that was beneficial to the borough.

In response to questions regarding the methodology for collecting data, the Operations Co-ordinator said that since moving out of lockdown, they had been re-establishing relationships with GP practices, in terms of being allowed into reception spaces to speak with service users. The majority of these visits took place between 9.00am and 11.00am, on average three times a week – this was dependent on capacity and the timings were based on the advice received from GP practices in relation to footfall. The majority of visits to hospitals took place between 10.00am and 12.00pm – however recent visits to Orpington Hospital had taken place between 1.00pm and 3.00pm, which was dictated by the department they were visiting. Visits to community centres

took place when there was decent footfall and an availability to gather feedback.

A Co-opted Member noted that one response had been received in relation to mental health services, which appeared to relate to waiting times, and question if this situation was likely to improve. The Director of Adult Social Care advised that this would be something that Oxleas NHS Foundation Trust would need to comment on, and suggested that an update from them be added to the Sub-Committee's work programme. The Operations Co-ordinator said that Healthwatch Bromley had built a strong relationship with Oxleas NHS Foundation Trust over recent months, and they had been engaging with services users to gain greater feedback on mental health services.

In response to questions, the Operations Co-ordinator said that the patient feedback form was available on the Healthwatch Bromley website. A new poster, which contained a QR code, had also been designed which provided patients with information on how to contact them if they did not want to provide feedback face-to-face. Whilst the website and online form was beneficial for those who were more digitally able, they would like to encourage more face-to-face engagement through focus groups or forums. It was noted that Healthwatch Bromley approached community centres to speak to a broader range of people – they had recently recruited some new committee members and hoped to expand this further.

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

RESOLVED that the update be noted.

23 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING

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

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

- GP Access (standing item)
- King's – patient handover (17th January 2023)
- Winter Planning (17th January 2023)
- Dental appointments (TBC)
- Update from Oxleas NHS Foundation Trust (TBC)

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

A Member noted that some of the reports presented had been quite lengthy and suggested that presenters could provide an executive summary or highlights slide.

RESOLVED that the update be noted.

24 ANY OTHER BUSINESS

There was no other business.

25 FUTURE MEETING DATES

4.00pm, Tuesday 17th January 2023
4.00pm, Thursday 20th April 2023

The Meeting ended at 6.49 pm

Chairman

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Glossary for Bromley ICB Winter Plan Presentation (in order of appearance)

BCF – Better Care Fund: *shared between the NHS and local government, the BCF encourages integration by requiring Integrated Care Boards and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.*

IVAB – In Vitro Antibiotics

ED – Emergency Department

PRUH – Princess Royal University Hospital

LAS – London Ambulance Service

CAS – Clinical Assessment Service(s)

PCN – Primary Care Network: *PCNs are made up from groups of neighbouring general practices and allow them to work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.*

UTC – Urgent Treatment Centre

SEL ICB – South East London Integrated Care Board

BLG MIND – Bromley, Lewisham & Greenwich MIND Services: *mental health and dementia charity in South East London.*

BAU – Business as Usual

LD – Learning Disability

SPA – Single Point of Access: *a service that aims to make referrals and ongoing care easier by coordinating it all from the same point of access.*

LOS – Length of Stay

HRG1 – Health Resource Group 1: *groupings of clinically similar treatments using comparable levels of healthcare resource.*

LBB – London Borough of Bromley

OOH – Out of Hours

BGPA – Bromley GP Alliance: *a network of Bromley Practices which are working collaboratively to share expertise, services and support its workforce*.

SELCE – South East London Community Energy: *provide training sessions and information to increase awareness about how clients can save energy and apply for grants.*

BW – Bromley Well: *a service that aims to improve Bromley residents' health, wellbeing and independence, paid for by Bromley Council and NHS South-East London Integrated Care Board. The service is delivered by a partnership of local voluntary sector organisations.*

ACP – Advanced Care Planning: *process of deciding what plans you want to make for your future care, often in discussion with a healthcare professional*

DNA CPR – Do Not Attempt Cardio-Pulmonary Resuscitation: *a decision made by a patient or their healthcare team/doctor that if their heart or breathing stops healthcare staff will not try to restart it.*

RSV – Respiratory Syncytial Virus: *a common respiratory virus that usually causes mild, cold-like symptoms, especially prevalent during Winter.*

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