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DIRECT LINE: 020 8461 7694 DATE: 13 January 2026

To: Members of the
**HEALTH SCRUTINY SUB-COMMITTEE**

Councillor Mark Brock (Chairman)
Councillor Gemma Turrell (Vice-Chairman)
Councillors Will Connolly, Robert Evans, Hannah Gray, Dr Sunil Gupta, Ruth McGregor, Tony McPartlan, Alison Stammers and Thomas 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, Churchill Court, 2 Westmoreland Road, Bromley, BR1 1AS on **WEDNESDAY 21 JANUARY 2026 AT 5.00 PM**

TASNIM SHAWKAT
Director of Corporate Services & Governance

This meeting will be live-streamed on the Council's website –

https://www.bromley.gov.uk/councilmeetingslive

Live streaming will commence shortly before the meeting starts.

***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 **Wednesday 7th January 2026**.

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 **Thursday 15th January 2026**.

**4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON:**

**a 3RD JULY 2025** (Pages 3 - 12)

**b 16TH SEPTEMBER 2025 (BRIEFING)** (Pages 13 - 22)

**c 26TH NOVEMBER 2025 (SPECIAL MEETING)** (Pages 23 - 52)

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

**a GENERAL UPDATE** (Pages 53 - 64)

**b UPDATE ON THE PROPOSED RECONFIGURATION OF HAEMATOLOGY SERVICES AT PRINCESS ROYAL UNIVERSITY HOSPITAL (PRUH)**

*To follow*

**6 SEL ICS/ICB UPDATE** (Pages 65 - 72)

**7 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT** (Pages 73 - 114)

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

**9 WORK PROGRAMME AND MATTERS OUTSTANDING** (Pages 115 - 120)

**10 ANY OTHER BUSINESS**

**11 FUTURE MEETING DATES**

5.00pm, Thursday 5th March 2026 (Briefing)

# HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 5.00 pm on 3 July 2025

**Present:**

Councillor Mark Brock (Chairman)
Councillor Gemma Turrell (Vice-Chairman)
Councillors Robert Evans, Hannah Gray, Alisa Igoe, Tony McPartlan and Alison Stammers

Michelle Harvie

**Also Present:**

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
Councillor Dr Sunil Gupta and Orla Penruddocke (attending virtually)

## 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Charlotte Bradford and Orla Penruddocke attended as her substitute. Apologies for absence were also received from Councillors Will Connolly and Thomas Turrell.

Apologies for lateness were received from Councillor Hannah Gray.

## 2 DECLARATIONS OF INTEREST

Councillor Alison Stammers declared that she was the Chair of the Chislehurst Partnership Patients' Participation Group.

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

One question for oral reply was received at the meeting. A copy of this question, together with the response can be viewed as Appendix A to these minutes.

## 4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 10TH DECEMBER 2024 AND THE HEALTH SCRUTINY BRIEFING ON 8TH APRIL 2025

**RESOLVED: That:**

1) **The minutes of the meeting of Health Scrutiny Sub-Committee held on 10 December 2024 be agreed; and,**

**2) The minutes of the informal Health Scrutiny Briefing held on 8 April 2025 be agreed.**

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

### a GENERAL UPDATE

The Sub-Committee received a presentation from Angela Helleur, Chief Delivery Officer – King's College Hospital NHS Foundation Trust, Fawez Molotoo, General Manager, Integrated Medicine, Princess Royal University Hospital (PRUH) and Sarah Middleton, Head of Stakeholder Relations providing an update on King's College Hospital NHS Foundation Trust.

The Chief Delivery Officer highlighted several key issues:

- Waiting Times - Work was ongoing to reduce long waits across all waiting time cohorts in line with the NHS Elective Recovery Plan. The reduction of Diagnostic Waiting times continued to be a priority, and further updates would be reported to future meetings.
- Cancer Performance – Performance in this critical area remained strong with improved and sustained performance leading to exiting of NHSE Tiering. The most challenged services were Lower and Upper Gastrointestinal cancer, DH Breast Surgery and Urology and these areas would continue to be an area of focus moving forward.
- Workforce - The Trust continued to deliver a robust people plan which aimed to improve both staff engagement and morale and was moving to a new Divisional structure during Summer 2025.
- Estates – The construction of the Endoscopy Unit at the PRUH was well underway and would deliver a huge amount of additional capacity once completed in Autumn 2025.
- EPIC – To date, 248,159 King's patients had signed up to use MyChart, which provided direct access to patient records and significantly reduced the 'did not attend' rate. The ethnicity of users correlated closely to the overall patient demographic, but work would be ongoing to ensure that patients of all backgrounds felt confident accessing this service.
- Finance – The Trust had achieved its control total of £50.8M cost savings for the 2024-25 financial year and was working to secure a further £82.4M cost savings by the end of March 2026.

In response to a question from the Portfolio Holder, the Chief Delivery Officer explained that the reorganisation at King's College Hospital NHS Foundation Trust was designed to move from a site-based management structure to a cross-Trust divisional structure that was led by clinicians and made better use of resources across the Trust as a whole. The Chief Delivery Officer remained the Executive Lead for Bromley, but a Hospital Director would lead the PRUH on a day-to-day basis. The new Divisional structure was cost

neutral and was anticipated to support better alignment of clinical pathways and distribution of resources going forward in line with the Trust's quality and financial improvement programme.

Another Member asked about the organisation of King's College Hospital into three Clinical Divisions and was advised that these were each led by a Divisional Chief working with a Director of Operations and a Director of Nursing. The three Divisions would oversee various care groups and Trust-wide services with Division A comprising a wide range of services including cancer, child health, dental, haematology, pharmacy, radiology, rehabilitation and women's health, Division B focusing on medical care groups, including acute speciality, emergency and integrated medicine, gastroenterology, renal and urology services, and Division C covering cardiovascular services, critical care, major trauma network, neurosciences, ophthalmology, orthopaedics, surgery, theatres and anaesthetics.

The Portfolio Holder queried a number of vacant theatre and anaesthetics posts at the PRUH and was advised that work was underway to recruit to vacancies. A mix of temporary staff and additional hours was supporting service continuity in the meantime, and this was operating at full capacity.

The Chairman thanked the representatives of King's College Hospital NHS Foundation Trust for their update to the Sub-Committee.

**RESOLVED: That the update be noted.**

**b POSTPARTUM HAEMORRHAGE (PPH) AND STILLBIRTH RATE, AUDIT AND OUTCOMES FROM PRUH**

The Sub-Committee received a presentation from Dr Adjoa Appiah, Consultant in Obstetrics and Gynaecology and Lead for Obstetric Governance, Trust-wide, Dr Mitra Bakhtiari, Director of Midwifery, Gynaecology Nursing, Dr Aisha Hameed, Consultant in Obstetrics and Gynaecology and Clinical Lead and Maternity Lead for One Bromley and Lisa Long, Clinical Director for Women's Health, King's College Hospital NHS Foundation Trust providing an update on the postpartum haemorrhage (PPH) and stillbirth rate.

The Consultant in Obstetrics and Gynaecology and Lead for Obstetric Governance outlined the findings of a recent audit into PPH which had identified that most cases within the Trust were managed well with an 85% adherence of protocol and 90% of PPH incidents recognised within 15 minutes of delivery, with identification and treatment of PPH consistent across all ethnicities. Improvements had been delivered across documentation, timing, escalation and estimation and this was supported by an ongoing programme of staff education and simulation training. For 2025, the overall rate of PPH at the Trust remained lower than the national average and was comparable to similar sized units and peers. This downward trajectory would continue to be supported by teaching and training as well as by the Trust's research and audit work.

In response to a question on women who experienced postpartum haemorrhage at home, the Consultant in Obstetrics and Gynaecology and Lead for Obstetric Governance advised that women were given information and support on what was normal to expect postpartum and when they should seek help as part of the discharge process, and this was further supported by postnatal midwife visits. The Maternal Assessment Unit was open 24 hours a day and women were able to self-refer if they had concerns following birth. Another Member asked about the 15% deviation from Protocol Adherence identified as part of the PPH audit and it was explained that this was primarily due to being team-task focused but that work was ongoing to address this. The Member also noted that clinical staff had undertaken engagement visits to local mosques, and it was clarified that such visits took place in a range of different community settings to help tackle health inequalities. Another Member asked about the definition of PPH as being a blood loss greater than 1500ml and the Consultant in Obstetrics and Gynaecology and Lead for Obstetric Governance said that this was a national measurement and that 1500ml constituted a normal amount of blood loss following birth.

The Chairman thanked the representatives of King's College Hospital NHS Foundation Trust for their update to the Sub-Committee.

**RESOLVED: That the update be noted.**

## 6 UPDATE FROM BROMLEY HEALTHCARE

The Sub-Committee received a presentation from Jacqui Scott, Chief Executive Officer providing an update on Bromley Healthcare and its *Community First* Strategy.

The Chief Executive Officer outlined key metrics for the 2024/25 financial year which included 2,185 average daily patient contacts of which 46% were in the home, 28% in clinic and community settings, and 26% were remote. Bromley Healthcare brought together 50 community health and care services caring for 182,342 people across South East London and had a 96.6% patient satisfaction rate. Highlights of the year included a 'Good' rating following a full inspection of the Hollybank short breaks provision in February 2025, ongoing investment in digital tools and sustainable systems, and a new triage system across therapy services that had led to a reduction in waiting times. Moving forward, a focus would be placed on improving records and data sharing, as well as identifying and supporting housebound patients.

The Chairman was delighted to note a number of awards received by Bromley Healthcare services and staff during 2024/25 which recognised its achievements and excellence across multiple areas. A Member asked about the impact of the ageing population. The Chief Executive Officer advised that this had led to increasing demand across a number of services and was being managed through innovation and work to avoid duplication of services, including the introduction of Integrated Neighbourhood Teams.

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

**RESOLVED: That the update be noted.**

## 7 SEL ICS/ICB UPDATE
**Report ACH25-038**

The Sub-Committee received an update from Dr Angela Bhan, Place Executive Lead – NHS South East London Integrated Commissioning Board (SEL ICB) providing an overview of key work, improvements and developments undertaken by the SEL ICB and partners within the One Bromley collaborative.

The Place Executive Lead outlined work being undertaken to transform the SEL ICB and achieve efficiencies, including the introduction of the Neighbourhood Model of Care. The Government had recently announced plans to close Healthwatch England and the 150 local Healthwatch services as part of a wider reorganisation of NHS bodies, and work would be ongoing in relation to this proposal to ensure that the patient voice continued to be heard. A Member asked about the planned closure of NHS England and was advised that work was ongoing to identify the full implications of organisational change but that it was expected that a number of services and functions would be delegated to ICBs at a local or regional level, including vaccination and screening services and specialist commissioning. The Chairman was pleased to note the healthy take-up of the Covid Spring Booster with Bromley comparing favourably to other parts of England.

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

**RESOLVED: That the update be noted.**

## 8 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January – March 2025.

During Quarter 4, 610 reviews had been shared with Healthwatch Bromley, helping to raise awareness of issues and improve care, with 75 visits being carried out at two hospitals, two GP practices, five wellbeing cafes, twenty community events, two autism groups and a library, community centre and memory café. The five service types with the most reviews were GP (of which 52% were positive reviews), Hospital (80% positive), Dentist (92% positive), Pharmacy (73% positive) and Community Health (69% positive). Overall positive feedback about GP practices had ranged between 52%-59% during the 2024/25 financial year with hospital services seeing a 9% increase in positive reviews during the course of the year. Positive experiences of dental services had remained around 90%, except for Quarter 3 when they had rated 77%, and positive experiences of pharmacy services had been

mixed during the same period, ranging from 69% (Q3) to 89% (Q1). Only one feedback form had been received in relation to optician services in Quarter 4 so a fair yearly comparison was not possible, but options would be prioritised in terms of feedback for the 2025/26 financial year.

In considering the Quarter 4 report, the Chairman noted the increasingly vital role of pharmacists in primary care and underlined the importance of more patient reviews in this area. The Healthwatch Bromley representative advised that work was ongoing to encourage interviews in this area, including undertaking pharmacy reviews in tandem with GP practice reviews, but that this could also be the subject of a future Deep Dive by Healthwatch Bromley.

The Chairman led the Sub-Committee in expressing concern regarding the Government's plans to close Healthwatch services that would include Bromley Healthwatch. The Bromley Healthwatch representative said that while this news was worrying, Bromley Healthwatch would continue in its role as the independent champion of people using health and social care services in Bromley until more was known about the proposed closure.

The Chairman thanked the Healthwatch Bromley Representative for her update to the Sub-Committee.

**RESOLVED: That the update be noted.**

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

The Chairman advised that the South East London Joint Health Overview and Scrutiny Committee had not met since the previous meeting of Health Scrutiny Sub-Committee. The next meeting was scheduled to take place on 31 July 2025 and an update would be provided to the next meeting of the Sub-Committee.

**RESOLVED: That the update be noted.**

## 10 WORK PROGRAMME AND MATTERS OUTSTANDING Report CSD25092

The report set out progress against outstanding actions from previous meetings and the forward work programme of the Sub-Committee.

Further information on Minute 12: Update on Dental Services had been circulated to Members prior to the meeting. With regard to Minute 13: Overview on Weight Loss Drugs, the Place Executive Lead – SEL ICB, advised that Mounjaro (tirzepatide) was now available on the NHS for weight management, but that access would be limited to those with the highest clinical need and prescribed by specialist weight management services. A phased rollout was planned with primary care access expected to expand later, including via GP practices. At the present time approximately £1M was spent on weight management drugs in Bromley per annum. This was likely to

increase and going forward it was hoped to report on the number of people taking weight management drugs rather than just the overall cost. A Member asked who would be eligible for this treatment and further information would be provided following the meeting but was likely to include those with a high Body Mass Index and weigh-related health conditions such as Type 2 diabetes, high blood pressure or sleep apnoea. In discussion, Members underlined the need to manage the expectations of members of the public around availability of weight management drugs and to improve understanding. Weight management drugs were not a 'magic bullet' and often needed to be used in conjunction with other weight management measures to be effective. It was hoped that as well as increasing the health, wellbeing and lifespan of individuals, the improved access to weight management drugs would also help mitigate pressure on medical services linked to weight-related health conditions over time.

In considering the forward work programme, the Sub-Committee agreed to invite the new Hospital Director of the PRUH to the next meeting of the Sub-Committee. A Member suggested that a representative from Oxleas NHS Foundation Trust also be invited to a future meeting of the Sub-Committee, and this was added to the work programme.

**RESOLVED: That the report be noted.**

## 11 ANY OTHER BUSINESS

There was no other business.

## 12 FUTURE MEETING DATES

5.00pm, Tuesday 16 September 2025 (Briefing)
5.00pm, Tuesday 20 January 2026
5.00pm, Thursday 5 March 2026 (Briefing)

The Meeting ended at 6.16 pm

Chairman

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**HEALTH SCRUTINY SUB-COMMITTEE**
**3 July 2025**

**ORAL QUESTION TO THE CHAIRMAN OF THE HEALTH SCRUTINY SUB-COMMITTEE**

**Oral Question to the Chairman of the Health Scrutiny Sub-Committee received from Councillor Alison Stammers:**

1) Are any of Bromley's GP practices taking part in this pilot to identify patients most at risk of pancreatic cancer? Information at: https://www.england.nhs.uk/2025/06/nhs-launches-drive-to-catch-one-of-the-most-lethal-cancers/

*Reply:* *Some months ago the Department of Health and NHS England issued a request for expressions of interest from Cancer Alliances to participate in a pilot process for the early identification of pancreatic cancer. The South East London Cancer Alliance applied on behalf of Bromley and the surrounding areas but was unsuccessful. Once the successful pilot areas have reported their findings in Autumn 2025 and assuming the results are positive, it is expected that the early identification process will be rolled out to all GP practices nationwide, including those in Bromley.*

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# HEALTH SCRUTINY BRIEFING

Minutes of the virtual meeting held at 5.00 pm on 16 September 2025

**Present:**

Councillor Mark Brock (Chairman)
Councillor Gemma Turrell (Vice-Chairman)
Councillors Will Connolly, Dr Sunil Gupta, Alisa Igoe, Tony McPartlan, Alison Stammers and Thomas Turrell

Orla Penruddocke

**Also Present:**

Councillor Diane Smith, Portfolio Holder for Adult Care & Health and Councillor Mark Smith

## 1 APOLOGIES

Apologies for absence were received from Councillor Hannah Gray and Michelle Harvie.

Apologies for lateness were received from Councillor Alison Stammers.

Apologies were also received from the Director of Adult Social Services.

Orla Penruddocke attended the meeting as the Healthwatch Bromley representative.

## 2 DECLARATIONS OF INTEREST NOT INCLUDED ON MEMBERS' REGISTER OF INTERESTS

Visiting Member, Councillor Mark Smith, declared that his wife was in receipt of an NHS pension.

## 3 GP ACCESS

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

Key issues highlighted included:

- GP contractual change to access – by 1st October 2025 patients must be able to contact practices via their online consultation tool, throughout core hours (weekdays, 8.00am-6.30pm). This aimed to put

online consultation access on the same footing as telephone and in-person access. For many practices across England, this presented a significant contractual change, and a potential major pressure point ahead of the peak winter period. It would require shifting to a different way of working for a number of practices.

- Bromley GP practices had been using online consultations tool for a number of years. However, the expansion of this tool and the subsequent increase in contacts expected as a result now required general practice to work very differently.
- GP Patient Survey (GPPS) results had been provided. As a national survey this provided benchmarking which helped identify outliers in terms of access. This also evidenced how gradual the direction of change was both regionally and nationally. Bromley had a strong foundation of digital access, which put them in a good position for the changes around online consultations. It was noted that there was a need to bring residents along on the journey and support them through the changes.

The following responses were provided to Members' questions:

- Timing of the roll out to introduce the national GP contract change was decided by NHS England. Whilst some practices had adopted this early and were confident about the changes, many others were still preparing for them. Changes to demand were unknown, and they were trying to anticipate potential risk.
- Healthwatch Bromley was a member of the primary care commissioning and transformation group in the ICB and provided reports on a regular basis. Healthwatch Bromley were also involved in public engagement work, including the patient engagement event which took place each winter.
- Healthwatch Bromley were revising their reports to reflect the online element within the access routes. The Healthwatch Bromley representative advised that specific questions were asked about the NHS app in order to get more nuanced information. This would also help practices to gage what was, and was not, working.
- In terms of monitoring the offer of online consultations, there was an exercise that allowed them to check that practices were making their online consultation tools available to patients between 8.00am-6.30pm, and the number of requests they were receiving. A mystery shopper exercise had also been undertaken, making calls to GP practices at various times of the day to gage the experience received. Where there was a less equitable offer, work would be undertaken with the individual practices.
- The contract change did not change demand – it was just a different route of receiving, and being aware of, it. This featured in the wider winter planning for Bromley, with more seasonal primary care capacity provided at different sites. Dr Angela Bhan – Place Executive Lead, SEL ICB, advised that over 10,500 additional GP appointments had been commissioned over the winter period, with more than 8,000 being face to face appointments.

- The 'You and Your GP' charter would be added to practice websites, which were often the route used, alongside the NHS app – practices and Primary Care Networks (PCN) had been supporting people to access and navigate the app. This charter set out the expectation that requests would be respond to in a working day. There was a caveat that practices may ask patients to telephone directly for anything urgent – there were warnings on the digital access route to act as a safety net.
- Practices would need to adapt and train staff in relation to triage, and support was being provided. In Bromley, triage was used by a number of practices last winter – the only change would be the digital access being implemented. The data indicated that there had been consistent levels of access everyday – the change had been the shift from most people contacting practices via the telephone or front desk to more people using online systems. There was a significant amount of information that could be reviewed by practices to help them adapt.
- The contract required online access to operate between 8.00am-6.30pm – if it was available overnight, it would create a queue, and the urgent cases would still need to be sifted out. These hours meant that everyone was treated the same, and digital access freed up telephone access for those that could not use online routes.
- In terms of bringing residents along on the journey, work had been undertaken at a local level to explain the changes to GP access, and a national campaign was planned for the spring. Practices had been encouraged to work with their Patient Participation Groups (PPG) and were informing patients through different channels, such as leaflets and surveys. Feedback about patient experiences were provided by Healthwatch Bromley, the GPPS and directly to GP practices – it was noted that You and Your GP would also provide an informal feedback route to the ICB. Data could be provided to practices and identify areas of low usage – work would be undertaken with practices to try and increase use and address digital access.

The Chairman thanked the Associate Director and GP Clinical Lead for the update provided.

## 4 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed Angela Helleur, Chief Delivery Officer – King's College Hospital NHS Foundation Trust, Professor Roopen Arya, Clinical Lead (Haematology) – King's College Hospital NHS Foundation Trust and Dr Carmel Curtis, Chief of Division A – King's College Hospital NHS Foundation Trust to the meeting to provide an update.

The Chief Delivery Officer highlighted several key issues, including:

- Emergency performance – for July 2025, 72% had been achieved overall. It was noted that the beginning of summer had been challenging, with high numbers of patients coming through, however overall performance had improved in recent months. New initiatives had been implemented for winter, including ambulatory pathways,

which had sustained this improvement. There had also been a reduction in the number of patients waiting a long time (12+ hours) in the Emergency Department (ED). There were still challenges in relation to mental health presentations, and they were working closely with Oxleas NHS Foundation Trust colleagues to manage these pathways.

- The Trust's winter plan had been agreed by the Board the previous week, which set out how flow would be maintained during times of surge. This would be supported by the refreshed flow programme.
- Referral to treatment pathways (elective) – there had been a focus on reducing long waits for treatment. Overall, the Trust had seen a significant reduction (20%) in the waiting list – however, there were some challenges in reducing long waits in particular pathways, such as bariatrics/weight management. They were working with partners across London to consider what could be done to address this.
- Cancer performance – overall, the Trust was performing well, and meeting standards for faster diagnostics. There were challenges within two pathways, breast and prostate. The first related to an acute workforce issue and they were working with colleagues across London to mitigate this. The latter related to the need to transform the pathway to get early diagnosis.
- Workforce – the new divisional structure had been in place for a couple of months and benefits were being seen. There was better activity with teams to try and improve engagement and morale.
- Estates and capital – Endoscopy Unit due to be completed by the end of October 2025, which would support cancer performance. There would be upgrades to wards to make them dementia friendly – there were also plans to refurbish the maternity and children's wards, as well as expand the neo-natal unit.
- EPIC – data indicated that the number of patients not attending outpatient appointments had been reduced. A breakdown of age and ethnicity of users had been provided.
- Finance – the Trust had met its control total at the end of the last financial year. A challenging cost improvement programme was in place for this year, which they were on track to meet.

The Chief Delivery Officer provided the following responses to Members' questions:

- The bariatrics/weight management pathway was complex, with long waits for surgery. The Trust was one of only a few centres that undertook bariatric procedures. There was lots of new technology and pharmaceutical innovations, and they were looking end-to-end. Some of the challenges related to workforce, as well as how the waiting list was managed. Additional capacity had always been procured for areas under intense pressure, including using the private sector with the agreement of NHS England, to reduce waits for patients. It was highlighted that, from a Bromley perspective, there were not many long waiters, and the team at the PRUH had high productivity.
- The Trust had a comprehensive cost improvement programme in place, with 12 work streams to support financial sustainability. Areas of

focus included productivity, making the best use of resources and ensuring they had the correct size workforce. In terms of operational productivity, they were looking to ensure theatre efficiency in elective pathways and the transformation of pathways. They were also considering estates, facilities and procurement processes.

- Ophthalmology – the reference to a shortfall in 'plastic' capacity related to complex eye surgery where plastic surgery was also required, and it was not easy to recruit to this specialism. Over recent months the Trust had recruited to nearly all of the senior consultant roles within Ophthalmology.
- Workforce challenges – bariatrics and breast cancer pathways both had small teams of consultants. Any sudden absences could significantly reduce capacity, and it was not easy to quickly replace staff to these roles. Longer term, it could be difficult to recruit to specialist areas – some of this was a national issue, and the Trust was very good at "growing their own".
- With regards to weight loss drugs, the NHS was still in the early stages of having access. Cost impacts had not yet been seen but may be realised over time.

With regards to the proposed service redesign of inpatient cancer care, several key issues were highlighted:

- Proposals were at the early stages of development. They focused on the Chartwell Ward, a 12-bed ward which cared for mostly cancer and haematology patients, but also other general patients. They had looked at services across King's and were considering changes to cancer and haematology inpatient pathways. They wanted to shape, develop and map the process for the best will of the patients.
- Gratitude was expressed for the immense work undertaken by the Chartwell Cancer Trust and colleagues – it was noted that these proposals did not diminish their contribution and may enhance opportunities.
- There was a large number of haematology consultants located at Denmark Hill, with a significant amount of expertise. Haematology was a highly regulated, broad discipline and had strong governance. The proposals were motivated to provide equity of access to specialist care for both inpatients and outpatients across the Trust's sites and allow robust clinical governance.
- Staff welfare, training and development was also an element – haematological therapies were developing quickly, and there were issues related to supporting nursing and medical staff.
- The Chartwell Ward currently had 12 beds, and two thirds were occupied by haematology patients. It was highlighted that other haematology patients were also on surgical and medical wards. Some of the remaining beds were occupied by cancer patients, but again other cancer patients would be on different wards.
- It was proposed that inpatient haematology be centralised at the Denmark Hill site, providing equivalent care. Outpatient services,

ambulatory therapy and supportive care would remain on the PRUH site.

- In terms of improving same day services, they did not have provision for cancer or haematology access to ambulatory pathways – this expanded access should help the current admissions. They were aware of transport issues, particularly for older patients – consideration was being given as to what could be done on the PRUH site with patients only going to the Denmark Hill if they really needed to.

The following responses were provided to Members' questions:

- Some conversations had taken place with staff, and they had met with representatives from the Chartwell Cancer Trust – the proposals had been brought to the Sub-Committee in first instance, and they had not yet submitted a formal paper to the Trust Board.
- The meeting was held with the Chartwell Cancer Trust because they had worked closely with them for a number of years – similar proposals had been put forward in 2016 and they wanted to engage with the charity. The Trust had a duty to discuss ideas with staff and informal discussions had taken place – as mentioned, no paper had been presented to the Board and staff had not received letters regarding a formal consultation.
- It was acknowledged that things could have been done differently – they had intended for this to be carried out in a co-ordinated way, with meaningful engagement. However, rumours had spread wildly, and apologies were offered for the alarm caused.
- There was no date for the ward closure, and chemotherapy training had not been paused – this would be followed up with staff.
- A definitive proposal would be prepared for the Trust Board in the coming weeks, and the risk assessment would be based on this – both could be shared with the Sub-Committee.
- In terms of the rationale for moving the service, the transplantation resource was concentrated at Denmark Hill. They were aiming to work more across the sites – for the resource and specialist input required, Denmark Hill had senior consultants on call, whereas the PRUH only had more junior staff.
- If the Trust proceeded with the proposals, they would need to consider the pathway for patients that presented at the PRUH. Lots of discussion and assurance would be needed to ensure pathways were safe, and that patients had been triaged sufficiently.
- An equivalent number of beds would be provided at Denmark Hill – there may be potential impact on other supportive services, but the offering was stronger at this site, and therefore more resilient.
- It was considered that the proposals would help in terms of nursing, training, competency and stress levels. It was noted that the recent uncertainty would not have helped the mental health of staff and patients, and they were sorry it had not been done in a controlled way.
- Thought had been given to the potential use of the ward, including expanding the planned infusion unit and increasing same day access to services. There would be some efficiency savings in terms of

consolidating staffing groups to support productivity. Depending on the plans for the ward, there may be some initial costs to get these up and running.

- With regards to immunosuppressed patients and transfers, it was noted that the majority of care was provided in the outpatient setting, which would remain at the PRUH. If patients were transferred as an emergency, they would be stabilised at PRUH and transferred via ambulance when appropriate. Patients receiving elective treatment were often well until they got to hospital for treatment. It was acknowledged that transport for those that were chronically immunosuppressed, and their families, was an issue and they would need to look at the pathways for admissions. In terms of parking at Denmark Hill, there was no easy fix – it was a consideration, but the overall aim was to improve patient care and access to services.
- It was emphasised that lots still needed to be worked through – if the proposals went ahead, outpatient haematology services would still be provided at the PRUH. They were keen to support more cross-site working as the PRUH consultants were currently working in isolation. On-site junior doctor support would be available to help review patients.
- The consideration of pathways for patients with other cancers would be part of the proposals – an audit had been undertaken the previous week, and the majority of these patients received good care on general medical wards.
- It was noted that the same robust questioning was anticipated from the Trust Board. The comments made by Members would be taken into account – they were considering if the changes could be made safely, and if they were right for the patients. It was about providing the best possible care to patients and making pathways safe and comfortable. As a group they were committed to ensuring that they were going down the right path.

Following a suggestion from the Portfolio Holder for Adult Care and Health, the Chief Delivery Officer agreed that a statement regarding the proposed changes to service delivery would be drafted by the Trust and provided to Members to share with residents.

The Chairman thanked the Chief Delivery Officer, Clinical Lead (Haematology) and Chief of Division A for the update provided.

## 5 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 1 Patient Experience Report for Healthwatch Bromley, covering the period from April – June 2025.

The Healthwatch Bromley representative highlighted several key issues, including:

- 541 reviews of health and care services were gathered, helping to raise awareness of issues and improve care.

- 54 visits were carried out across the borough including at hospitals, GP practices, health awareness evenings, wellbeing cafés, a community fair, Bromley XbyX Forum, mum and tots' groups and the One Bromley Health Hub.
- 50% of the reviews related to GP services. As previously mentioned, they were trying to capture more information regarding how patients were finding, and accessing, the NHS app.

The Chairman noted it was positive to see the number of pharmacy reviews increasing and thanked the Healthwatch Bromley representative for the update provided.

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

The Vice-Chairman advised that she had attended a meeting of the South East London Joint Health Overview and Scrutiny Committee on 31st July 2025. Updates included:

- The election of the Chairman to take place at the October meeting (date to be confirmed).
- There will be one in-person meeting and one visit during the year – there were building issues at Maudsley so no visits could take place there for the foreseeable future.
- Representatives from St Thomas' Hospital would attend a future meeting to talk about the move of principal cancer care.
- Representative to talk through the NHS changes, with a further discussion about the 10-year NHS plan and Integrated Care Boards.
- Lewisham had received £5m for a pilot scheme to deliver a community hub for people that had mental health conditions. Patients were members of the hub and through this membership they did not leave the health care system. The pilot was in the north of the borough, and they hoped to roll it out across the whole of the borough.
- A discussion as to whether there would be a mental health A&E in all hospitals – this was to be confirmed.
- It was noted that the uptake of flu vaccinations was down across south east London, and Members should be mindful of communications regarding the flu vaccine.

In response to a question from the Chairman, the Place Executive Lead advised that the vaccination programme had only started two weeks ago. It was noted that they had seen a year-on-year decline of the uptake of flu and COVID-19 vaccines. This year there was a robust programme for vaccinations in the borough – people visiting hospital outpatient services would be encouraged to have their flu vaccines, and it could be administered to those admitted to hospital and staying for a longer period of time. This year the criteria for the COVID-19 vaccination had changed, with it only being offered to those aged over 75 and the immunosuppressed. It was hoped that the decline in uptake would be reversed this year, and data could be provided to a future meeting.

RESOLVED that the update be noted.

## 7 FUTURE MEETING DATES

5.00pm, Tuesday 20th January 2026
5.00pm, Thursday 5th March 2026 (Briefing)

The Meeting ended at 6.49 pm

Chairman

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**HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 5.00 pm on 26 November 2025

**Present:**

Councillor Mark Brock (Chairman)
Councillor Gemma Turrell (Vice-Chairman)
Councillors Will Connolly, Dr Sunil Gupta, Ruth McGregor, Tony McPartlan, Alison Stammers, Pauline Tunnicliffe and Thomas Turrell

**Also Present:**

Charlotte Bradford, Healthwatch Bromley *(via conference call)*

## 8 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Hannah Gray and Councillor Pauline Tunnicliffe attended as substitute. Apologies for absence were also received from Councillor Robert Evans and Co-opted Member, Michelle Harvie.

Apologies were also received from Councillor Colin Smith, Leader of the Council and Councillor Diane Smith, Portfolio Holder for Adult Care and Health.

## 9 DECLARATIONS OF INTEREST

Councillor Alison Stammers declared that she had accepted an invitation to a Chartwell Cancer Trust event.

Councillor Dr Sunil Gupta declared that he had trained at King's College Hospital Haematology Department.

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

13 written questions and 2 oral questions were received from members of the public and these are attached at Appendix A.

## 11 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed representatives from King’s College Hospital NHS Foundation Trust (Julie Lowe – Deputy Chief Executive Officer, Dr Carmel Curtis – Chief of Division A and Dr Roopen Arya – Clinical Director for

Haematological Medicine) to the meeting to provide an update on the reconfiguration of Haematology Services at the Princess Royal University Hospital (PRUH).

The following responses were provided to Members' questions:

- The meeting was arranged following an exchange of emails with the Chief Executive of the Council. It was agreed that there had initially been a slight breakdown in communication, and they had been keen to ensure that senior colleagues were available to attend. The Deputy Chief Executive Officer had liaised with the clerk to find a date at the earliest mutual convenience. It was acknowledged that the initial engagement approach was poor and unsatisfactory, and an apology was given – the process was not adversarial; the shared aim was to serve Bromley residents. The strong reaction to the original proposal was unexpected, given the small number of patients directly affected. The Chartwell ward had evolved into something different from what people understood. It was not providing a specialist haematological cancer service. Therefore, the proposal was deemed to be the right approach to ensure these patients received active specialist treatment for haematological cancers, on the basis that more was done via day case and outpatients locally at the PRUH where possible. It was unlikely that the same situation would be faced again, as most services were familiar and widely used, unlike specialist ones. Many users relied on the service for long periods, with needs that changed over time – that was why they believed it was essential to engage not only with current users but also with those who had past lived experience, and they were committed to doing so.

- Over time, there had been considerable discussion about the future of the PRUH. They were now reviewing the King's 5-year strategy for 2026–2031 and were keen to engage with Members and wider Council colleagues on what this meant. This came at a time of significant change for the NHS and public services more broadly. The NHS 10-year plan highlighted several priorities that would directly affect this – such as shifting focus toward prevention and public health; expanding care into the community and closer to home, which Bromley Healthcare were eager to support; and moving from analogue to digital systems. They needed to consider how these changes could be implemented in a way that ensured Bromley residents received the best possible healthcare services.

- Their understanding was that the Chartwell Cancer Trust operated as a fundraising charity rather than a campaigning one. Historically, they typically engaged with Healthwatch or patient-representative charities, such as Age UK. They would look to clarify this further, and as agreed, would continue engagement with charities supporting patients with cancer and haematological conditions.

- Option 1 – maintaining the current model, advantages included:
  - maintaining local inpatient presence with patient satisfaction at being looked after close to home for those patients who live closer to the PRUH site; and,

- allowing the administration of inpatient chemotherapy for those regimes that can be delivered in a level 1-2 centre.

One of the disadvantages of this option was the inability to meet national standards. They would like to expand the care provided in outpatient settings at the PRUH, where about 85% of care was already delivered. They were also keen to upskill staff through cross-site working, with staff having competencies in more advanced levels of chemotherapy and more educational opportunities provided. This would enhance workforce stability and be an efficient use of resources, benefiting both patients and staff.

- In terms of the advantages of Option 2 – planned reconfiguration, these came from a starting point of wanting to make the service better and governance more robust. National practice, such as NICE guidance and NHSE best practice was reviewed and their aim was to offer Bromley patients the best options, including access to clinical trials and treatments. Whilst Denmark Hill was currently running 68 trials, they could host only three at the PRUH. Standardising care was also important to review outcomes and ensure the offer was fair and consistent for all residents. They were also looking to increase access to seven-day treatment, which was offered at Denmark Hill, moving beyond a Monday–Friday model to better fit around work and family life and bring some more enhanced emergency and elective day case offerings to the PRUH. The next phase would be to form a working group to decide the best use of the Chartwell space in terms of day cases, chemotherapy or other services. Workforce sustainability was another priority, and they must ensure staff were supported – this all fed into the 5-year strategy and aligned with the NHS 10-year plan, helping deliver services into neighbourhoods. The disadvantages of this option were the distances for people to travel and the impact on their families – as part of the next phase they would reach out to families. They needed to get it right in terms of working across their sites, their day case provision, and offering the best possible inpatient treatment.

- Data in relation to the disadvantages of Option 2 could be provided, including the number of chemotherapy cycles administered on-site. The national standards required a certain amount of chemotherapy be administered to ensure nursing competency – the numbers were low, which was part of the issue in terms of supporting staff and staff resilience. It was noted that a list of the clinical trials could also be provided.

- Capacity at Denmark Hill would increase, but it was not a simple “lift and drop” situation. Patients presenting at the PRUH with new diagnoses would not be placed directly into Matthew Whiting Ward. Instead, 8 beds would be added to the overall bed base, and patients would be assigned to the most appropriate bed for their condition. These beds were not ring-fenced for PRUH patients; they formed part of the wider capacity. A transferred patient may go to the Matthew Whiting Ward near the apheresis unit, to a higher-intensity bed, or to a bed suited for transplant or chemotherapy. The key point was that they were expanding haematology capacity, not superimposing to existing beds.

- The initial financial analysis showed that the proposal would generate unconfirmed savings of around £700,000 against the Trust's total turnaround of around £2 billion per annum. While this was modest in overall financial terms, the cohort of patients treated within Chartwell were not predominantly inpatient haematology-oncology patients; rather, they were often general medical patients with cancer as part of their wider clinical presentation.

- The proposal came about following concerns raised by the haematology care group regarding the service being provided and some suggestions for improvements. They were committed to undertaking further engagement, following which there would be a full financial analysis. There would also be a full equality impact assessment (EIA) and a quality impact assessment (QIA), which would include the impact on visiting and travel times. The scale of change for King's, and recognising they had got this wrong, would not have been seen as a significant change because it affected a small number of individuals, although there was serious impact for them. From this process they had taken away that they had not engaged sufficiently to confirm that was a reasonable assumption. They believed it was the right thing to do for the residents of Bromley in terms of outcomes, and they could repeat the process, but they did not anticipate there being another viable option.

- Some stakeholder meetings had taken place, and they were proposing a further four-to-six-week period of engagement about the current proposal with those who were most affected. Concerns raised at the last meeting related to the impact on Bromley residents. This proposal affected 144 patients out of more than 200,000 residents – the overall impact on the community was small but was significant to those individuals.

- The pathways had changed over time so they would look to provide a detailed explanation of what would happen if you were diagnosed with a blood cancer 10 years ago compared with what would happen now.

- Informal discussions had been held with staff – they had not ordered or instructed anyone to look for other posts. There had been difficult conversations with some of the specialist chemotherapy nurses – as highlighted, to maintain competence and be signed off, they needed to deliver a higher volume of chemotherapy than was currently being provided at the PRUH and analysis showed that future patient numbers would remain low. They wanted to retain nursing staff – for some, moving to Denmark Hill to continue to practice their specialist service may be a viable option and may be something they wished to do. Some services that were once provided in hospitals were now in the community and staff had to make decisions about what was right for them and their families. Many of the PRUH pre-nursing staff had worked at the hospital for a very long time – they may choose to work at the PRUH over their sub specialism and would be offered the opportunity to move to other wards within the hospital. It was noted that, across specialties and services, nurses moved wards all the time. Staff would like a clear, firm proposal so they knew what jobs

would be available to make a real choice – it they let things drift on there was a risk that staff would leave.

- In terms of medical staff, the plan would be to retain the PRUH haematologists on a separate rota. Recruiting to a PRUH-only consultant haematologist role was likely to prove more difficult as posts at Denmark Hill and access to specialist services were more attractive. Over time they would potentially look to move to more of a shared rota.

- Chemotherapy nurses would be caring for patients on the Matthew Whiting Ward.

- Bromley patients already had access to intensive treatments, but if they were being looked after by the large specialist teams at Denmark Hill, the access was likely to be more immediate and direct. King's had one of the most active clinical trial centres in the country, running over 60 trials in a range of haematological malignancies. There were cutting-edge treatments such as CAR-T therapy and gene therapy as well as expertise in intensive treatments.

- The knock-on effect to other areas had been considered. As part of the pathway development those patients who did not need to go to Guy's Hospital for complex solid organ tumours would receive get their chemotherapy as needed from the Chemotherapy Day Unit (CDU) team. As part of the redesign of these pathways they would be looking at the size of that team and potentially expanding it. Chemotherapy was already delivered on wards other than Chartwell through this process and the plan would make it more consistent and robust.

- The reference to a small number of people being affected was to partly explain why it was not viable to continue as they were. For example, if there were 500 blood cancer patients a year in Bromley there would be more justification for continuing with Chartwell as is, with a few tweaks. However, in terms of nursing competence and the number of patients who benefitted from being in a very specialist unit, the numbers were not viable to provide the comprehensive service and limited the options of what they could realistically do. Money was not the biggest driver, but they had to be mindful of best value.

- In terms of engagement activity, they would look to focus on those people who had genuine relatively recent lived experience, but it was recognised that the period of the last six months was too narrow. They wanted to continue to provide at least 80% of the care for Bromley residents at the PRUH – this had been the case since it opened. However, they had a responsibility to highlight when it was felt patients would get better outcomes, a better chance of survival, if they were to go somewhere more specialist. They were keen to find the best community engagement for this. The London Borough of Bromley was a stakeholder, but the expertise was likely to lie with local charities and community groups and some of the national charities with local links.

- For a change of this scale and scope, where there was a compelling clinical argument, having done further engagement they would draft a business case. This would outline detailed financial information; the EIA; the QIA; the timeline for delivery; and staff impact. They would normally proceed swiftly to implement the preferred option. It was anticipated that the engagement would echo the concerns raised during the meeting. They would need to be clear about what support was in place for those that became inpatients at Denmark Hill, and what they were able to do within the constraints about supporting friends and family. There needed to be a clear plan to ensure they were maximising the number of patients who received care on a day case or outpatient basis, so these numbers were as small as possible. The proposal would then go through the Trust's internal NHS decision making process. In was anticipated that a business case would be presented in January 2026, and they would be happy to return to speak to the Sub-Committee. They could be clearer about what was being proposed, with additional data, but they would essentially be coming back with the same proposal.

- Currently, due to the issues around expertise, they were not delivering newer modalities of treatment at the PRUH – this would provide an opportunity to enhance the outpatient and ambulatory offering as well as the training and expertise.

- Co-production and co-design could be considered for some aspects of the service in terms of maximising the day unit and outpatient service and what was available. It was noted that neighbourhood teams were unlikely to be relevant as they mainly dealt with common health conditions that could be managed locally, often with support from a GP.

- The principles of the King's improvement methodology, which was a way of looking at service improvement, would be used in terms of all projects and programmes. There was an opportunity for patients and the voluntary and community sectors to be involved.

The Chairman noted that if Members had any further questions they could be emailed to the clerk to request a response from King's College Hospital NHS Foundation Trust. A copy of the additional questions received, and responses are attached at Appendix B.

The Chairman thanked the Deputy Chief Executive Officer, Chief of Division A and Clinical Director for Haematological Medicine for their presentation to the Sub-Committee. As agreed during the meeting, a further update on the reconfiguration of Haematology Services at the PRUH would be provided on 21st January 2026.

**RESOLVED that the update be noted.**

## 12 FUTURE MEETING DATES

5.00pm, Wednesday 21st January 2026

5.00pm, Thursday 5th March 2026 (Briefing)

The Chairman noted that, if required, the meeting on 5th March 2026 may be held in-person.

The Meeting ended at 6.43 pm

Chairman

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**SPECIAL HEALTH SCRUTINY SUB-COMMITTEE**
**26TH NOVEMBER 2025**

**WRITTEN QUESTIONS TO**
**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

1. **Written Question to King's College Hospital NHS Foundation Trust received from Suzanne Day:**

   Could King's please confirm that they have explored the option of downsizing the service provided at Denmark Hill and moving these services to PRUH to provide a more equitable service for residents and what their plans are for the potential vacated Chartwell Ward should their plans go ahead.

   ***Reply:***

   ***DH and PRUH both have different scopes of care they deliver. At DH highly specialised and complex treatments are provided that only designated centres across the NHS in England can provide. PRUH provides less complex care and does not have and never has had the required infrastructure or space to deliver these services. Centres are designated by NHSE and highly regulated and accredited by the relevant authorities. We are unable to explore such an option for the reasons outlined. The proposal is that Chartwell ward is not vacated but will be used to provide day and outpatient services.***

2. **Written Question to King's College Hospital NHS Foundation Trust received from Mirela Stan:**

   *Many Bromley residents see these proposals as not being for the benefit of cancer patients, but simply a money-saving exercise for a cash-strapped hospital trust.*

   Why hasn't a cost savings analysis been published in the proposal? Surely someone has worked out how much stopping inpatient services at the PRUH is going to save the Trust.

   ***Reply:***

   ***As referenced in our paper the proposals are still under development. Until we have further developed our proposals, including the detailed exploration of options, we cannot undertake the final financial modelling. Articulating the clinical case for change has always been our priority. We are confident our clinical case for change will benefit patients. However, the Trust is publicly funded and so ensuring we make the best use of public resources is always a priority and we do need to demonstrate that our services provide value for money.***

3. **Written Question to King's College Hospital NHS Foundation Trust received from Louise Barnard:**

   If Denmark Hill is apparently much more suitable than the PRUH, how is it that dozens of Denmark Hill cancer patient appointments have been cancelled in the past 4 weeks, due to a shortage of equipment and apparent supply and communication problems?

   *These cancellations (for Pentamidine) have left patients vulnerable to infection. This hasn't happened at the PRUH!*

   ***Reply:***

   ***There is a national shortage of the kits required to administer pentamidine which has forced us to cancel appointments. We are working with our procurement colleagues and other Trusts to identify alternative options of supply.***

   ***Pentamidine treatments have never been available at the PRUH as we are not commissioned to provide transplant services at the PRUH (only offered at specialist centres)***

4. **Written Question to King's College Hospital NHS Foundation Trust received from Stuart Jones:**

   *The proposal states that '8 beds will be opened at DH'. Where exactly in the building will they be? Will there be a new, purpose-built haematology ward created? Or is it the case that 8 current beds in existing wards will be renamed as haematology beds?*

   ***Reply:***

   ***Additional ward space has been identified at DH that is co-located with the Haematology Apheresis unit, thus increasing our bed capacity at DH. Patients would be allocated the most suitable bed depending on their particular clinical and isolation need.***

5. **Written Question to King's College Hospital NHS Foundation Trust received from Dr Hanne Warren:**

   Have the haematology consultants at the PRUH been consulted about these proposals? If so, are they fully behind these changes?

   ***Reply:***

   ***Yes, staff have been briefed, and the consultant team is broadly supportive of the changes. Any specific concerns are being addressed through the engagement process. Regular meetings are taking place.***

6. **Written Question to King's College Hospital NHS Foundation Trust received from Sophie Durham:**

Regarding the cancer trials mentioned, can the panel name any haematology trials that Bromley patients can now access at DH?

*It is our understanding that for any current trials, Bromley haematology patients would have to go to the Royal Marsden, not King's. Therefore, any talk of trials as a benefit to the proposal is misleading.*

***Reply:***

***We have a full portfolio of trials at King's and are one of the larger recruiting centres for clinical trials in the UK. We currently have 68 clinical trials ongoing. We do not routinely refer patients to the Royal Marsden for clinical trials unless the trial is not accessible elsewhere. This rarely happens. We also receive referrals for clinical trials that are only run at King's. This ensures equality of access to clinical trials and investigational therapies.***

***A full list of clinical trials can be made available.***

7. **Written Question to King's College Hospital NHS Foundation Trust received from Julia Hodges:**

*In August, the head of nursing at the PRUH, Margaret Finnegan, led a meeting where nurses were told the Chartwell Inpatient Ward was closing, and that it might be sensible for them to look for posts elsewhere. Several have now done this, leaving the ward understaffed and reliant on bank nurses.*

Which Executive ordered the head of nursing to say these things, and why?

***Reply:***

***Early engagement with staff took place. At no point was there an executive order to inform staff to look for other posts. We do appreciate that early engagement discussions may have caused some alarm and concern for some staff, and we continue to support staff through this period of proposal development.***

***These proposals once fully developed could represent a development opportunity for existing staff and, if required, consultation will be delivered in line with the Trust's responsibilities as an employer.***

**8. Written Question to King's College Hospital NHS Foundation Trust received from Sue Horler:**

*The proposal states that '8 beds will be opened at DH'. Yet there are 12 beds at the Chartwell Inpatient Ward.*

Aside from the 8 new haematology beds at DH, where EXACTLY are the remaining 4 oncology beds going to be re-housed? Or is the Trust simply going to reduce the number of its cancer beds?

***Reply:***

***The majority of cancer patients at the PRUH are on wards other than Chartwell. Cancer inpatients would continue to be distributed across the PRUH medical bed base. As part of developing these proposals we will be working up specific pathways.***

***The number of oncology patients at the PRUH at any given time is more than the number of available beds on the Chartwell ward. These patients are distributed on medical wards based on the site of their underlying disease. Most inpatients with a cancer diagnosis are looked after on general wards - this is the case in most hospitals. Staff across wards are experienced in caring for cancer patients.***

***It is important to note that Guy's cancer centre is the treatment centre for solid tumours and all south east London patients (excluding liver and neurological cancers) attend this location for treatment.***

**9. Written Question to King's College Hospital NHS Foundation Trust received from Andy Hayward:**

Why was chemotherapy training stopped for Chartwell Inpatient Nurses months ago? Was this part of the plan, so the King's Executives can now say the Ward is not fit for purpose? If so, isn't this just closure-via-stealth?

***Reply:***

***Chemotherapy training was not stopped. In order to meet clinical competency; nurses need to be exposed to regular administration of a variety of chemotherapy. Due to the low frequency of chemotherapy administration at the PRUH, staff are not in a position to easily meet their competency criteria.***

**10. Written Question to King's College Hospital NHS Foundation Trust received from Elizabeth Hayward:**

Can the Trust guarantee that twelve EXTRA oncology/haematology beds are going to be created with the King's sites, when they are removed from the Chartwell Inpatient Unit? Are the Executives absolutely certain that there will not be a reduction in cancer beds across their sites?

***Reply:***

***Please refer to answer under question 8.***

**11. Written Question to King's College Hospital NHS Foundation Trust received from Poppy Wood:**

*The proposal focuses on granting equitable access for Bromley residents to specialist treatments only available at DH. Yet Bromley haematology patients already have access to these treatments (such as CAR-T therapy) through referrals.*

So how will closing the Chartwell Inpatient Ward, or stopping the Inpatient provision at the PRUH, improve on this access?

***Reply:***

***Yes, Bromley patients do already have access to intensive treatments such as CAR-T therapy. However, care is improved for intensive treatments when they have immediate and direct access to these treatments through their main treatment team.***

***The cross site working pattern will allow for broadening patient access to these types of cutting-edge treatments including clinical trials in timely manner.***

**12. Written Question to King's College Hospital NHS Foundation Trust received from Monique Augias:**

*The proposal, 16 pages long and seemingly thorough, has no budget or cost breakdowns. For such a big undertaking - with 8 new beds being opened at DH, 4 new beds elsewhere at the PRUH, plus the redevelopment of the current Chartwell space into something new.*

Why is there no mention of the money needed to fund this proposal? Or has a budget not been created?

***Reply:***

***Our initial financial analysis showed that re-designing pathways to focus on day case and outpatient care at the PRUH with specialist inpatient beds at DH would be better for patients and more cost effective. There would be savings associated with closing Chartwell ward overnight. However, we have not yet fully worked up the full costings. Like all NHS services we will need to be able to demonstrate that the re designed services represent value for money.***

***Please also refer to answer under question 2.***

**13. Written Question to King's College Hospital NHS Foundation Trust received from Jamie Hall:**

*Hunting through the proposal, the main stated benefits of relocating haematology patients from the PRUH to DH are: access to specialist treatments (which Bromley patients can already access), clinical trials (of which there are none at DH) and blurb about centralisation.*

In simple terms, can the panel state exactly how moving haematology to DH is going to benefit their health?

***Reply:***

***There are clinical trials at DH.***

***Please also refer to response provided to answer under question 11.***

**SPECIAL HEALTH SCRUTINY SUB-COMMITTEE**
**26TH NOVEMBER 2025**

**ORAL QUESTIONS TO**
**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

1. **Oral Question to King's College Hospital NHS Foundation Trust received from Lynn Baraine:**

   Describe the emergency and medical pathways for a cancer patient presenting in the Emergency Department who requires an inpatient admission, if the Chartwell Ward is closed.

   *(Further context provided: when patients are admitted on the emergency pathway, it is not seamless – usually when there's a decision to admit and there is a bed on Chartwell, then they go straight there for start of treatment. By repurposing the Chartwell inpatient beds, and putting these patients on a medical ward, someone has got to go around and review those patients – the consultants for those wards might not necessarily have haematology experience. By removing the inpatient ward completely and repurposing, those patients will linger – would they go straight to Denmark Hill if required.)*

   ***Reply:***

   ***The pathways for solid tumour cancer patients (oncology) remain largely unaffected. Patients are primarily admitted to the ward most appropriate to their cancer diagnosis. Patients would continue to attend the Emergency Department and would then be assessed and provided with immediate treatment. Increasingly treatment can be offered on an outpatient or day treatment basis. However, if inpatient admission is required this will be arranged at PRUH, or (as happens at the moment) transfer to DH (or GSTT) can be arranged in specialist cases.***

   ***Oncology (solid tumours like breast or lung) and haematology cancers follow different pathways at PRUH. Oncology patients admitted for non-cancer issues are placed on the appropriate ward, not Chartwell. Audits show many cancer patients, including haematology cases, are already cared for in other medical beds when Chartwell is full. The oncology pathway is established: Guy's oncologists conduct rounds and patients are reviewed by the acute medical team. Haematology patients, whether on Chartwell or elsewhere, continue to be seen daily by PRUH haematologists, who run chemotherapy, outpatient clinics, transfusions, and ward rounds. This will not change.***

   **Supplementary Question:**

   If there is a patient that needs to start chemotherapy treatment, the nurses on the medical wards won't have chemotherapy training, they won't have the expertise. Whereas if they are co-located on Chartwell, they have the expertise for delivering

care. How will you improve patient care if patients are not on a ward that specialises in haematology and chemotherapy?

***Reply:***

***The PRUH has a Chemotherapy Day Unit (CDU) whose nurses already deliver treatment on other wards when needed. Solid organ chemotherapy is limited at the PRUH, with most patients treated at Guy's unless managed as day cases. No patient is left without chemotherapy: care is provided in the day unit, at Guy's, or by CDU staff. This pathway for solid organ tumours is already established.***

**Additional supplementary Question from Councillor Alison Stammers:**

If you have a patient with blood cancer who presents at PRUH A&E, maybe with a very, very high temperature at risk of going into sepsis – can you explain the pathway for that patients as the bed would now be at Denmark Hill. How will referral to Denmark Hill take place? Will they be ambulanced and what will happen in the meantime to ensure that the patient's best needs are protected?

***Reply:***

***Blood cancer patients still come into the Emergency Department (ED) and get assessed. If they had sepsis they would be admitted to a medical bed at the PRUH in the first instance. They are then seen that day, or the next day, by the haematologist who is based at the PRUH – they go to medical wards where there are haematology patients. This happens now, and that will not change. Most of those patients would have antibiotics, recuperate and be discharged from the PRUH. On review, if it was thought it might be a relapse of their disease, or they need another round of chemotherapy, they would then transfer to Denmark Hill, particularly in complex regimens. If there was a need for chemotherapy or more intensive support, for example from renal, cardiology or critical care, then transport to Denmark Hill would be arranged. It would be a case-by-case discussion and a lot of the care in haematology is outpatient care including antibiotic regimens. Many patients will remain at the PRUH to be cared for but if a transfer is needed, clear pathways exist between the PRUH and Denmark Hill, which operate as one department and care group, ensuring seamless coordination of care.***

**Additional supplementary Question from Councillor Alison Stammers:**

My understanding is that patients are only put on a ward until such time as a bed becomes available and they can get that specialist treatment as an inpatient on the Chartwell Ward. If they are on a general medical ward, they will be susceptible.

***Reply:***

***Most haematology patients at the PRUH are not on Chartwell Ward – they are often on the medical wards with other conditions, including infections.***

***Chartwell Ward is on average six to eight haematology beds, which is not a large number of beds. We will have to better employ the wider bed base. Your concerns are very understandable, but it is up to us to ensure that there are safe emergency pathways, as well as all other kinds of pathways that haematology patients require.***

***The infection control team makes these type of calls every day. Some haematology patients will come in infected themselves, having COVID or influenza. We already have very robust pathways to protect patients in both directions. It would never be our intention to have a vulnerable neutropenic patient sitting on a surgical ward because we already manage our bed base for lots of people with severe vulnerable immune systems. Chartwell is made up of individual side rooms, but there are other side rooms within the hospital where we put patients who are very vulnerable, whether they've got solid organ tumours or other forms of immunosuppression. It would be our intention for those haematology patients to also be protected in those side rooms, but just in other parts of the hospital.***

**Additional supplementary Question from Councillor Tony McPartlan:**

General medical wards are never going to be able to provide the same level of care as specialist haematology wards. By removing Chartwell, are you not putting patients more at risk because haematology patients potentially have to go elsewhere in the hospital, and those 8 to 12 rooms do not exist anymore. This seem like a weakening of the emergency pathway for patients who are based in the Bromley area because they had those 8 to 12 beds, with specially trained nurses to look after people who are coming in with neutropenic sepsis.

***Reply:***

***Most patients admitted with neutropenia or as emergencies are not treated on Chartwell. Over time, Chartwell has evolved into a ward primarily for long-stay patients, many of whom may have had an initial cancer diagnosis but now present with multiple needs – such as requiring side rooms for infection control, either because they are infectious themselves or need protection from others.***

***Chartwell is not equivalent to the specialist haematology wards at Denmark Hill. Those wards provide highly specialised care that goes far beyond what is available on a general medical ward. The risk of inaction is that we continue to perpetuate the misconception that Chartwell is a specialist haematology unit where acutely unwell patients with blood cancers are admitted for immediate chemotherapy from trained nurses. This is not the current reality.***

***Today, Chartwell serves a diverse group of vulnerable patients, and our responsibility is to care for them appropriately. The majority of patients presenting to ED with complications of cancer treatment, whether solid tumours or blood cancers, do not go to Chartwell for active cancer treatment. In 2025, clinical colleagues and I, as the senior manager involved, are persuaded by the evidence that patients requiring active haematological***

***cancer treatment are better served at Denmark Hill. At the same time, we recognise the need to expand day-case and outpatient services closer to home. We should not continue to suggest that the PRUH provides a comprehensive haematological cancer service via Chartwell, because it does not. This proposal arises from that reality. While efficiency and value for taxpayers are important considerations, the primary driver is the inability to deliver a fully comprehensive service locally. In a way it was a good story – the number of people with haematological cancers in Bromley is not sufficient to need that specialist service.***

**Additional supplementary Question from Councillor Dr Sunil Gupta:**

Who would remain on call for any emergencies, specifically after hours. Will it be a King's haematologist cross covering the PRUH.

***Reply:***

***In the short term, consultants at PRUH will continue providing cover for haematology patients across multiple wards, as most are not on Chartwell. Over time, however, there is clear potential for greater cross-site working and shared cover, strengthening the service overall. But in the long term, I certainly see the opportunity for more cross site working.***

**Additional supplementary Question from Councillor Dr Sunil Gupta:**

Do you think there will be a worry that most patients thinking there are no dedicated beds in the PRUH might go to Lewisham Hospital. It is easier to get to because there is a direct bus route, and it might lead to more reference to Lewisham Hospital than to the PRUH in the routine clinics.

***Reply:***

***We need to ensure that pathways into King's Haematology, whether at Denmark Hill or PRUH, are made absolutely clear, and discussions with Lewisham colleagues have already begun. A specialist registrar is available seven days a week to support patients entering the pathway appropriately.***

***In context, we are talking about only 144 patients per year compared with 380 daily attendances at PRUH ED, highlighting the small volumes involved. Patients with a diagnosis are already well supported by nurse specialists and consultants, with clear guidance on what to do if they become unwell, typically presenting to PRUH ED where systems exist to flag their condition. With Epic now in use across our sites, and Lewisham and Greenwich soon joining, we are moving toward a more integrated digital system that will make patient signposting increasingly sophisticated.***

**Additional supplementary Question from Councillor Will Connolly:**

When considering the impact on inpatients and families, such as longer travel

times or fewer parking spaces, it is important that the key risk section provides more detail on the specific travel mitigations. What measures are being proposed, where will they apply, and how will they be implemented?

***Reply:***

***Many patients who are unwell have to go to outpatient appointments or move to other sites. Patients moving between PRUH and Denmark Hill will continue to use existing internal hospital transport, with emergency transfers managed by the London Ambulance Service, usually within hours. Outpatient and day-case services remain at PRUH, so patients will not face additional travel burdens, and many are eligible for non-emergency patient transport (PTS) or already use public transport with appropriate guidance. Many other London hospitals work on that basis – UCLH in North London, for example, do not have any on-site parking.***

***The more complex issue is family visiting, which requires further engagement with patients going back further than six months, and potentially with Healthwatch colleagues to explore support options. Charities, including our own, can sometimes help with the cost of transport. They were keen to minimise the length of admissions – for example, through outpatient antibiotic therapy – as this could also ease the burden. While our priority is delivering the best possible care, we recognise that family visits play an important role in recovery and will work with families to identify practical solutions.***

**Additional supplementary Question from Councillor Gemma Turrell:**

In terms of the infectious diseases support, what is the difference between the support at the PRUH and Denmark Hill sites.

***Reply:***

***Both sites have microbiologists, virologists, and infectious diseases physicians, but the larger team – comprising most of our virologists, infectious diseases specialists, and senior microbiologists – is based at Denmark Hill. The PRUH has a smaller but highly capable microbiology team that plays a key role in infection control locally. Across both sites, teams have expertise in caring for neutropenic and blood cancer patients, with Denmark Hill offering greater depth of experience through close collaboration with ITU and the bone marrow transplant unit. There was also a substantial team at Guys for patients that went to that location.***

**Additional supplementary Question from Councillor Gemma Turrell:**

If you have teams on both sides, and I appreciate that you will have more on the Denmark Hill site, why is this listed as a case for change?

***Reply:***

***Infectious diseases physicians are based only at Denmark Hill, while microbiologists, who provide a different specialty, are at the PRUH. As treatments become more complex, the expertise required to recognise and manage the full range of syndromes is more readily available at Denmark Hill. Patients who are sicker or on advanced regimens need that higher level of specialist support, which goes beyond what is available at PRUH. This is not a reflection on the quality of colleagues at PRUH, but rather on the greater support and depth of expertise accessible at Denmark Hill.***

**2. Oral Question to King's College Hospital NHS Foundation Trust received from Matthew Venner:**

*The worst part of my two years of battling Lymphoma has not been the cancer, nor the treatment (which can be grim). The worst times are the nights spent in hospital due to secondary illness and infection. The emotional toll is huge, being separated from loved ones and missing out on life. The only link to real life, and hope, is through visits from my family.*

Moving me to DH will make it so much harder for them to visit. How is this an improvement?

***Reply:***

***We recognise that families play a vital role in patient well-being and recovery, and we are committed to keeping care as close to home as possible. Many patients presenting unwell at the PRUH will continue to receive standard treatments there, such as antibiotics, transfusions, and pain relief, under the care of on-site haematologists. For solid organ tumours, patients will remain on other medical wards as they do now, and we are working to expand outpatient and day-case services, including home-based options like outpatient antibiotics, to reduce admissions. While some patients may need transfer to Denmark Hill, we will engage with families to explore how best to support them, including parking solutions and charity assistance. Our priority is that, wherever possible, patients are managed at the PRUH or through enhanced outpatient care, ensuring they are not deprived of family presence.***

**Supplementary Question:**

How do you think is acceptable for haematology patients who are at high risk to either travel on congested ambulances/minibuses or public transport to their appointments at Denmark Hill to be inpatients.

***Reply:***

***Patients across London routinely travel to specialist centres, supported by established patient transport services, including single-person minibuses for neutropenic and highly vulnerable individuals. All of that is factored in and those are well trodden pathways for us. While geography and parking at Denmark Hill cannot be changed, our commitment is to keep patients at the PRUH whenever possible, offering day-case treatments so they can remain close to family. We recognise this will not be ideal for every family, but through engagement we aim to understand specific needs, such as children visiting, and explore ways to support them. Our priority is to smooth pathways and minimise transfers to Denmark Hill, ensuring patients receive care in the most appropriate setting.***

**Additional supplementary Question from Councillor Thomas Turrell:**

Twice now we have been told that the patient visitation facilities have not been properly considered in this process. It sounds like the humans at the heart of this have been forgotten. Can you assure me that is not the case?

***Reply:***

***Our focus remains firmly on people and patients. The dilemma we are faced with is that our primary responsibility is to offer Bromley residents the best possible care for their clinical condition. For Bromley residents with haematological cancers, the best outcomes now come from inpatient care at Denmark Hill, supported by expanded day-case and outpatient services at the PRUH. While ease of access is important in many areas, such as walk-in centres and urgent care, we must prioritise specialist expertise where patient numbers are small and treatments increasingly complex. This ensures Bromley patients receive care of the same standard as those in Camberwell, even if it means journeys of under an hour. Our responsibility is to provide the highest quality care and the best chance of recovery.***

***We cannot change geography, and while family support is vital, access to specialist care must take priority. At King's, we are one of the major specialist haematology centres doing over 250 transplants a year and many of those patients come from all around the country. Denmark Hill offers not only clinical expertise but also holistic support through psychologists, social workers, and our long-standing mind and body programme. I empathise with the challenges families face, yet the trade-off is clear: ensuring patients receive the best possible treatment and outcomes, even if travel and transport present difficulties.***

**Additional supplementary Question from Councillor Dr Sunil Gupta:**

As we know that the transport, parking and ferrying patients and families between the two hospitals is the heart of the problem, could you consider an hourly free shuttle service to transport patients who are not acutely unwell?

***Reply:***

***We will take that away. The numbers for this are relatively small, but we do keep shuttle service type arrangements under review. In the past we have also looked at the bus connections into the train.***

**Additional supplementary Question from Charlotte Bradford, Healthwatch Bromley:**

Why was more patient family involvement not included at this stage? And why has Chartwell Trust not been mentioned in the document when looking for patient involvement and feedback?

***Reply:***

***We acknowledge that engagement has not been as strong as it should have been – I apologise for that, and we need to do better. While this change affects a relatively small number of local residents compared with services like ED or maternity, we are committed to working with you. We will review a couple of years' worth of patient and family experiences to fully understand the implications. Our initial focus may have been too heavily on clinical outcomes, which are vital, but we must also reflect the lived experience. This means engaging with those who have used Chartwell for inpatient oncology or haematology, as well as the 140 patients admitted to PRUH as haematology inpatients.***

**Additional supplementary Question from Councillor Tony McPartlan:**

I would like to ensure that when this is being presented for discussion that terms like 'slightly further to travel' are not used – perhaps facts are used instead in terms of how long the actual journey may be for certain people.

***Reply:***

***That is a fair point – the statement was based on the maps on page 9, which show that many patients live between the PRUH and Denmark Hill, rather than immediately near the PRUH. Decisions are not based primarily on travel time, especially for a small patient group where outcomes are demonstrably better at Denmark Hill. Since the PRUH joined King's, we have worked hard to balance protecting local services, where 80% of Bromley residents receive 80% of their care, with ensuring patients benefit from advances in specialist treatment. Bromley residents deserve the best care King's can provide, not simply local access. This is not a binary choice, but a matter of responsibly offering the highest standards of care.***

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**SPECIAL HEALTH SCRUTINY SUB-COMMITTEE**
**26TH NOVEMBER 2025**

**ADDITIONAL QUESTIONS TO**
**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

**Questions from Councillor Tony McPartlan:**

1. Nurses can't maintain qualifications. Why is that only a problem now, when Chartwell Ward has been running seemingly OK at capacity for many years?

   ***Reply:***

   ***In order to meet clinical competency; nurses need to be exposed to regular administration of a variety of chemotherapy. Due to the low frequency of chemotherapy administration at the PRUH, staff are not in a position to easily meet their competency criteria. There is no national guidance for the number of Chemotherapy Infusions required to maintain clinical competency. However, we have been advised by the Chemotherapy Nurse Consultant that it should be weekly.***

2. Unclear on the plan for the 12 individual rooms on Chartwell Ward currently. Please clarify what will happen to the ward and room space.

   ***Reply:***

   ***As referenced in our paper the proposals are still under development. Until we have further developed our proposals, including the detailed exploration of options, we cannot confirm what will happen in the space. As part of the proposals, we are looking at how to enhance the day case pathways at the PRUH. It is expected that Chartwell Ward will feature in this capacity.***

**Question from Councillor Will Connolly:**

3. In reference to page 15 of the report: Engagement Activities – dialogue and collaboration with stakeholders. The report states 'we have been in touch with local MPs and NHS system partners...to gather feedback'. Can this list of stakeholders and their feedback please be shared with the Health Sub-Committee ahead of the January meeting?

   ***Reply:***

   ***Below are the list of local MPs and NHS system partners we have engaged, we will work to include their feedback for January as per commitment at last meeting.***

   - ***Gareth Bacon MP***
   - ***Liam Conlon MP***
   - ***Clive Efford MP***
   - ***Laura Trott MP***
   - ***NHS England***
   - ***South East London Integrated Care Board***

**Question from Councillor Gemma Turrell:**

4. Please could King's kindly provide more information regarding the clinical decision and rationale for this move please?

   *(Essentially, I would like more information following the pack we received at the Health Scrutiny Sub-Committee. Rather than the bulletin points as received in the previous pack, I would like more clinical information, cost information (if not sensitive) and explanations to the rationale behind the bulletin pointed pages)*

   ***Reply:***

   ***The ask is noted and we will work to provide this for January as per commitment at last meeting***

**Questions from Councillor Alison Stammers:**

5. Where did they get their patient figures from, especially the 144 haematology patients? My CNS says there are many more than 144 haematology patients in Bromley.

   ***Reply:***

   ***The data relates to our haemato-oncology patients only and not all Haematology patients. The data was produced by our business intelligence unit which regularly collates and reports data for King's at national and regional level.***

6. Why wasn't a representative of the PRUH present at the last meeting?

   ***Reply:***

   ***All colleagues in attendance represent the PRUH, we are part of one NHS Trust and work across sites. Our Haematology and cancer services operate as cross site care groups, meaning they are a single department working across multiple sites.***

7. Where exactly will the 8 new haematology rooms (as distinct from beds) be built at Denmark Hill to replace those in the Chartwell ward? If there are to be no new rooms, why not and how will this need be addressed?

   ***Reply:***

   ***We'd like to refer back to the minutes from last meeting where this question was raised and addressed. We will include further information for January as per commitment to providing more clarity on the overall proposal.***

8. Where are the 4 other oncology beds going to be relocated within the PRUH? Mention was made of using side rooms in other wards but given these are always at full capacity use now, and assuming the clinical need of other occupants is just as important, how will this be possible?

***Reply:***

***The ask is noted and we will work to provide this for January as per commitment at last meeting***

9. Why has there still been no meaningful patient engagement, other than a feeble questionnaire being sent out? Please circulate a copy of that questionnaire and advise when the patient engagement feedback will be made available?

***Reply:***

***In January we will launch a specific period of engagement with patients that will include workshops to involve them in the work we are doing on redeveloping key patient pathways within these proposals. We expect to have a report on this engagement period in March.***

10. Have consultants been consulted? If so, when and how? What were the main issues they raised? How will they be addressed?

***Reply:***

***See response to question 9***

11. Have matrons, senior nurses, CNSs and HCAs been consulted? If so, when and how? What were the main issues they raised? How will they be addressed?

***Reply:***

***See response to question 9***

12. What staffing levels does the inpatient ward have now? How many staff have left this year; how many since beg. August and why; how many vacancies have been filled; how many bank staff are filling the vacant roles? What is the additional cost of the bank staff?

***Reply:***

***Due to the number of staff on the ward answering this question would potentially disclose personal data.***

13. Should the proposals be implemented,
    1. what will be the net change in the number of specialist cancer and the number of specialist blood cancer beds within the Trust?
    2. What will be the net change in the number of a. cancer beds and b. all beds at the PRUH site?

***Reply:***

***The Trust does not have designated specialist Cancer beds. The Haematology service delivers a comprehensive range of care including***

***haemato-oncology and sickle cell patients. The bed base is used as per the patient demand and clinical priorities.***

14. What will be the net change in cancer staffing numbers be at a) the PRUH; b) DH should the proposals be implemented? Please break this down by job role.

***Reply:***

***The ask is noted and we will work to provide this for January as per commitment at last meeting***

15. A figure of £700k pa savings was mentioned. How has this figure been arrived at? Please provide a breakdown.

***Reply:***

***This is an initial proposal with indicative figures. Once there is firm agreement on the proposed reconfiguration the costings will be reviewed.***

16. What additional facilities will be made available to transport cancer patients from PRUH site to Denmark Hill given this need will increase? What will this cost?

***Reply:***

***The ask is noted and we will work to provide this for January as per commitment at last meeting. We are still exploring options for impact mitigation on transport for patients. Our current arrangements will remain in place for patient transfers and we are looking at enhancements to support patients through this proposed change.***

17. When will the risk and quality and equality impact assessments be available to inform this decision making and will it be shared publicly?

***Reply:***

***This is predicated on completion of the proposal. The final proposal will include all of the impact assessments.***

18. Please provide the data to support the statement that “Chartwell beds are also regularly occupied by non-cancer patient admissions” – ward staff dispute this assertion.

***Reply:***

***Some of these figures were provided at the last meeting. Please refer to the notes, however the ask is noted and we will work to provide further data including this for January as per commitment at last meeting***

19. What physical and other changes will be made within the inpatient ward? What exactly will it be used for and how much will these changes cost?

***Reply:***

***We are still in the process of working up the proposals more fully. Until we have completed the patient engagement process and finalised the pathway designs we cannot confirm how the space will be used going forward.***

20. What physical and other changes will be made in the outpatient ward and how much will these changes cost?

***Reply:***

***Please see answer above.***

21. What number of nurses currently meet the competency requirement (p10, Case for Change) and please provide out of how many nurses? Please provide a comparison figure for 2023 and 2024.

***Reply:***

***The ask is noted and we will work to provide this for January as per commitment at last meeting***

22. Please provide the detailed data to support the advantage and disadvantages statements given under both Option 1 and Option 2 (pages 11 – 12)

***Reply:***

***The ask is noted and we will work to provide this for January as per commitment at last meeting***

23. Given PRUH patients already get appropriate access to clinical trials and novel therapies now at DH and elsewhere and these are planned (not immediate) events, why is this given as an advantage under Option 2? Furthermore, you state (P12) "Patients would have increased opportunity to be involved in clinical trials" – are PRUH patients being denied opportunities NOW and if so why?

***Reply:***

***See below 24, however we will work to provide this for January as per commitment at last meeting.***

24. What barriers are in place now that prevent patients having access to 7 day a week inpatient care under the specialist Haematology team etc (bullet 4, advantages option 2)? What work has been done to remove those barriers? If none, why not?

***Reply:***

***Currently haemato-oncology patients are transferred from PRUH to DH when highly specialist care is required as this cannot be provided locally. This means patients only have access to this specialist care at particular***

***points of their patient journey. Under the proposals this barrier would be removed because current capacity will be provided at the DH site.***

25. Much was made at HSC of the need "to avoid admissions where possible" and this is cited as an advantage under Option 2 – what are the barriers that stop this happening already and continuing under option 1? What work has been done to remove those barriers?

***Reply:***

***Currently at the PRUH there is no suitable day case area for haematology patients. Emergency patients are therefore admitted directly to Chartwell as inpatients for any treatment requirements. If a suitable Haematology outpatient area is created at the PRUH the majority of those patients could be treated as day cases patients without needing to be admitted as inpatients. Any emergency patients that need clinically to be admitted will continue to be admitted and will be placed in the most suitable bed for their condition.***

26. Under Benefits of the proposed configuration, you say it "would improve patient care and equity of access". Please explain in detail what improvements you expect to see, what the benchmark is and how and when you will be measuring this.

***Reply:***

***Please see answer above – this can be provided in January***

27. How exactly will you enhance the emergency pathway for Haematology patients (p13)? What barriers are preventing you improving it now?

***Reply:***

***The emergency pathway can be enhanced through the creation of a suitable day case area for Haematology patients. Currently patients are admitted because there is no such facility. The proposals for this day case area are currently being worked up. The main barriers for implementing this now are space constraints. Moving elective patients to DH would free up this space.***

28. Please provide the detailed timeframe and work modules for this proposal and who is involved? When will the final decision be made and by whom?

***Reply:***

***We expect to have the detailed project plan and timelines available for the January meeting of the Bromley Health Scrutiny Sub-Committee.***

# Bromley Health Scrutiny Sub-Committee Update January 2026

King's College Hospital NHS Foundation Trust

Angela Helleur, Chief Delivery Officer, King's College Hospital






KIND RESPECTFUL TEAM

# Contents

## PRUH and South Sites update

- ED Performance update
- Elective recovery (Trustwide)
- Cancer performance update (Trustwide)
- Workforce
- Estates and service updates

## Trust-wide update

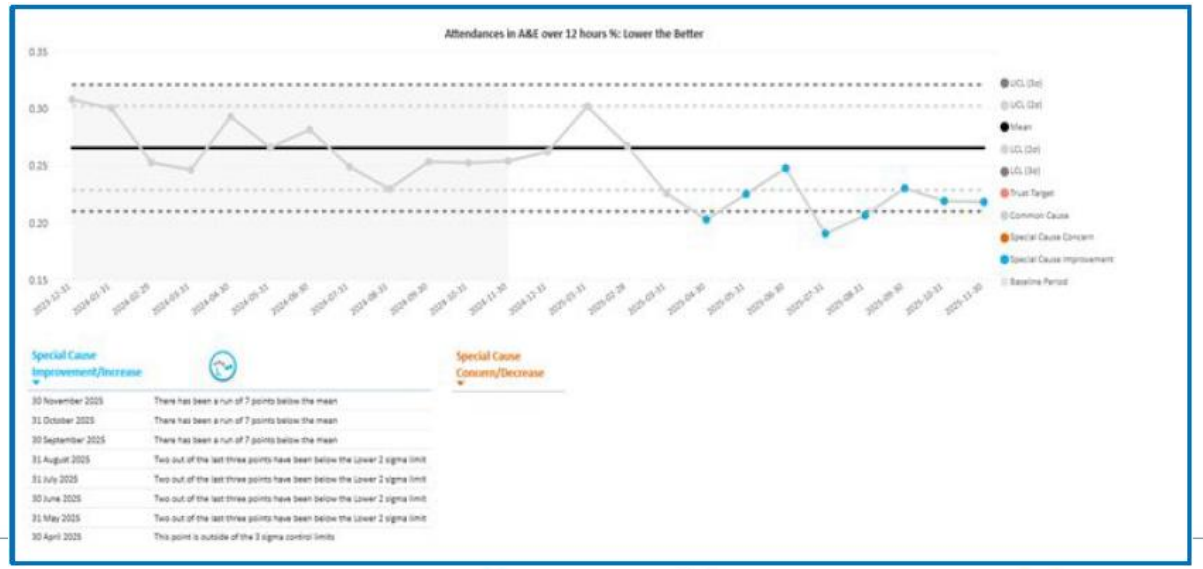
- Epic and MyChart uptake
- Finance update

# Emergency Care Performance

- Overall performance against the 4 hour wait target for Emergency Care remains challenging with November achieving 73.03% against an operational plan target of 72.6% with extremely high type 1 attendances in November; the UEC improvement programme remains focused on maintaining consistency and driving up performance.
- Corridor congestion continues to be increased due to increase in admitted demand, along with significant delays for mental health decision to admit patients.
- Ambulance arrivals remain high with average daily volumes at 77 for November.
- Future Actions: Implementation of acute gerontology admission pathway, reviewing specialty admission guidance, review of acute medicine model with the aim of increasing continuity of physician and review of pathways out of ED into SDEC.
- 21.8% of admitted patients waited over 12 hours in November. Patients requiring mental health input (and onward care) are significant contributor to non-admitted and admitted breaches.
- Future actions – ongoing partnership meeting with Oxleas to support oversight of mental health patient management and review of medical models to improve senior decision making closer to the front door, continuity of care and consistency of ED in-reach.

**ED 4 -hour performance**


**Attendances in ED over 12 hours**

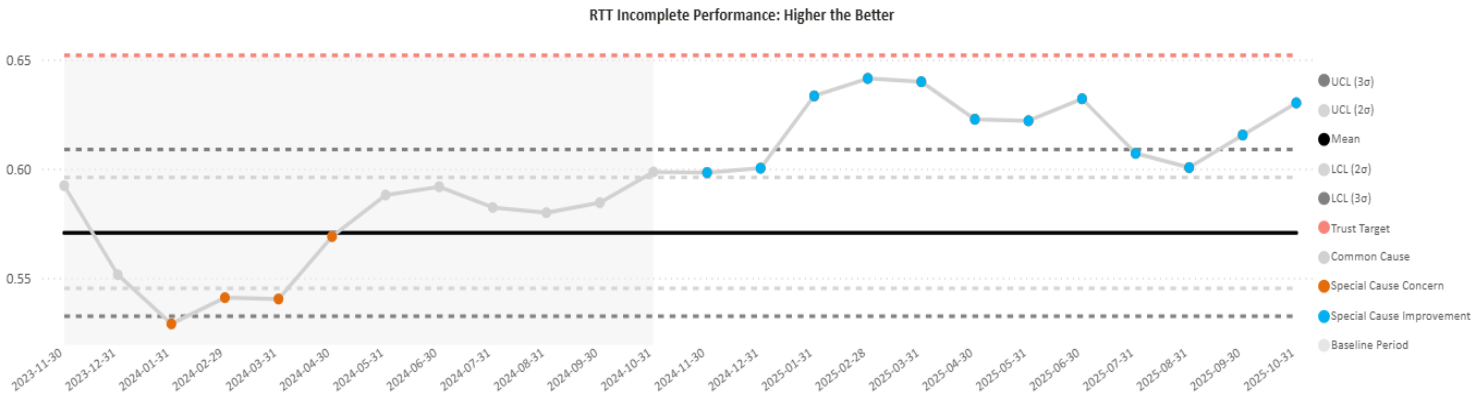





KIND RESPECTFUL TEAM

# RTT Performance Trends

**RTT incomplete performance**




| Special Cause Improvement/Increase | |
|---|---|
| 31 October 2025 | There has been a run of 7 points above the mean |
| 30 September 2025 | There has been a run of 7 points above the mean |
| 31 August 2025 | There has been a run of 7 points above the mean |
| 31 July 2025 | There has been a run of 7 points above the mean |
| 30 June 2025 | There has been a run of 7 points above the mean |
| 31 May 2025 | There has been a run of 7 points above the mean |
| 30 April 2025 | There has been a run of 7 points above the mean |
| 31 March 2025 | There has been a run of 7 points above the mean |

| Special Cause Concern/Decrease | |
|---|---|
| 30 April 2024 | Two out of the last three points have been below the Lower 2 sigma limit |
| 31 March 2024 | Two out of the last three points have been below the Lower 2 sigma limit |
| 29 February 2024 | Two out of the last three points have been below the Lower 2 sigma limit |
| 31 January 2024 | This point is outside of the 3 sigma control limits |

Assurance Flag:

**Total PTL:**

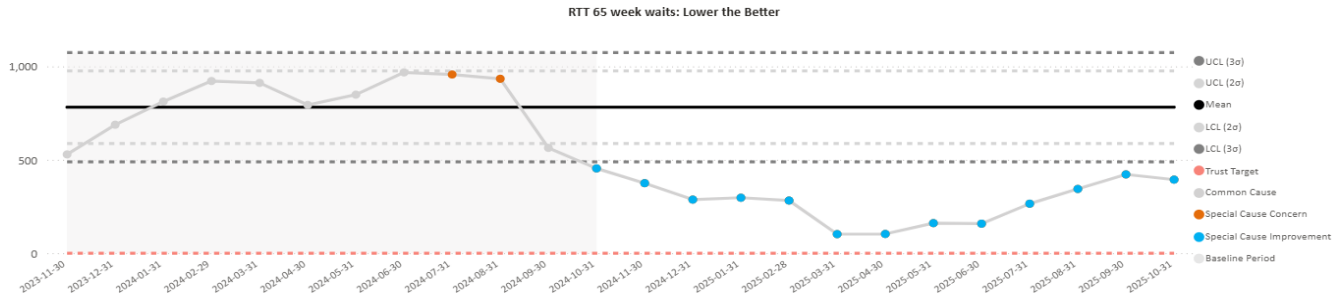
- Total PTL size is currently at 86228 waiters by the end of November which is below the operational plan target of 90,788 pathways.
- RTT incomplete performance for November was 63.92% against an operating plan target of 63.43%.

**Incomplete performance**

- Incomplete performance has remained above FY25/26 Operating Plan target in Q1 between April and June this year, achieving 63.21% in June. Performance has however reduced in July to 60.71% which is below the plan of 61.69% for the month.
- Future actions:
  - Enhanced clinical validation
  - Exploration of further NHS mutual aid offers, Independent Sector Provider model and Insourcing to support 65 week elimination by end of Q4.
  - Epic implementing a technical fix to prevent day case sequence pathways starting RTT pathways in January.

# RTT Performance Trends

## RTT – 65 week waiters




| Special Cause Improvement/Increase | |
|---|---|
| 31 October 2025 | There has been a run of 7 points below the mean |
| 30 September 2025 | There has been a run of 7 points below the mean |
| 31 August 2025 | There has been a run of 7 points below the mean |
| 31 July 2025 | There has been a run of 7 points below the mean |
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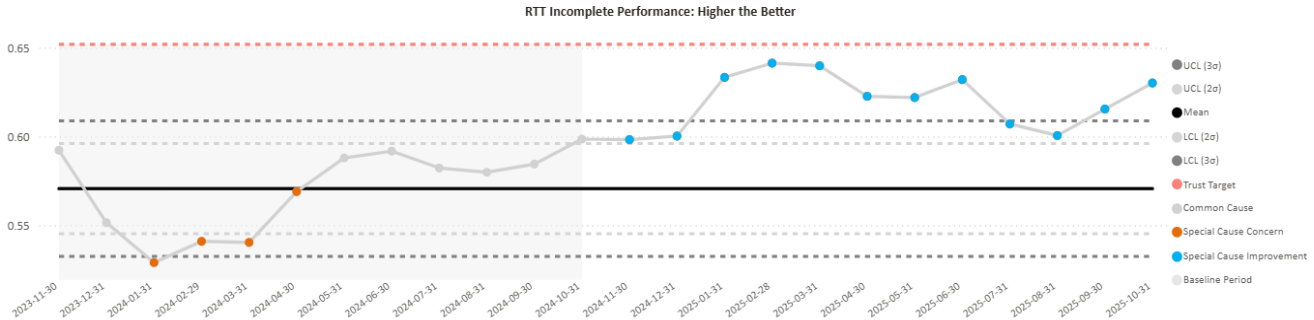
| Special Cause Concern/Decrease | |
|---|---|
| 31 August 2024 | There has been a run of 7 points above the mean |
| 31 July 2024 | There has been a run of 7 points above the mean |

Assurance Flag:

## RTT – 52 week waiters




| Special Cause Improvement/Increase | |
|---|---|
| 31 October 2025 | There has been a run of 7 points above the mean |
| 30 September 2025 | There has been a run of 7 points above the mean |
| 31 August 2025 | There has been a run of 7 points above the mean |
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| Special Cause Concern/Decrease | |
|---|---|
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| 29 February 2024 | Two out of the last three points have been below the Lower 2 sigma limit |
| 31 January 2024 | This point is outside of the 3 sigma control limits |

Assurance Flag:

**65 Weeks:**

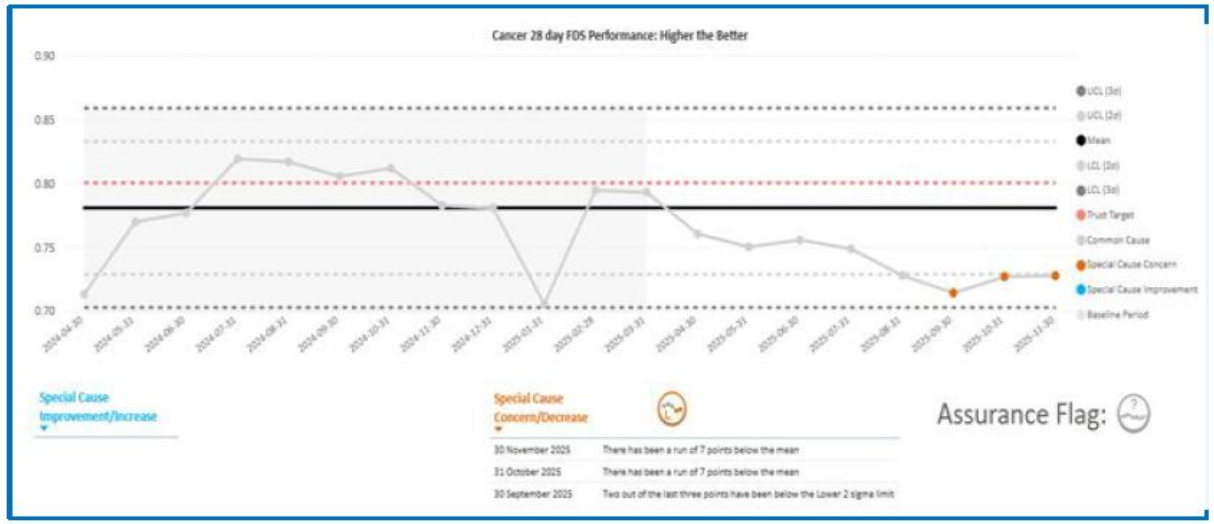
- 65+ Week waiters is currently 356 at the end of November above the operating plan of 26. .This is driven predominantly by long wait patients in Surgery and Ophthalmology.
- Future actions:
  - Enhanced clinical validation
  - Exploration of further NHS mutual aid offers, Independent Sector Provider model and Insourcing to support 65 week elimination by end of Q4.

**52 Weeks:**

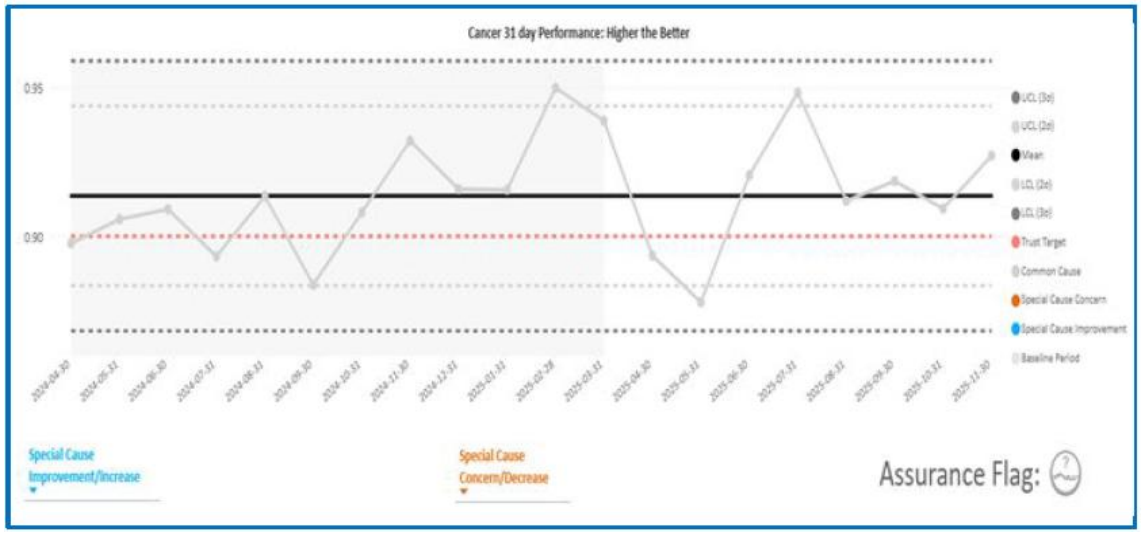
- 52+ Week waiters is currently at 1807 (2.1% of total waiting list) at the end of November above the revised midyear forecast of 1731.
- Future actions:
  - Service-led recovery plans to improve compliance by end of December.
  - Enhanced validation for entire PTL.
  - Daily focused RTT long wait review meetings with Director of Operations and General Managers chaired by Chief Delivery team.

# Cancer performance update – Trust

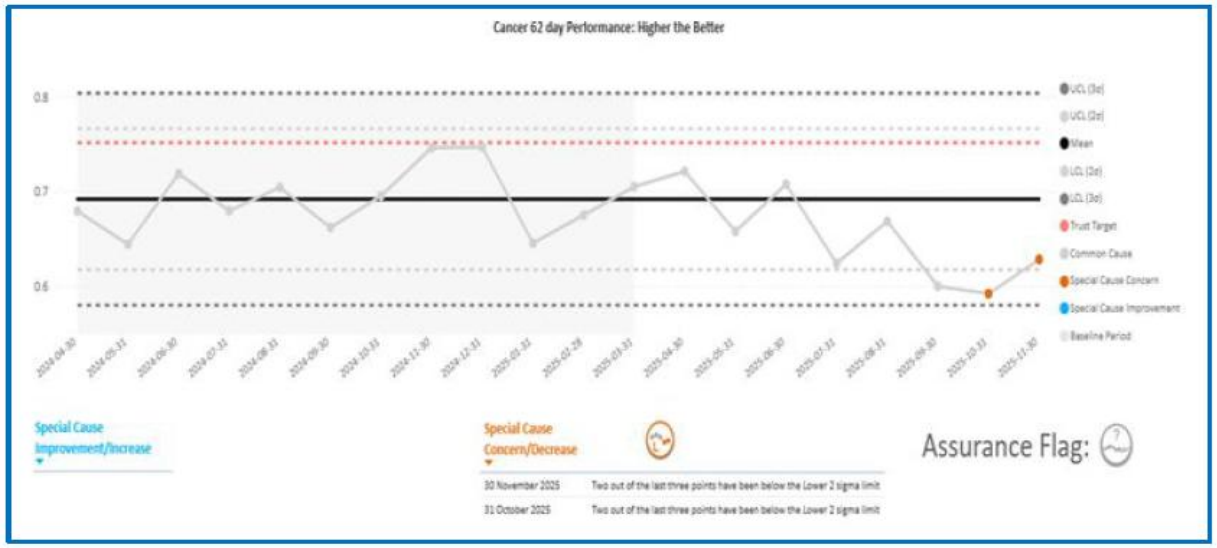
**Cancer 28 day FDC performance**




**Cancer 31 day performance**




**Cancer 62 day performance**




- **28-day FDS performance** Submitted NHSE position for October was **72.5%** against an operational plan target for 78.0%.
- **31-day performance** Submitted NHSE position for October was **91.3%** against an operational plan target for 89.3%.
- **62-day performance**. Submitted NHSE position for October was 57.5**%** against an operation plan target of 73.0%**.**

PLEASE NOTE CANCER PERFORMANCE IS PRESENTED AT TRUST LEVEL

# Workforce and EDI Update

**People Directorate – Operating Model**
The People Directorate has concluded consultation on the proposed restructure of the People Business Partnering and Employee Relations functions. This has resulted in a new divisional-based operating model, with dedicated People Business Partnering and ER teams aligned to each Division and led by a Director. The model is designed to strengthen employee relations support for Care Groups and Corporate Departments in line with divisional structures, while retaining a centralised strategic ER function to provide senior professional leadership, consistency, and Trust-wide oversight.

**PRUH Endoscopy Unit**
The PRUH Endoscopy Unit is nearing completion, with the opening scheduled for April 2026.

**2025 Staff Survey**
The 2025 Staff Survey closed on 28 November 2025, achieving an overall Trust response rate of 46%. Response rates by area were: Division A: 44.5% Division B: 40.6%, Division C: 45.7%, Corporate: 62.9%. The Organisational Development Team, working in partnership with the People Directorate, will shortly review the results and agree the approach to feedback and engagement with Divisions, Care Groups and staff. This will include reflecting on learning from previous survey cycles to ensure staff experience informs both the communication of results and the development of targeted improvement actions.

**King's Stars Quarterly Awards**
The King's Stars Quarterly Awards, supported by the King's College Hospital Charity, take place three times a year in March, June and September at Denmark Hill and PRUH.
The nomination window for the 2026 Quarterly Awards is now open and will close on 16th January 2026. Nominations will be reviewed by a judging panel and scored against outstanding care and practice. Winners will be invited to an awards ceremony to receive a framed certificate and pin badge from the Executive Team, followed by refreshments.

**PRUH Diabetes Service - Recognition**
The PRUH Diabetes Service received high praise following a visit from local MPs in October. The service is only the second nationally to receive a Diabetes Care Accreditation Programme award from the Royal College of Physicians. Dr Adrian Li commented: *"Everyone in the diabetes team is immensely proud of the accreditation we achieved earlier this year."* Gareth Bacon MP for Orpington also visited the team to hear about the vital work they deliver.

**Equality, Diversity and Inclusion**
The Trust remains committed to fostering Equality, Diversity and Inclusion through inclusive events and shared learning across staff networks. The activities below represent a selection of recent and upcoming events:

- Trans Day of Remembrance was marked on 20th November at Denmark Hill and PRUH, with colleagues from LGBTQ+ and ally communities in attendance.
- Disability History Month and Inter Faith Week were recognised in November through a range of events aimed at increasing understanding and strengthening community links.
- February is LGBT+ History Month, with planned activities including a flag-raising event, a Pride in STEM session, and ward visits across Trust sites.
- The Women's Network supported the International Day for the Elimination of Violence against Women in November and will mark International Women's Day in March with events, panel discussions and webinars.

# Estates and capital updates

**ENDOSCOPY UNIT**

Construction is now complete, however due to delays with heating and hot water provision handover has been delayed until 10th February 2026, with the mobilisation of the unit aiming to be ready from April 26.

**FLOW UPGRADES AND OTHER DEVELOPMENTS**

The ward refresh program and upgrade to dementia friendly environments will continue. Plans to refurbish maternity and Children's ward is in progress.
2025/2026 backlog maintenance projects to due to start including, Theatre 5&6 DSU, pendent enabling works, window replacements at Orpington, Air Handling upgrade at Orpington.
There are various other projects underway by the PFI under lifecycle replacement. Re-roofing work is underway. Fire door replacement program continues, nurse call replacement has started and street lighting and generator panel updates also taking place. Pneumatic tube system has been replaced and the water system major replacement works have begun.

# EPIC - MyChart

- To date **284,231 King's patients have signed up to MyChart (51% of all outpatients),** with **nearly 800,000** signing up in total across both King's and Guy's and St Thomas'. This is the largest instance of MyChart in the UK.

- MyChart users continue to demonstrate a **5% DNA rate** since go-live.

- Both King's and Guy's and St Thomas' are expanding the uptake of **automated scheduling features enabling patient choice of appointments and providing opportunities to be seen sooner where possible, with seven services now live and a total of 52 of 104 services having started implementing changes.**

- Last month, patients **self-scheduled 674 appointments**, more than double the previous month, saving more than 100 clinical hours — freeing up staff to focus on high priority tasks such as call handling and complex pathway management.

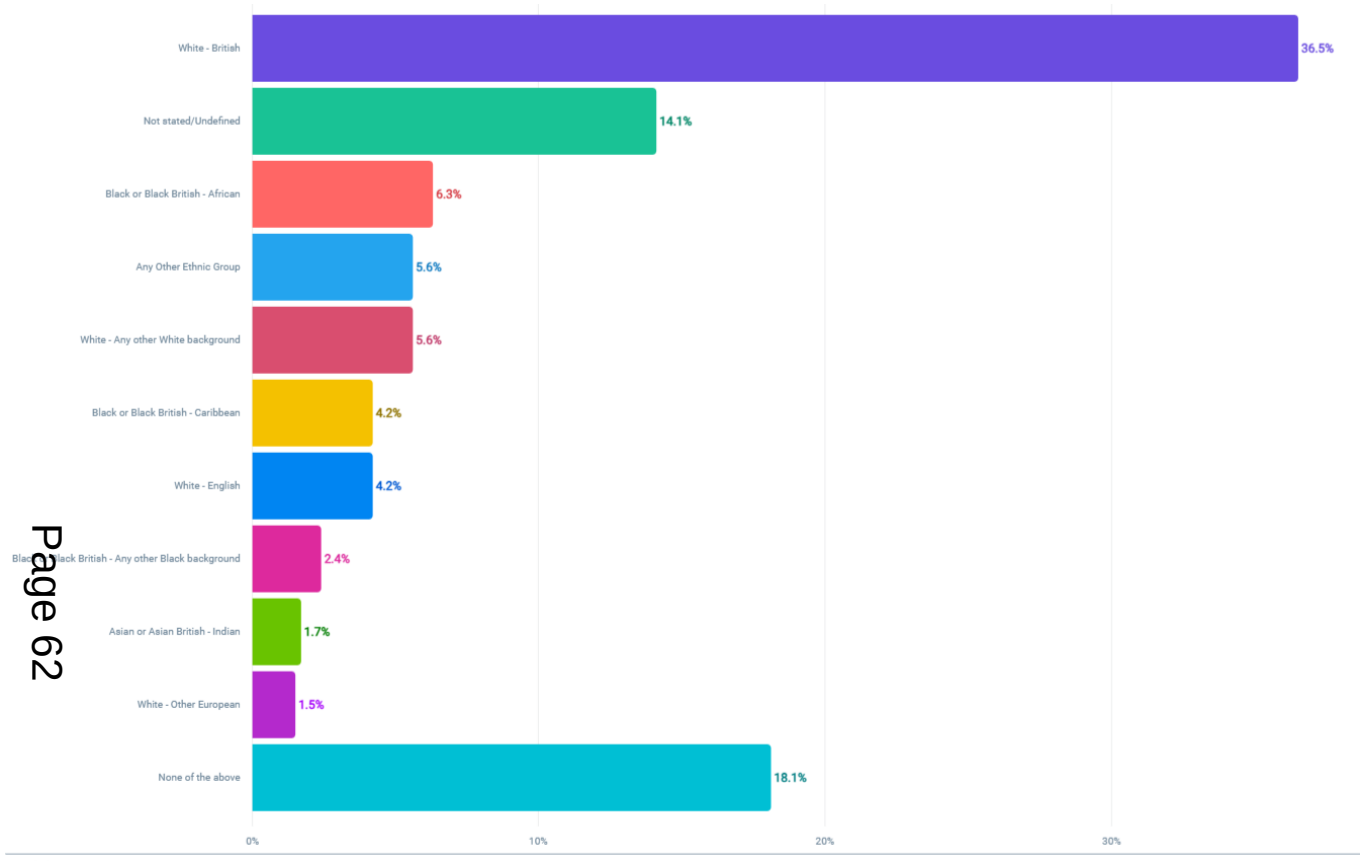


**The work to integrate with the NHS App continues with a sustained focus on**:

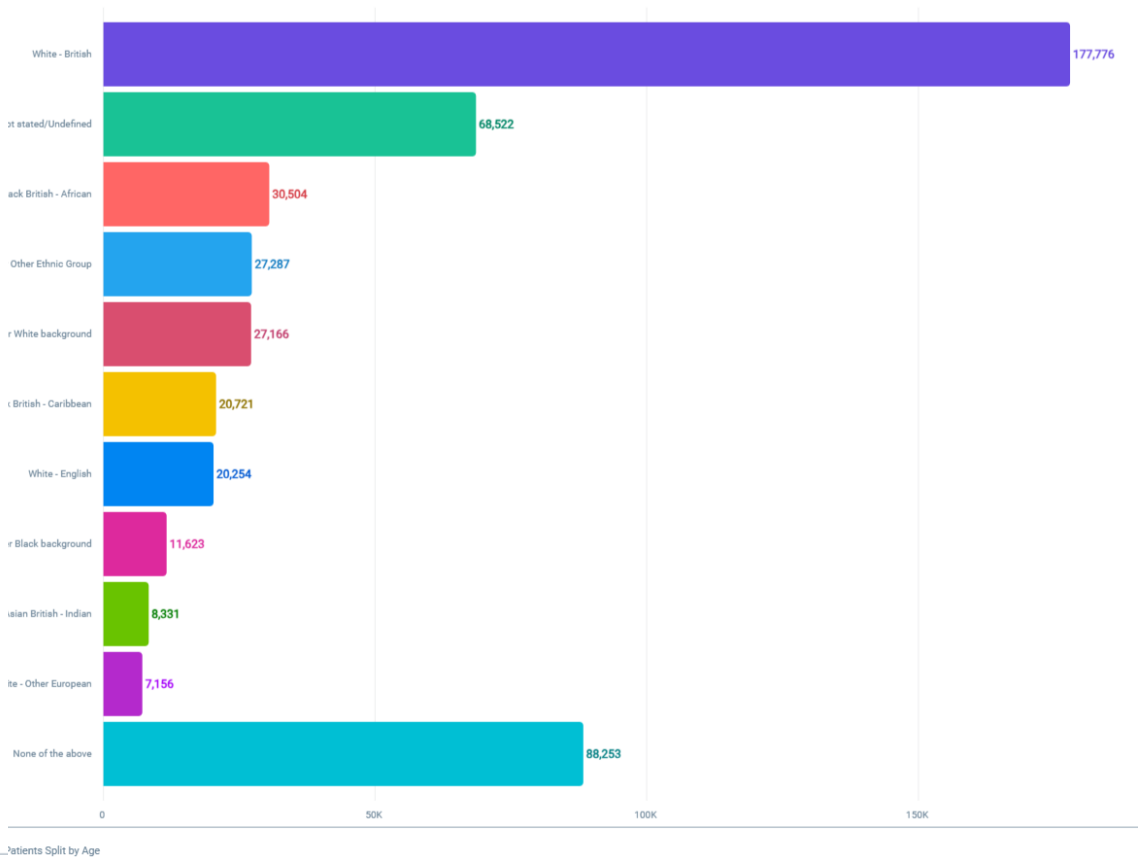
1. Surfacing the appointments for adult patients in the NHS app from March 2026
2. Enabling a 'jump through' to Epic from the NHS app from May 2026 (post Epic upgrade).
3. An initial pilot is due to go-live with one service to test the integration prior to wider roll out.

# EPIC - Ethnicity

## Patients in MyChart – KCH




## Patients at KCH (total)

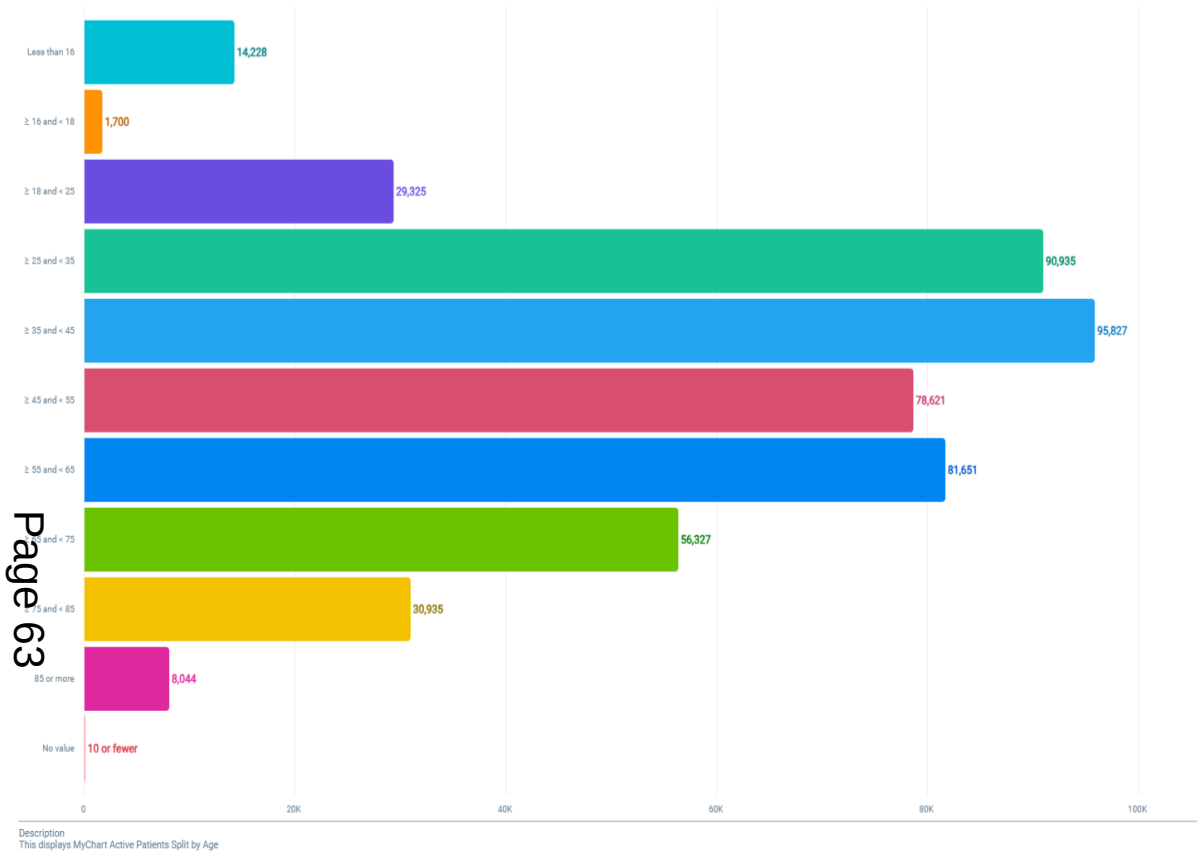




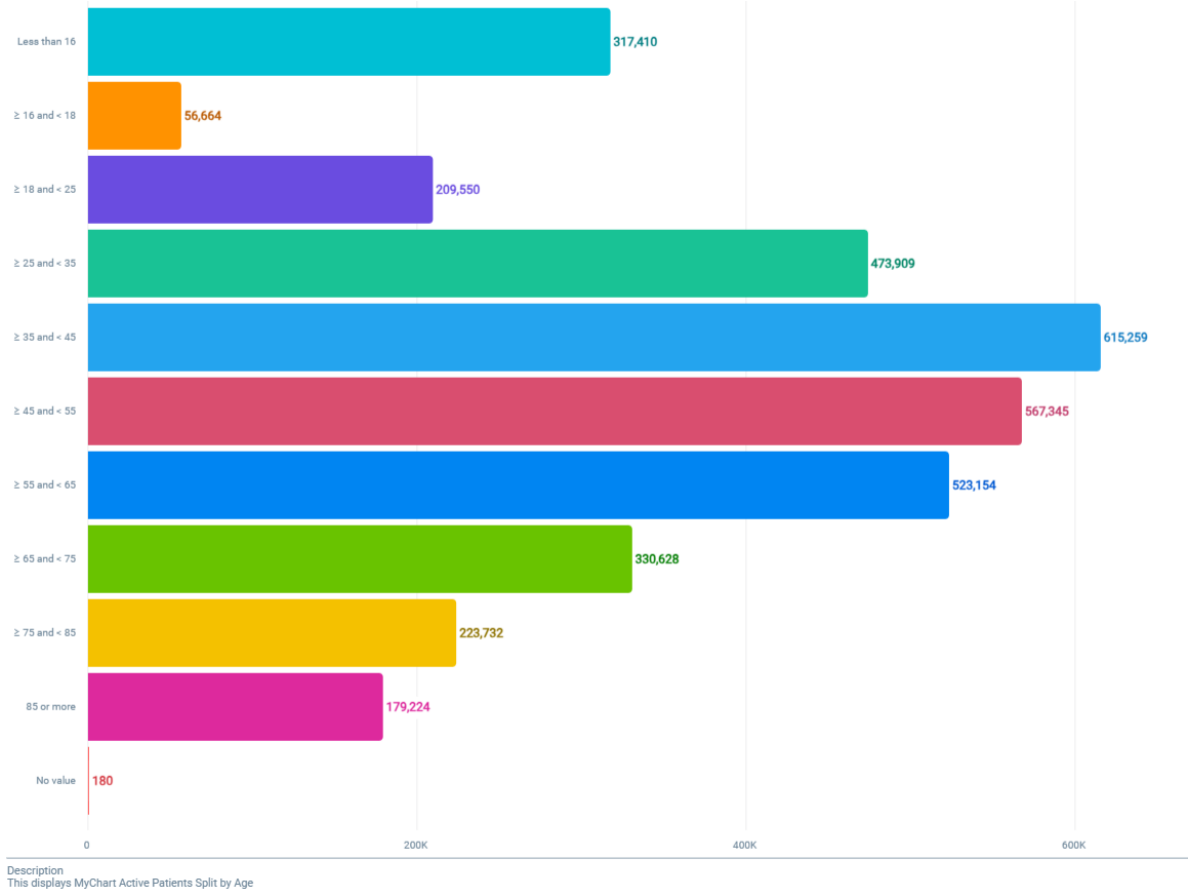

KIND RESPECTFUL TEAM

# EPIC Age

## Patients in MyChart – KCH




## Patients at KCH (total)






KIND RESPECTFUL TEAM

# Finance update – financial position

*Current deficit position:*

- The current financial year runs from April 2025 until March 2026. As of the end of November this year, we recorded a year-to-date surplus of £2.0 million. This represents a £1.6m favorable varianc to the April 2025 NHSE agreed plan.
- Excluding non-recurrent support, this results in an underlying deficit of £79.3m.
- The Trust is forecasting a breakeven position at year-end. However, existing remediation plans will result in a £12m risk assessed adverse variance against both the planned recurrent position and the Trust's Financial Strategy. Further action will be required in-year to close the recurrent gap

*Cost-improvement plans:*

- We need to deliver cost-savings worth a total of £82.4 million during the current financial year (April 2025-March 2026).
- A total of £67.6 million worth of cost-saving initiatives have been worked up and agreed so far.
- Work is ongoing to identify the additional cost-savings we have committed to delivering.

**Report No.**
**ACH26-010**

**London Borough of Bromley**

**PART 1 – PUBLIC**

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| | |
|---|---|
| **Title:** | **SEL ICB/ICS Update** |
| **Decision Maker:** | Health Scrutiny Sub-Committee |
| **Date:** | **21st January 2026** |
| **Decision Type:** | Non-Urgent Non-Executive Non-Key |
| **Contact Officer:** | Dr Angela Bhan, Place Executive Lead – Bromley, NHS South East London ICB |
| **Chief Officer:** | Andrew Bland, Chief Executive Officer, NHS South East London ICB |
| **Ward(s):** | |

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## 1. REASON FOR REPORT

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 he One Bromley collaborative.

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## 2. RECOMMENDATION(S)

**The Committee is asked to note the update.**

## 3. KEY SUMMARIES

Financial

1. Cost of proposal: Not Applicable:
2. Ongoing cost: Not Applicable:
3. Budget head/performance centre:
4. Total current budget for this head: £
5. Source of funding:

Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance None: Further Details
2. Call-in: Not Applicable:

| | |
|---|---|
| **Background Documents:** (Access via Contact Officer) | |

## SEL ICS/ICB UPDATE

### 1 Diabetes

In 2024/25 there were 18,933 people in Bromley (5.3% of residents) coded as having diabetes, the vast majority having Type 2 diabetes. The current model of diabetes care in Bromley is based on the **Super Six Model,** a model that streamlines diabetes care by keeping only the most complex patients under specialist teams, while moving routine management to be delivered in primary care by appropriately trained health professionals. The model identifies six areas that always require specialist involvement: inpatient diabetes, serious diabetic foot disease, poorly controlled Type 1 diabetes, insulin pump therapy, diabetes with significant kidney disease, and antenatal diabetes. By focusing specialist resources on these high-need groups and supporting primary care teams to manage other patients, the model improves access, reduces unnecessary referrals, and ensures patients receive the right level of care in the right setting and closer to home.

### Type 1 Diabetes in Children and Young People

In the 2023/2024 audit year across England and Wales there were 3233 new diagnoses of Type 1 diabetes in children ages 0-15. In a child or young person, type 1 diabetes should be suspected if there is hyperglycaemia (a high blood sugar), and typically (but not always) one or more of the following: polyuria (frequent passing of urine), polydipsia (increased thirst), recent unexplained weight loss or excessive tiredness.

In Bromley, if a diagnosis of type 1 diabetes is suspected or diagnosed in a child, immediate (same day) referral to the Paediatric A&E is made. At the PRUH, the paediatricians make a thorough assessment of the child including taking blood tests. The diagnosis of diabetes can quickly be made, immediate care is provided, and an individual care plan developed.

"Lyla's Law" refers to a UK grassroots health campaign, not a law that has already been passed. It was created by parents after the death of a young child, Lyla, whose Type 1 diabetes was missed by doctors despite clear symptoms. The movement calls for routine blood or urine glucose testing for children when symptoms suggest diabetes, better awareness of early warning signs, and stricter adherence to medical guidelines. The goal is to prevent avoidable deaths and serious complications caused by delayed diagnosis. In Bromley, the hospital paediatric department provides same day assessment and care and has lead training for health professionals in the community to ensure that as many children who have diabetes are identified as early as possible.

Bromley data for the current year shows the total number of paediatric patients (the audit year ends on 31st March 2026)

Total patients 167

113 < 16 years
54 > 16 years old

Type 1 157
Type 2 10 (4 patients<16 years, 6 patients>16 years)

Newly diagnosed this year so far (1st April 2025 to Jan 2026), 23 (2 patients under 2 years of age)

23 total
Type 1 20
Type 2 3 (1 < 16, 2 > 16)

**Diagnosis of diabetes in those over 16 (some young people are managed by the adult service and some are seen by paediatrics)**

Among individuals aged 16 and over, many new patients are very unwell at the point of diagnosis). However, the hospital diabetic service has demonstrated it can safely manage patients with a new diagnosis of diabetes in an ambulatory setting. In cases where antibody testing is positive, this approach effectively enables management of newly diagnosed type 1 diabetes mellitus (T1DM) whilst avoiding hospital admissions. The PRUH ranked joint 2nd out of 834 sites in the UK and Ireland in the Insulin Safety Week Excellence Award (special recognition to Dr. Adrian Li and his outstanding team). The PRUH was also the second team in the UK to achieve inpatient diabetes care accreditation by the Royal College of Physicians last year.

## 2 Winter

The Winter Plan has been broadly delivered as intended, with strong utilisation of all additional resources deployed across the health and care system. Despite concerns about a more severe flu strain and additional pressures caused by increased numbers of patients with flu, we have seen a reduction in cases of flu from around mid December. There is still a potential for flu cases to increase over the remainder of January and February. Cases of Covid and RSV (Respiratory Syncitial Virus) were not higher than normal. Flu vaccination is still being promoted and offered to anyone who is eligible.

| Bromley Borough Flu Uptake (dated 05/01/26) | |
|---|---|
| Cohort | Uptake (%) |
| 65 years and over | 70.1% |
| Under 65 years (at risk) | 40.0% |
| 2-3 years olds | 47.1% |

Two successful multi-agency discharge events (MADE), held before and after Christmas, provided important support to patient flow and helped mitigate some of the seasonal pressures. Despite these efforts, the hospital has continued to experience significant operational strain, with several days marked by corridor care and prolonged waiting times, especially at the start of January. These pressures will be examined in detail as part of the winter evaluation to ensure learning is capture and future planning is strengthened.

## 3 NHSE visit One Bromley's older adult same day emergency care services

We are delighted that NHS England will be visiting Bromley on 21 January, recognising the strong local progress made in reducing attendances and admissions for older adults at a time when national trends are moving in the opposite direction. We are looking forward to welcoming the team and showcasing the strategic transformation work underway to deliver outstanding same day urgent and emergency care for older adults closer to home. The early impact of the

first phase of this programme is already evident in the improved performance seen to date, and the visit provides a valuable opportunity to share learning, demonstrate the model in practice, and discuss the next stages of development.

## 4 One Bromley Cervical Screening Project Shortlisted for National GP Awards 2025

One Bromley's work to improve cervical screening uptake was successfully shortlisted for the 'Clinical Improvement Award: Public Health and Prevention' at the national GP Awards held in December 2025.

This collaborative project between the ICB and Public Health Bromley aimed to improve cervical screening across the borough using a targeted population health management approach. The project gathered patient feedback on reasons for variation in uptake through a public survey and then used these insights to design patient materials and develop a targeted approach to promotion. This included directing patient messages to the lowest uptake and highest deprivation areas across the borough. Alongside placement of Bromley branded patient information booklets in GP practices, sexual health clinics and other key locations, the messages were shared through online and print media. Key bus routes were selected for adverts on buses and at bus stops.

Dr Sophie Hallam, Bromley Clinical and Care Professional Lead for Cancer and Jess Seal, Primary & Community Care Transformation Manager, commented:

"We are immensely proud of the team for being shortlisted. It's a real testament to the passion, commitment and strength of our unique One Bromley approach, bringing different expert teams together to deliver real impact.

This project shows how we can move away from a one-size-fits-all approach to increase screening uptake amongst our residents, and it is great to be recognised nationally for this work."

## 5 Bromley Health and Wellbeing Centre and One Bromley Wellbeing Hub Update

The Bromley Health and Wellbeing Centre at Ravensleigh House, 22 Westmoreland Place, Bromley, is now becoming operational, representing a key milestone in delivering the One Bromley vision for joined-up, preventative and community-based health and wellbeing support. Developed as a neighbourhood hub, the centre will support closer partnership working across health, local government and the voluntary and community sector to help residents live well and promote health and care equity.

From 13 January, the One Bromley Wellbeing Hub will operate from the new centre, followed by the Dysart Practice relocating into the building on 19 January. Co-locating these services is central to One Bromley priorities around integrated neighbourhood teams, enabling more coordinated working across primary care, wellbeing services, council teams and community partners and supporting people through joined-up, person-centred approaches.

The One Bromley Wellbeing Hub delivers a wide range of preventative and early intervention services, including social prescribing, support for mental wellbeing, carers' support, healthy lifestyle services, employment and financial wellbeing advice, and help for residents to remain independent and connected within their communities. These services play a vital role in the One Bromley partnership by supporting population health, reducing avoidable demand on statutory services and improving access to support at a neighbourhood level.

A key strength of the One Bromley model is the significant role of the voluntary and community (third) sector, with trusted local organisations working alongside NHS and council colleagues to deliver flexible, community-led support. Co-location within the Bromley Health and Wellbeing

Centre strengthens these partnerships, improves referral pathways and enables a more seamless experience for residents.

The relocation follows a planned move over the Christmas period, with the One Bromley Wellbeing Hub reopening in its new location on 13 January and continuing to offer the same range of services and opening hours. The centre provides modern, accessible and spacious consulting and treatment rooms, designed to support multidisciplinary working and create a welcoming environment for the local community.

This development reflects strong joint working, and we warmly welcome the continued partnership with Bromley Council, whose support has been integral in making this neighbourhood hub a reality. While the centre is now becoming operational, a formal opening event will take place at a future date, to be confirmed once all services are fully established.

## 6 Bromley Falls in Care Homes Campaign

For older residents in Bromley's care homes and Extra Care Housing (ECH), falls are the leading cause of ambulance conveyances, unplanned hospital admissions and readmissions. At an engagement event in February 2025, Broley's care home managers identified falls as their top priority. In response, as a local system we launched the Bromley Falls Campaign in March. It is a two-pronged campaign to improve a) falls management through a risk stratified approach and direct access to the PRUH's Acute Frailty Assessment Unit (AFAU) for quicker diagnostics/treatment, and b) falls prevention via a Falls Bundle to prevent future falls.

The campaign has been shared across all care settings, but enhanced support has been provided to settings with the highest volume of falls-related ambulance conveyances. The campaign appears to be making a difference. Since the launch we have seen a +16% increase in active Universal Care Plans (UCPs) and a -14% reduction in falls-related conveyances compared to last year.

The campaign attracted InSites funding via King's College Hospital NHS Foundation Trust, which was used to pilot the Raizer Emergency Lifting Chair in five care settings; feedback from staff and residents so far has been overwhelmingly positive and there has been a 41% reduction in the number of falls-related ED attendances at these sites compared to last year. Going even further, in December six care settings will take part in a Go Decaf pilot to further prevent falls, with full support across supporting services. Both pilots end in February 2026, after which learnings will be shared widely.

## 7 Weight loss medication update

In South East London, eligibility for NHS weight management drugs includes two main criteria: **BMI ≥40 kg/m² with four or more qualifying comorbidities** (e.g., cardiovascular disease, hypertension, dyslipidaemia, sleep apnoea, type 2 diabetes) or **BMI ≥35 kg/m² with one weight-related comorbidity plus a specific clinical need** (e.g., urgent surgery, fertility treatment, organ transplant).

Lower BMI thresholds apply for certain ethnic groups. Bromley estimates show 236 patients in the current cohort, rising to over 1,200 by 2027/28. We do not hold prescribing figures for Bromley residents who are prescribed medication within NHS Specialist Weight Management Services (SWMS). The 2 main GLP-1 drugs prescribed in Bromley are Tirzepatide and Semaglutide. Currently 889 Bromley patients are prescribed these GLP1s by primary care, the majority for diabetes, not obesity without 2TDM (Type 2 diabetes). The table below shows the eligibility criteria for SEL

| Eligibility Criteria in South-East London | |
|---|---|
| **Criteria 1** | **Criteria 2** |
| Those with a body mass index (BMI) greater than or equal to 40kg/m2 * and 4 or more qualifying co-morbidities.<br><br>Qualifying co-morbidities (see details) are<br>❖ Cardiovascular disease<br>❖ Hypertension<br>❖ Dyslipidaemia<br>❖ Obstructive sleep apnoea<br>❖ Type 2 diabetes mellitus | Those with a body mass index (BMI) greater than or equal to 35kg/m2 * and 1 weight related co-morbidity (not restricted to qualifying co-morbidities) and one of the below criteria:<br>❖ Active malignancy and need for urgent weight loss for planned therapy e.g. radiotherapy or surgery<br>❖ Urgent weight loss needed for organ transplant<br>❖ Idiopathic intracranial hypertension (IIH), needing frequent lumbar punctures and/or visual compromise<br>❖ Undergoing planned time-sensitive surgery for life-limiting conditions, where a high BMI is the main barrier to surgery.<br>❖ Under the care of NHS fertility service and weight loss is needed for assisted conception<br>❖ Obesity hypoventilation syndrome (OHS) |

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# Q2 Patient Experience Report

Healthwatch Bromley
July-September 2025

# Contents





Cover photo by Healthwatch Bromley

# Introduction

## Patient Experience Programme

Healthwatch Bromley is your local health and social care champion. Through our Patient Experience Programme (PEP), we hear about 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 GP practices, hospitals and libraries

Encouraging conversations on social media and gathering online reviews


Providing promotional materials and surveys in accessible formats

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

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

Between July and September 2025, we reached out to faith groups, community centres and support groups across Bromley to hear voices of residents who might not otherwise be heard.

We continued to develop our PEP by updating our report design following feedback to improve its accessibility and ability to achieve impact.

# Layout of the report

This report is broken down into three key sections:

- Quarterly Snapshot
- Experiences of GP Practices
- Experiences of Hospital Services

The quarterly snapshot highlights the number of reviews we have collected about local services in the last three months and how residents/patients rated their overall experiences.

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.

The GP and hospital chapters start with some example comments, giving a flavour of both the positive and negative feedback we hear from local people. The next section is summary findings, which includes good practice and areas of improvement. This is followed by a final section, capturing the full data set of quantitative and qualitative analysis, a further PCN/Trust breakdown and an equality analysis page.

## How we use our report

Our local Healthwatch has representation across various meetings, boards and committees across the borough where we share the findings of this report.

## Additional deep dives

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

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# Q4 Snapshot

This section provides a summary of the experiences we collected during July-September 2025 as well as a breakdown of positive, negative and neutral reviews per service. We analysed residents' ratings of their experiences to get this data (1* and 2* = negative, 3* = neutral, 4* and 5* = positive)

## 596 reviews

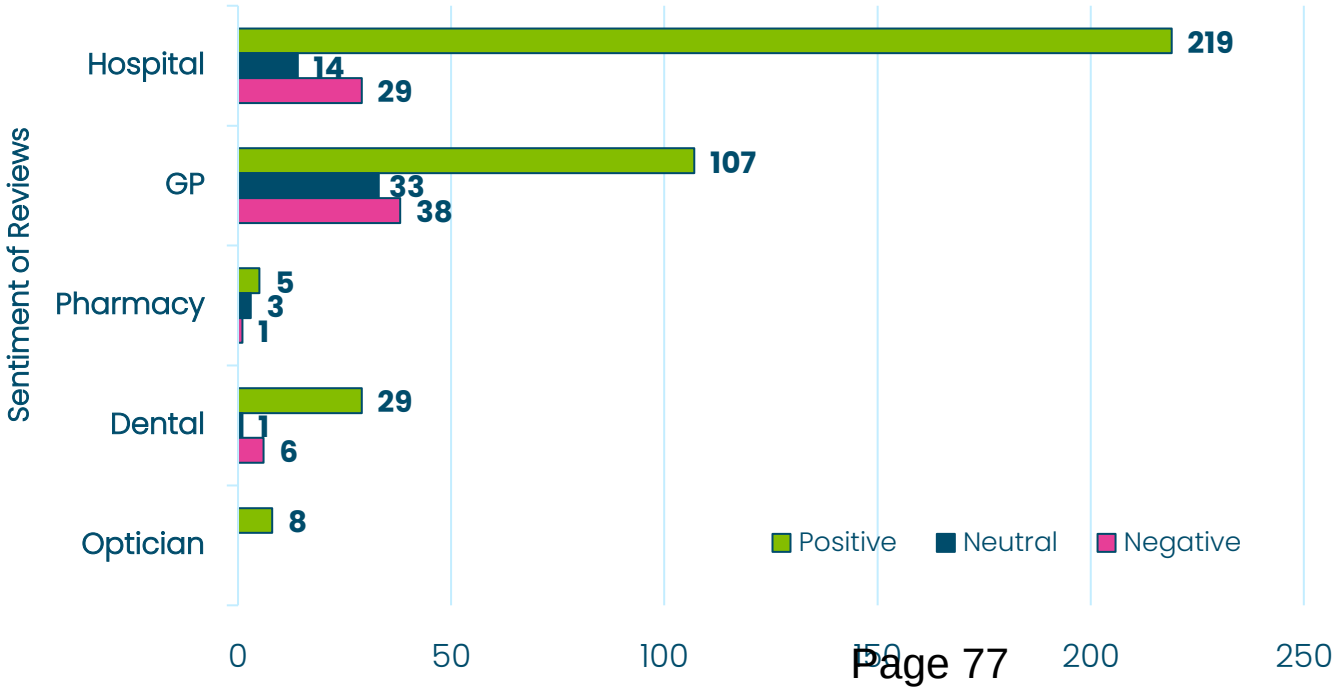
of health and care services were shared with us, helping to raise awareness of issues and improve care.

## 65 visits

were carried out across the borough including at hospitals, GP practices, health awareness evenings, wellbeing cafés, community fairs, mum and tots' groups. and the One Bromley Health Hub.

| Top Five Service Types | No of Reviews | Percentage of positive reviews |
|---|---|---|
| Hospital | 262 | 84% |
| GP | 178 | 60% |
| Dentist | 36 | 81% |
| Pharmacy | 9 | 56% |
| Optician | 8 | 100% |

A full breakdown of totals for all services can be found in the appendix.



# Experiences of GP Services



Photo: Azra Tuba Demir

# What people told us about GP Services

"Very quick to get appointments, staff are great, no complaints."

"The waiting time and availability of appointments needs to be improved."

"They listen very attentively. They give options or advice depending on the condition. They are punctual."

"It depends on which receptionist you get. Some are very caring and do their best for you. But occasionally you get one who is always annoyed."

"The staff here are really friendly, and I am pleased with the treatment here."

"Very poor service for housebound patients."

"At 8am, I completed an e-consult and uploaded a couple of pictures. At 8:22 AM received a letter in NHS app explaining diagnosis & advised that medication request had been sent to pharmacy."

"GP surgeries seem under-resourced. Need more GPs for people with neuro-diverse conditions for better support."

# GP Services
# Summary Findings

# What has worked well?

Below is a list of the key positive aspects highlighted between July and September 2025.

## Quality of treatment

There was an increase in the number of patients who were positive about their experience of care; 77% this quarter compared to 68% last quarter (13% negative, 10% neutral). It continues to be the case that patients feel that once they get to see a doctor, they are pleased with the treatment they receive.

## Appointment availability

63% of patients are positive about being able to get an appointment (35% negative, 1% neutral) compared to 48% last quarter.

This could be because of changes to booking systems for GP practices across Bromley, also that Primary Care Networks are providing more appointment options to GP practices.

## Staff attitudes

75% of patients were positive about GP practice staff, an increase from 66% last quarter (19% negative, 6% neutral) Positive reviews are particularly important currently as 1st October 2025 marked a deadline for practices to adopt new triage practices.

Patients continue to appreciate staff who are polite and patient, on the telephone or the reception desk.

# What could be improved?

Below is a list of the key areas for improvement highlighted between September and July 2025.

## Access to GP services – using an app or online form

GP practices in Bromley use either eConsult, Accurx or Amina for patients to book appointments online.

53% of patients are negative or neutral about using these online systems, compared with 46% last quarter.

Conversations with patients show that some prefer to phone to get an appointment, others are unfamiliar with online systems and cautious about using them. Many talk about being confused by the number of seemingly irrelevant questions they must answer when completing the form.

## Access to GP services – getting through on the telephone

Patients continue to find it difficult to get through on the telephone; 56% are negative or neutral about access compared to 51% last quarter.

One of the objectives of online triage is to free up the phone lines for those who need to call the practice, but this benefit has not been observed, from the patient data we collected.

# GP Services
# Full data set

# GP Services

| No. of Reviews | 178 |
|---|---|
| Positive | 60% |
| Negative | 19% |
| Neutral | 21% |

## Questions we asked residents

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

The questions we asked were:

Q1) How do you find getting an appointment?

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

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

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

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

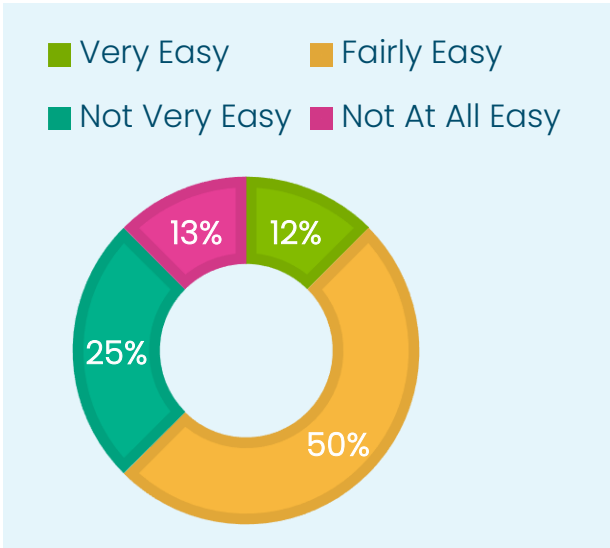
Q6) How would you rate the quality of treatment and care received?

Please note that for Question 1 and 2 the options we provided matched those of the national GP Patient Survey (Very Easy – Not at All Easy ) to allow our data to be comparable with the NHS data.

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

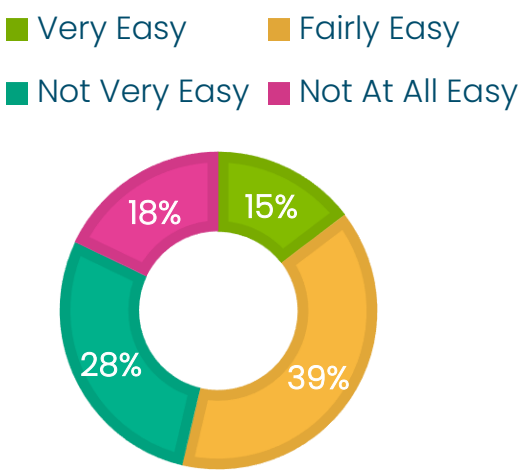
# Access and Quality Questions

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



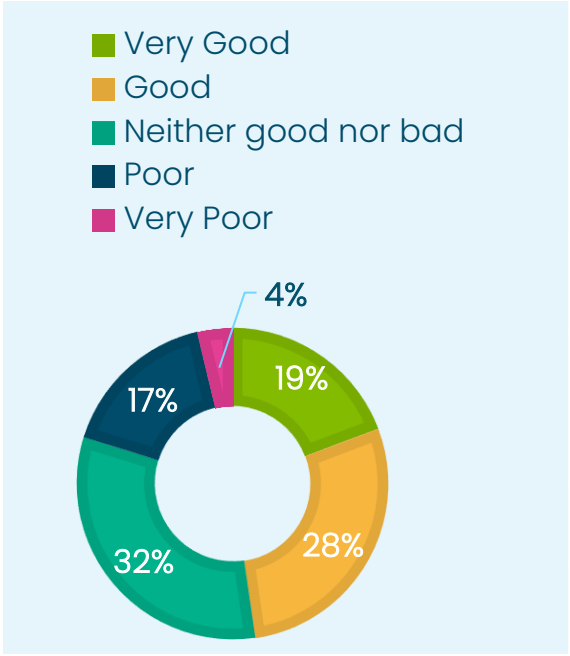

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Easy | 13% | 12% | | |
| Fairly Easy | 41% | 50% | | |
| Not Very Easy | 33% | 25% | | |
| Not At All Easy | 13% | 13% | | |

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



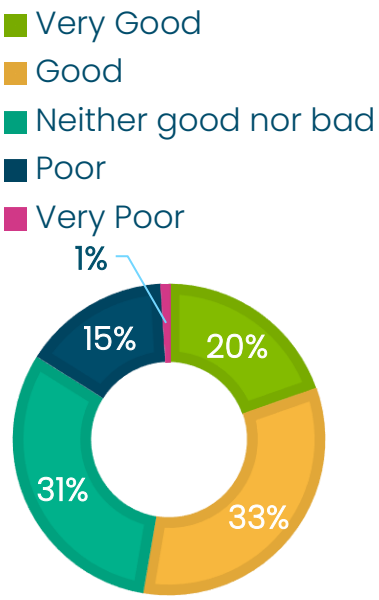

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Easy | 12% | 15% | | |
| Fairly Easy | 40% | 39% | | |
| Not Very Easy | 32% | 28% | | |
| Not At All Easy | 16% | 18% | | |

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



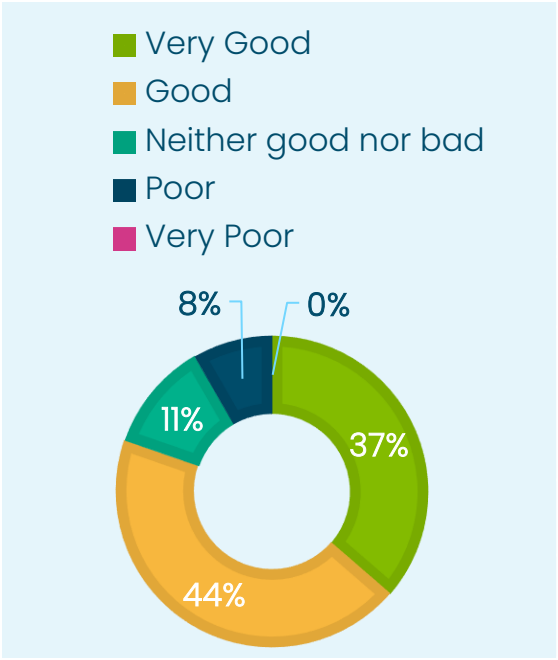

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 19% | 19% | | |
| Good | 33% | 28% | | |
| Neither good nor bad | 29% | 32% | | |
| Poor | 13% | 17% | | |
| Very Poor | 6% | 4% | | |

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



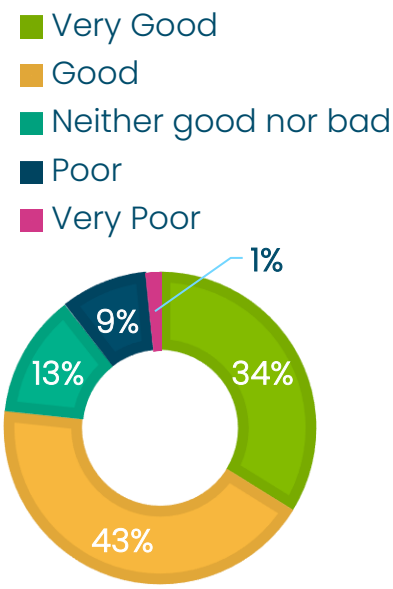

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 17% | 20% | | |
| Good | 40% | 33% | | |
| Neither good nor bad | 32% | 31% | | |
| Poor | 8% | 15% | | |
| Very Poor | 3% | 1% | | |

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




| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 31% | 37% | | |
| Good | 42% | 44% | | |
| Neither good nor bad | 20% | 11% | | |
| Poor | 5% | 8% | | |
| Very Poor | 2% | 0% | | |

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




| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 20% | 34% | | |
| Good | 45% | 43% | | |
| Neither good nor bad | 23% | 13% | | |
| Poor | 7% | 9% | | |
| Very Poor | 5% | 1% | | |

## Thematic Analysis

In addition to the access and quality questions highlighted on previous pages, we ask two further free text questions **(What is working well? and What could be improved?),** gathering qualitative feedback to help get a more detailed picture of GP practices.

Each response we collect is reviewed and up to five themes and sub-themes applied. The table below shows the top five themes mentioned by patients between September and July based on the free text responses received. This tells us which areas of the service are most important to patients.

We have broken down each theme by positive, neutral and negative sentiment. Percentages have been included alongside the totals.

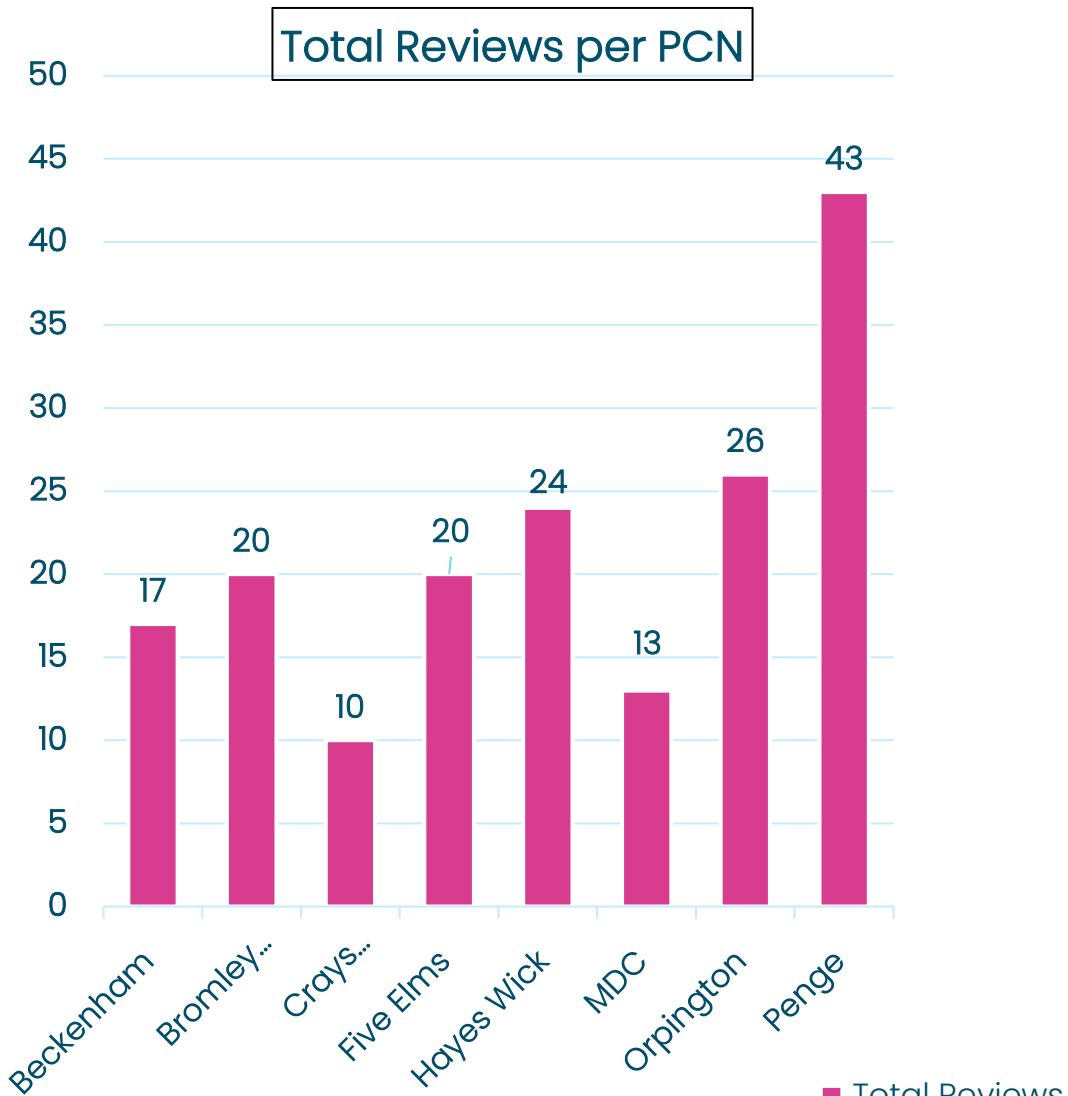
| Top five themes | Positive | Negative | Neutral | Total |
|---|---|---|---|---|
| Staff attitudes | 87 (76%) | 17 (15%) | 10 (9%) | 114 |
| Quality of treatment | 85 (78%) | 11 (10%) | 13 (12%) | 109 |
| Appointment availability | 45 (64%) | 25 (35%) | 1 (1%) | 71 |
| Getting through on the telephone | 29 (45%) | 22 (34%) | 14 (21%) | 65 |
| Online consultation (app/form) | 14 (47%) | 10 (33%) | 6 (20%) | 30 |

## Primary Care Networks

Primary care networks (PCNs) are groups of GP practices within a geographical area; they work together to support local patients. Within Bromley there are eight PCNs:

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

Between July and September, the PCNs which received the most reviews were Penge and Orpington. (There were five out of borough reviews).



## PCN Access and Quality Questions

To understand the range of experience across the borough we have compared the PCNs' 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.

Positive Neutral Negative

| PCN NAME | ACCESS (out of 4) | | QUALITY (out of 5) | | | |
|---|---|---|---|---|---|---|
| | Getting an appointment | Getting through on the phone | Of online consultation | Of telephone consultation | Of staff Attitudes | Of treatment and care |
| Beckenham | 2.9 | 2.4 | 3.4 | 3.8 | 4.5 | 4.3 |
| Bromley Connect | 2.3 | 2.6 | 3.3 | 3.5 | 4.1 | 4.0 |
| Crays Collaboration | 2.0 | 2.0 | 2.9 | 2.9 | 3.8 | 3.8 |
| Five Elms | 2.9 | 2.5 | 3.8 | 4.2 | 4.5 | 4.5 |
| Hayes Wick | 2.7 | 2.4 | 3.1 | 3.4 | 4.0 | 3.8 |
| Mottingham, Downham & Chislehurst (MDC) | 2.6 | 2.4 | 3.3 | 3.5 | 4.0 | 4.0 |
| Orpington | 2.9 | 3.3 | 4.2 | 4.1 | 4.5 | 4.5 |
| Penge | 2.5 | 2.5 | 3.5 | 3.4 | 3.7 | 3.6 |

## PCN Themes

We have also identified the top two positive and negative themes for each PCN from which we have received **15 or more reviews**.

| PCN | Overall rating | Top two positive issues | Top two negative issues |
|---|---|---|---|
| Beckenham<br>No of reviews: 17 | 3.2 | Appointment availability | Getting through on the phone |
| | | Staff attitudes | Appointment availability/Online consultation (app/form) |
| Bromley Connect<br>No of reviews: 20 | 3.5 | Quality of treatment | Online consultation (app/form) |
| | | Staff attitudes | Appointment availability/getting through on the phone |
| Crays Collaboration<br>No of reviews: 10 | 3.3 | Not applicable | |
| Five Elms<br>No of reviews: 20 | 4.3 | Staff attitudes | Communication between services/Management of service |
| | | Quality of treatment | Staff attitudes/Waiting times/Booking appointments |
| Hayes Wick<br>No of reviews: 24 | 3.5 | Appointment availability | Getting through on the telephone |
| | | Staff attitudes | Quality of treatment |
| MDC<br>No of reviews: 13 | 3.7 | Not applicable | |
| Orpington<br>No of reviews: 26 | 3.7 | Staff attitudes | Appointment availability |
| | | Quality of treatment | Commissioning and provision/Management of service |
| Penge<br>No of reviews: 43 | 3.3 | Staff attitudes | Appointment availability |
| | | Quality of treatment | Waiting times |

## Emerging or Ongoing Issues

So that we can understand ongoing or emerging issues in the borough we compare the top positive and negative issues throughout the year. We have highlighted in dark pink or bright green any issues which have repeated in at least three financial quarters.

### Positive Issues

| Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|
| Quality of treatment | Staff attitudes | | |
| Appointment availability | Quality of treatment | | |
| Getting through on the telephone | Appointment availability | | |
| Staff attitudes | Getting through on the telephone | | |
| Online consultation (app/form) | Treatment and care (experience) | | |

### Negative issues

| Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|
| Appointment availability | Appointment availability | | |
| Getting through on the phone | Getting through on the phone | | |
| Quality of treatment | Staff attitudes | | |
| Online consultation (app/form) | Management of service | | |
| Staff attitudes | Quality of treatment | | |

## Equalities Snapshot

During our engagements we ask residents to share information, voluntarily, about themselves (e.g. gender, age, and ethnicity). This allows us to understand whether there are differences in people's experience based on their personal characteristics.

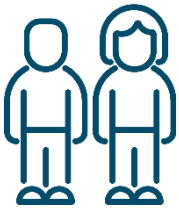
This section covers information from patients who provided demographic information. A full demographics breakdown can be found in the appendix.

### Gender

We received reviews from 26 men and 82 women; 62% and 63% respectively were positive about their GP service.

### Age

We received the most reviews from 65-74 and 75-84 year olds (both 24); 63% were positive for both groups (29% negative for the former, 13% for the latter).



### Ethnicity

Most reviews were completed by White British patients (86); 69% were positive.

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

50% of respondents reporting a disability (26) left positive reviews about services.
61% positive reviews were received from those with an LTC (44).

# Experiences of Hospital Services



Photo : RDNE Stock project

# What people told us about hospitals

"Really happy with the quality of care - easy to be seen, appointment system easy to navigate, kind staff, short waiting times."

"Staff are amazing and the whole experience with them has been wonderful."

"Excellent care for my daughter. The doctors were very good, and the reception staff were very attentive."

"Friendly knowledgeable staff, lots of care when on the ward."

"Terrible pharmacy service. Very long waits. Disorganised."

"Triage system in A&E completely broken. Insufficient qualified doctors and nurses to make triage effective. 6.5 hour wait to be seen."

"Parking is difficult. Not enough disabled parking."

"Appointment records, test results, and other related information are not integrated with the NHS App, which can make things a bit confusing."

# Hospital Services Summary Findings

# What has worked well?

Below is a list of the key positive aspects highlighted by patients between July and September 2025.

### Appointment availability

88% of patients are positive about the availability of appointments (86% in Q1) - this indicates that for many patients the process of getting a referral for a hospital appointment is working well.

### Staff attitudes

95% of patients are positive about the attitudes of staff at the hospitals (89% in Q1).

Patients continue to appreciate staff who are polite and caring.

### Quality of treatment

92% of patients are positive about the treatment and care they received at the hospitals – a small increase on 88% in Q1. In this quarter 85% of patients were positive about their experience of treatment and care.

# What could be improved?

Below we describe the key areas for improvement highlighted by patients between July and September 2025.

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

32% of patients are negative or neutral about the time they had to wait before been seen by a health professional. (34% last quarter).

Long waits can be stressful for patients particularly if they are reliant on others for transport.

### Getting through on the telephone

56% of patients reported negative or neutral experiences of accessing hospitals by telephone, compared to 30% in Q1.

Access by telephone remains a problem as apps like MyChart still require patients to phone to cancel an appointment they are unable to attend, as it is not possible to do this on the app or by email.

# Hospital Services

# Full data set

# Hospital Services

| No. of Reviews | 262 |
|---|---|
| Positive | 219 |
| Negative | 29 |
| Neutral | 14 |

## Questions we asked residents

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

The questions we asked were:

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

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

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

Q4) How do you find the attitudes of staff at the service?

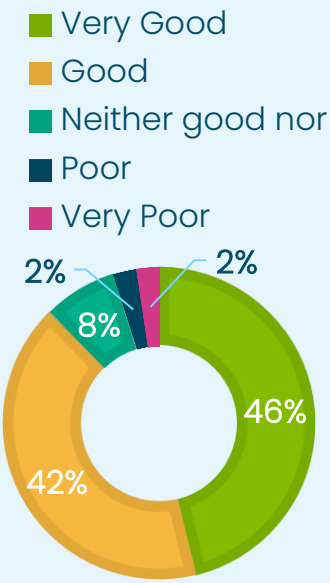
Q5) How do you think the communication is between your hospital and GP practice?

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

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

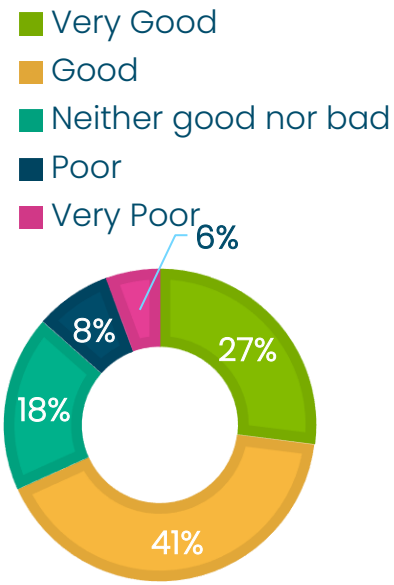
# Access and Quality Questions

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



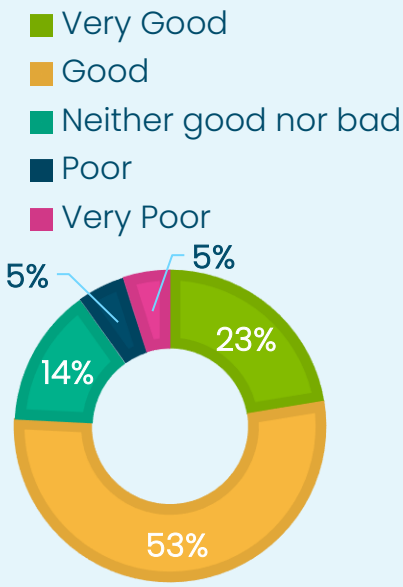

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 21% | 46% | | |
| Good | 67% | 42% | | |
| Neither good nor bad | 7% | 8% | | |
| Poor | 3% | 2% | | |
| Very Poor | 2% | 2% | | |

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



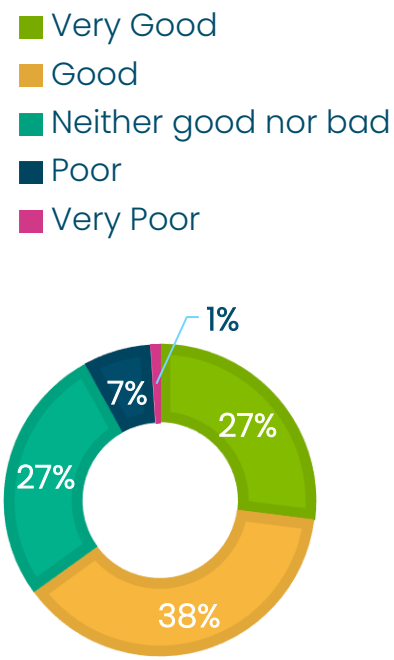

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 16% | 27% | | |
| Good | 61% | 41% | | |
| Neither good nor bad | 7% | 18% | | |
| Poor | 13% | 8% | | |
| Very Poor | 3% | 6% | | |

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



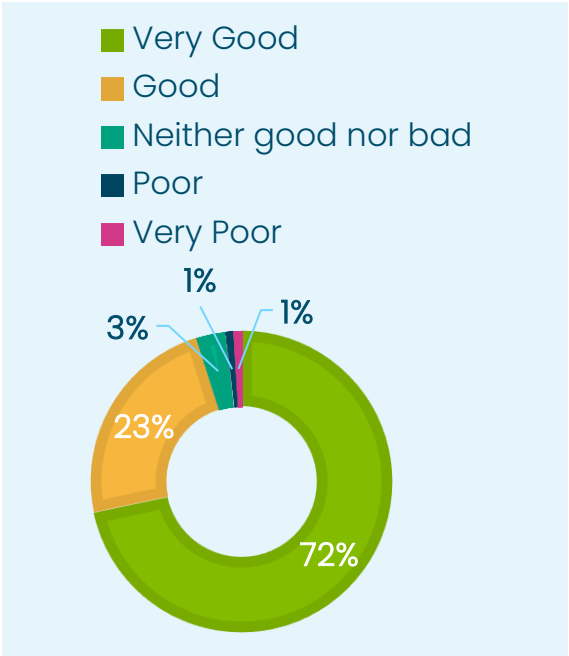

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 10% | 23% | | |
| Good | 57% | 53% | | |
| Neither good nor bad | 19% | 14% | | |
| Poor | 11% | 5% | | |
| Very Poor | 3% | 5% | | |

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



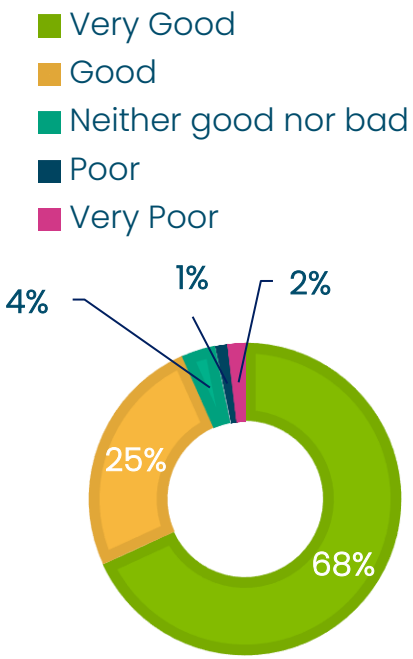

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 11% | 27% | | |
| Good | 68% | 38% | | |
| Neither good nor bad | 13% | 27% | | |
| Poor | 6% | 7% | | |
| Very Poor | 2% | 1% | | |

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




| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 42% | 72% | | |
| Good | 51% | 23% | | |
| Neither good nor bad | 5% | 3% | | |
| Poor | 2% | 1% | | |
| Very Poor | 0% | 1% | | |

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




| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Very Good | 41% | 68% | | |
| Good | 47% | 25% | | |
| Neither good nor bad | 7% | 4% | | |
| Poor | 2% | 1% | | |
| Very Poor | 3% | 2% | | |

## Thematic Analysis

In addition to the access and quality questions highlighted on previous pages, we ask two further free text questions **(What is working well? and What could be improved?),** gathering qualitative feedback to help get a more detailed picture of hospital services.

Each response we collect is reviewed and up to five themes and sub-themes are applied. The table below show the top five themes mentioned by patients between April and June 2025 based on the free text responses. This tells us which areas of the service are most important to patients.

We have broken down each theme by positive, neutral and negative sentiment. Percentages have been included alongside the totals.

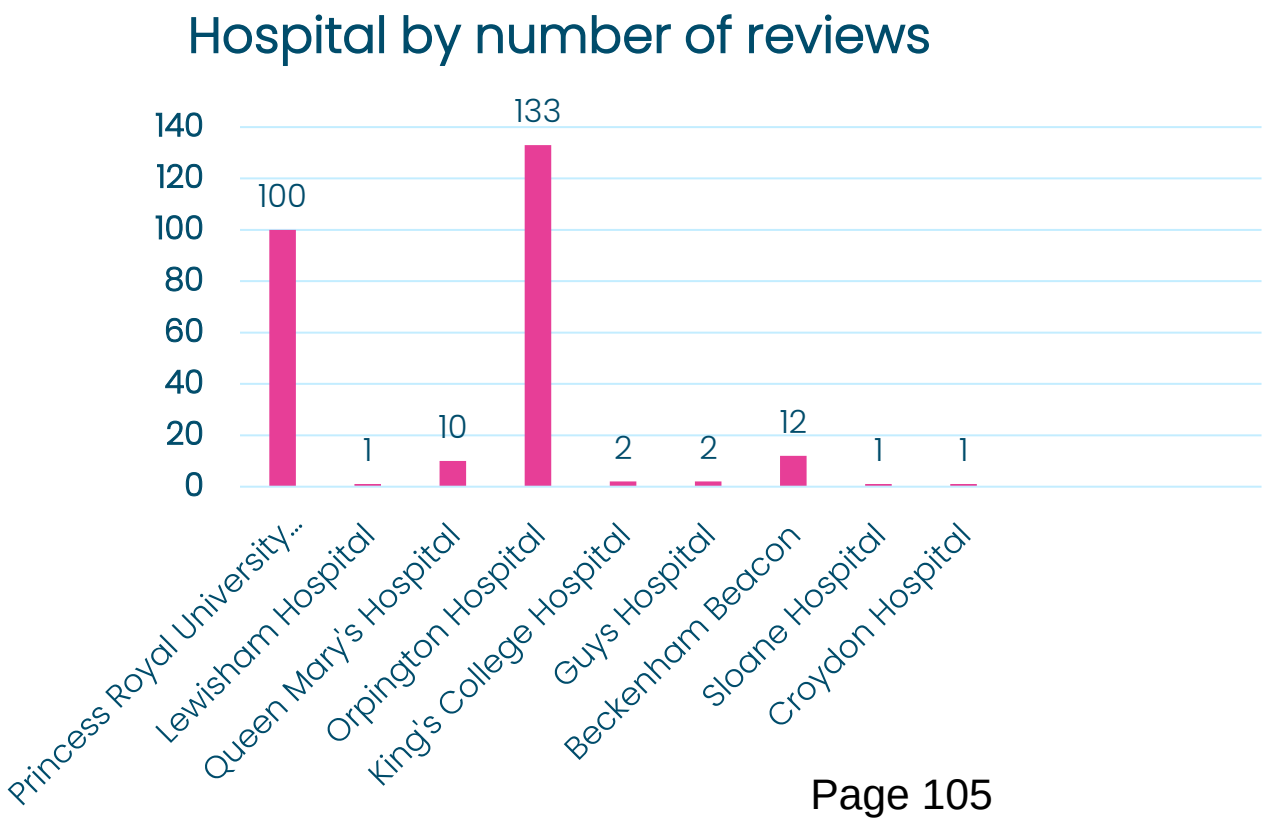
| Top Themes | Positive | Negative | Neutral | Total |
|---|---|---|---|---|
| Staff attitudes | 189 (95%) | 8 (4%) | 3 (1%) | 200 |
| Quality of treatment | 170 (92%) | 10 (5%) | 5 (3%) | 185 |
| Waiting times (punctuality) | 100 (68%) | 34 (23%) | 14 (9%) | 148 |
| Appointment availability | 107 (88%) | 8 (7%) | 6 (5%) | 121 |
| Treatment and care (Experience) | 34 (85%) | 5 (13%) | 1 (2%) | 40 |

## Reviewed Hospitals

Bromley residents access different hospitals depending on factors such as choice, locality and specialist requirements. During the last 3 months we heard about experiences at:

| Hospital | Provider |
|---|---|
| Princess Royal University Hospital (PRUH) | King's College Hospital NHS Foundation Trust |
| Orpington Hospital | |
| King's College Hospital | |
| Queen Mary's Hospital | |
| Beckenham Beacon | |
| Lewisham Hospital | Lewisham and Greenwich NHS Trust |
| Croydon Hospital | Croydon Health Services NHS Trust |
| Sloane Hospital | Circle Health Group |
| Guy's Hospital | Guy's and St Thomas's NHS Foundation Trust |

Between September and July, the PRUH and Orpington received the most reviews. Healthwatch Bromley visits both weekly. Additional patient experiences were collected through face-to-face engagements and online reviews.



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

Positive Neutral Negative

| Name of Hospital | ACCESS (out of 5) | | | QUALITY (out of 5) | | |
|---|---|---|---|---|---|---|
| | To a referral/ appointment | Getting through on the phone | Waiting Times | Of Communication between GP and Hospital | Of Staff attitudes | Of Treatment and Care |
| Princess Royal University Hospital No of reviews: 100 | 4.4 | 4.0 | 3.7 | 3.8 | 4.5 | 4.4 |
| Orpington Hospital No of reviews: 133 | 4.3 | 3.8 | 3.9 | 4.2 | 4.8 | 4.7 |

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

| Hospital | Overall Rating (Out of 5) | Top 3 Positive Issues | Top 3 Negative Issues |
|---|---|---|---|
| Princess Royal University Hospital (PRUH) | 3.8 | Staff Attitudes | Waiting Times (punctuality and queueing on arrival) |
| | | Quality of treatment | Quality of treatment |
| | | Appointment availability | Staff Attitudes |
| Orpington Hospital | 4.5 | Staff Attitudes | Car Parking |
| | | Quality of treatment | Waiting Times (punctuality and queueing on arrival) |
| | | Waiting Times (punctuality and queueing on arrival) | Getting through on the telephone |

# Equalities Snapshot

During our engagements we ask residents to share information, voluntarily, about themselves (e.g. gender, age, and ethnicity). This allows us to understand whether there are differences in experience to people based on their personal characteristics.

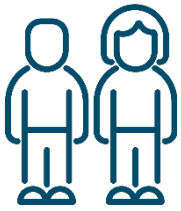
This section covers information from patients who provided demographic information. A full demographics breakdown can be found in the appendix.

## Gender

We received reviews from 64 men and 152 women; 92% and 89% respectively were positive about their hospital experience.

## Age

We received the most reviews from 75-84 year olds (44) and 25-34 year olds (41); 89% and 88% respectively were positive.



## Ethnicity

Most reviews were completed from White British patients (169); 91% were positive.

## Disability and Long-Term Conditions (LTC)

88% of people who reported a disability (43) left positive reviews about services.
89% positive reviews were received from people with an LTC (75).

# Appendix


Photo: Healthwatch Bromley

# Number of reviews for each service type

| Service Type | Positive | Negative | Neutral | Total |
|---|---|---|---|---|
| GP | 107 | 33 | 38 | 178 |
| Hospital | 219 | 14 | 29 | 262 |
| Dentist | 29 | 1 | 6 | 36 |
| Pharmacy | 5 | 3 | 1 | 9 |
| Optician | 8 | 0 | 0 | 8 |
| Mental Health | 1 | 0 | 2 | 3 |
| Community Health | 0 | 0 | 1 | 1 |
| Digital | 62 | 15 | 21 | 98 |
| Other | - | - | - | - |
| Social Care | 0 | 1 | 0 | 1 |
| **Overall Total** | **431** | **67** | **98** | **596** |

# Demographics

| Gender | Percentage % | No of Reviews |
|---|---|---|
| Man(including trans man) | 28% | 115 |
| Woman (including trans woman | 71% | 295 |
| Non- binary | 0% | 0 |
| Other | 0% | 0 |
| Prefer not to say | 1% | 5 |
| Not provided | | 181 |
| Total | 100% | 596 |

| Long-term condition | Percentage % | No of Reviews |
|---|---|---|
| Yes | 40% | 155 |
| No | 58% | 226 |
| Prefer not to say | 0% | 0 |
| Not known | 2% | 4 |
| Not provided | | 211 |
| Total | 100% | 596 |

| Disability | Percentage % | No of Reviews |
|---|---|---|
| Yes | 21% | 80 |
| No | 77% | 293 |
| Not known | 1% | 4 |
| Prefer not to say | 1% | 3 |
| Not provided | | 216 |
| Total | 100% | 596 |

| Unpaid Carer | Percentage % | No of Reviews |
|---|---|---|
| Yes | 12% | 38 |
| No | 70% | 226 |
| Prefer not to say/did not answer | 18% | 58 |
| Not provided | | 274 |
| Total | 100% | 596 |

| Age | Percentage % | No of Reviews |
|---|---|---|
| Under 18 | 1% | 5 |
| 18-24 | 1% | 6 |
| 25-34 | 15% | 60 |
| 35-44 | 16% | 67 |
| 45-54 | 8% | 35 |
| 55-64 | 13% | 53 |
| 65-74 | 16% | 67 |
| 75-84 | 21% | 86 |
| 85+ | 7% | 27 |
| Prefer not to say | 1% | 5 |
| Not provided | | 185 |
| Total | 100% | 596 |

| Sexual Orientation | Percentage % | No of Reviews |
|---|---|---|
| Asexual | 0% | 1 |
| Bisexual | 2% | 7 |
| Gay man | 1% | 4 |
| Heterosexual / Straight | 92% | 338 |
| Lesbian / Gay woman | 0% | 0 |
| Pansexual | 0% | 0 |
| Prefer not to say | 3% | 12 |
| Not known | 0% | 0 |
| Prefer to self describe | 1% | 2 |
| Not provided | | 232 |
| Total | 100% | 596 |

# Demographics

| Employment status | Percentage % | No of Reviews |
|---|---|---|
| In unpaid voluntary work only | 5% | 19 |
| Not in employment & Unable to work | 9% | 34 |
| Not in Employment/ not actively seeking work - retired | 38% | 143 |
| Not in Employment (seeking work) | 0% | 1 |
| Not in Employment (Student) | 1% | 4 |
| Paid: 16 or more hours/week | 24% | 92 |
| Paid: Less than 16 hours/week | 3% | 12 |
| On maternity leave | 1% | 5 |
| Prefer not to say | 17% | 64 |
| Not provided | | 222 |
| Total | 100% | 596 |

| Religion | Percentage % | No of Reviews |
|---|---|---|
| Buddhist | 0% | 0 |
| Christian | 52% | 204 |
| Hindu | 4% | 14 |
| Jewish | 2% | 9 |
| Muslim | 2% | 9 |
| Sikh | 1% | 2 |
| Spiritualist | 1% | 5 |
| Prefer not to say | 0% | 0 |
| Other religion | 36% | 140 |
| No religion | 2% | 9 |
| Not provided | | 204 |
| Total | 100% | 596 |

| Pregnancy | Percentage % | No of Reviews |
|---|---|---|
| Currently pregnant | 12% | 43 |
| Currently breastfeeding | 7% | 26 |
| Given birth in the last 26 weeks | 7% | 24 |
| Prefer not to say | 1% | 3 |
| Not known | 1% | 4 |
| Not relevant | 67% | 235 |
| No | 4% | 13 |
| Not provided | | 248 |
| Total | 100% | 596 |

# Demographics

| Ethnicity | Percentage % | No of Reviews |
|---|---|---|
| British / English / Northern Irish / Scottish / Welsh | 80% | 312 |
| Irish | 0% | 0 |
| Gypsy or Irish Traveller | 0% | 0 |
| Roma | 0% | 0 |
| Any other White background | 3% | 13 |
| Bangladeshi | 0% | 0 |
| Chinese | 1% | 5 |
| Indian | 2% | 6 |
| Pakistani | 1% | 2 |
| Any other Asian background/Asian British Background | 3% | 13 |
| African | 5% | 20 |
| Caribbean | 1% | 5 |
| Any other Black / Black British background | 2% | 8 |
| Asian and White | 0% | 1 |
| Black African and White | 0% | 0 |
| Black Caribbean and White | 0% | 0 |
| Any other mixed or multiple ethnicities | 0% | 0 |
| Arab | 1% | 2 |
| Any other ethnic group | 0% | 0 |
| Prefer not to say | 0% | 0 |
| Not provided | | 209 |
| Total | 100% | 596 |

| Area of the borough (Ward) | Percentage % | No of Reviews |
|---|---|---|
| Beckenham Town & Copers Cope | 9% | 37 |
| Bickley & Sundridge | 4% | 14 |
| Biggin Hill | 2% | 9 |
| Bromley Common & Holwood | 10% | 40 |
| Bromley Town | 16% | 62 |
| Chelsfield | 1% | 3 |
| Chislehurst | 5% | 18 |
| Clock House | 1% | 2 |
| Crystal Palace & Anerley | 4% | 14 |
| Darwin | 0% | 0 |
| Farnborough & Crofton | 1% | 3 |
| Hayes & Coney Hall | 7% | 29 |
| Kelsey & Eden Park | 0% | 0 |
| Mottingham | 0% | 0 |
| Orpington | 20% | 80 |
| Penge & Cator | 3% | 11 |
| Petts Wood & Knoll | 1% | 2 |
| Plaistow | 1% | 4 |
| Shortlands & Park Langley | 0% | 1 |
| St Mary Cray | 1% | 4 |
| St Paul's Cray | 1% | 4 |
| West Wickham | 3% | 12 |
| Out Of Borough | 11% | 42 |
| Not provided | | 205 |
| Total | 100% | 596 |

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SE8 4AG

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Healthwatchbromley

healthwatch-bromley

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**Report No.**
**CSD26001**

**London Borough of Bromley**

**PART 1 – PUBLIC**

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| | |
|---|---|
| **Title:** | **MATTERS OUTSTANDING AND WORK PROGRAMME 2025/26** |
| **Decision Maker:** | Health Scrutiny Sub-Committee |
| **Date:** | **Wednesday 21st January 2026** |
| **Decision Type:** | Non-Urgent Non-Executive Non-Key |
| **Contact Officer:** | Jo Partridge, Democratic Services Officer<br>Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk |
| **Chief Officer:** | Director of Corporate Services & Governance |
| **Ward(s):** | N/A |

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## 1. REASON FOR REPORT

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2025/26.

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## 2. RECOMMENDATION(S)

The Health Scrutiny Sub-Committee is requested to:

**2.1 Consider matters outstanding from previous meetings; and,**

**2.2 Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.**

## 3. KEY SUMMARIES

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

Legal

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

| | |
|---|---|
| **Background Documents:** (Access via Contact Officer) | Previous work programme reports |

## 4. BACKGROUND/OPTIONS

4.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at Appendix 1.

4.2 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.

4.3 The four scheduled meeting dates for the 2025/26 Council year were confirmed as follows:

5.00pm, Thursday 3rd July 2025
5.00pm, Tuesday 16th September 2025 (Briefing)
5.00pm, Wednesday 21st January 2026
5.00pm, Tuesday 5th March 2026 (Briefing)

4.4 The work programme is set out in Appendix 2 below.

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**APPENDIX 1**

## HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

| Agenda Item | Action | Officer | Update | Status |
|---|---|---|---|---|
| Minute 12<br>8th April 2025<br><br>**Update on Dental Services** | Information on:<br>- uptake from Bromley dental practices to offer additional capacity<br>- provision for older people's care homes<br>- any gaps identified in the needs assessment<br>to be provided to Members following the meeting. | Regional Lead Primary Care Commissioning: Dentistry & Optometry Services – NEL ICB | Information circulated on 3rd July 2025. | **Completed** |
| Minute 13<br>8th April 2025<br><br>**SEL ICS/ICB Update** | An overview of the number of weight loss drugs prescribed across SEL to be requested from the Medicines Optimisation Team. | Place Executive Lead | Information provided to the meeting on 3rd July 2025. | **Completed** |
| Minute 10<br>3rd July 2025<br><br>**Work Programme and Matters Outstanding** | Further information on who would be eligible to access weight management drugs via the NHS to be provided following the meeting. | Place Executive Lead | Information included within the SEL ICS/ICB Update provided to the meeting on 21st January 2026. | **Completed** |

**APPENDIX 2**

# Health Scrutiny Sub-Committee Work Programme 2025/26

| **Health Scrutiny Sub-Committee** | **21st January 2026** |
|---|---|
| **Item** | **Status** |
| Update from King's College Hospital NHS Foundation Trust<br>- *including update on the proposed reconfiguration of Haematology Services at Princess Royal University Hospital (PRUH)* | Standing item |
| 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** ***(informal meeting)*** | **5th March 2026** |
|---|---|
| **Item** | **Status** |
| Update from King's College Hospital NHS Foundation Trust | Standing item |
| Update on Dental Services | |
| GP Access (tbc) | |
| Update from the London Ambulance Service | |
| Update from Oxleas NHS Foundation Trust | |
| Healthwatch Bromley – Patient Experience Report | Standing item |
| South East London Joint Health Overview & Scrutiny Committee (Verbal Update) | Standing item |