



Bromley Urgent Treatment Centre Procurement – Princess Royal University Hospital (PRUH) and Beckenham Beacon

Public Engagement Report

February 2023

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1. Purpose of the report

This report sets out the outcomes of an engagement exercise undertaken to support the re-procurement for provision of urgent treatment centres (UTCs) in Bromley.

2. Background and context

NHS South East London Integrated Care Board (NHS ICB) commissions two GP led Urgent Treatment Centres (UTCs) in Bromley. These are based at Beckenham Beacon and the Princess Royal University Hospital. In 2023, the contract for these services was coming to an end. A new contract was required by Spring 2023.

UTCs have national operating standards in place to ensure there is consistency in the service offer. Therefore, although there were no substantial changes planned to the service, we were committed to ensuring patient experience informed the new contract and influenced how patients are directed to UTCs.

3. Our approach

To ensure public views could influence the new contract and delivery of the service, the following was undertaken:

- Patient experience survey.
- Healthwatch patient feedback from interviews in the UTCs.
- Focus groups to inform development of a service specification.
- Patient representation in the procurement process.

Patient Experience Survey. The survey was co-produced by the Integrated Contracting team, the Communication and Engagement team and members of the Bromley Patient Network. It ran for 4 weeks (6 January to 6 February 2022) and was promoted by One Bromley Local Care Partnership partners using different channels. These included social media, email to One Bromley patient network (including practice based Patient Participation Group members), community groups and dissemination through newsletters. 100 residents completed the survey.

The survey was made available as:

- a printed postcard, located in the waiting area on both UTC sites.
- an online version which included equalities information.

A poster was displayed in the UTC waiting areas to promote the survey. Details of the promotional materials are available in Appendix 1.

Of the total responses, 95 were received through the online survey and 5 via the printed postcards. It is worth noting this survey was carried out during the COVID-19

Omicron variant, the postcards and collection boxes were left on a visible safe area for individuals to pick up and complete. The results of the survey are set out in section 4. Healthwatch Bromley also visited the UTCs in June 2022 to capture any additional feedback.

Bromley UTC patient focus groups. 10 members from the One Bromley Patient Network¹ worked with the UTC commissioning team to:

- Review the patient experience survey with the aim of capturing real time patient experience of those using the UTCs.
- Test and shape the service specification.
- Develop appropriate questions for potential providers to respond to as part of the procurement process.

Formal procurement process. Two patient representatives took part in the procurement process from June to September 2022. This involved training on the procurement scoring system, revision of all bids, scoring of relevant questions and attending moderation meetings to discuss and agree on the final scores for all bidders.

4. Engagement activity

4.1 Patient experience survey

100 residents participated in the survey. The main priority areas for improvement were:

- Provision of waiting time information for both sites, but in particular at Beckenham Beacon
- Staff communication at PRUH
- Initial assessment at PRUH

Survey outcomes showed the following:

Survey area/question	PRUH	Beacon	Comments
Number of respondents	44	51	100 respondents in total, 5 did not identify site and so are not included in the below site-specific statistics
Users postcode	Mainly BR1 and BR6	Mainly BR3 and BR1	Other postcodes: PRUH: BR3, CR2, BR5 and TN16.

¹ The One Bromley Network is a group of Bromley people who have signed up to be involved and informed about health and care developments in Bromley. There are currently around 200 members.

Survey area/question	PRUH	Beacon	Comments
			Beckenham Beacon BR2 and BR6
Reason for attendance	Sprains (5), cuts (5), pain (5), infections (4), fractures (4), falls (2), cardiovascular (4 - palpitations, check blood clot), children high temperature (2), other (diabetes, burn dress changing, bite)		
% service users given information on waiting times	50%	24%	
% service users rating the environment as "good" or "excellent"	41%	48%	Percentages here are based on the number that responded to this question
% service users rating the environment as "poor" or "very poor"	36%	24%	
% service users rating the staff communication as "good" or "excellent"	27%	68%	
% service users rating the staff communication as "poor" or "very poor"	50%	16%	
% service users rating the initial nurse assessment as "good" or "excellent"	45%	76%	
% service users rating the initial nurse assessment as "poor" or "very poor"	23%	12%	
Referral / access route			
999	3%		
GP practice	12%		
NHS 111	11%		
Pharmacy	2%		
None of the above / other <i>Majority did not identify referral / access route. Of those that said "none of the above" or "other", none identified the alternative referral/access route.</i>	72%		Presumably mostly walk-ins.

Positive feedback included:

- Staff helpful and friendly.
- Service was quick and efficient.
- Triage was fast and treatment received efficiently.

I knew there would be a wait and was ready for it to be a lot longer than it was. I felt better about going to UTC than A&E due to what I could tell about my injury and was following NHS.uk advice.

Areas for improvement:

- Staff attitude.
- Overcrowding.
- Waiting time too long.
- Information on waiting times.

Pleasantly surprised how quickly I was seen, treated and discharged (PRUH)

Equality data

93 respondents answered the equality questions.

Equality data
Gender 40% of respondents were female, 7% male and 53% preferred not to say.
Age Under 18 (2.2%), 18-24(1%), 25-34(2.2%), 35-44(8.6%), 45-54 (7.5%), 55-64 (6.4%), 65-74 (11.8%), Over 75 (6.4%), Prefer not to say (53.8%)
Marital status Married (32%), Single (4.3%), Separated (1.2%), Widowed/surviving civil partner (2.2%), Co-habiting (2.2%), Prefer not to say (58.1%)
Pregnancy Yes (1.1%), No (43%), Prefer not to say (55.9%)
Gender reassignment No (45%) or Prefer not to say (55%)
Ethnicity White English / Welsh / Scottish / Northern Irish / British (39.8%), Black or Black British (3.2%), Asian or Asian British (1.2%), Other ethnic group (1.2%), Prefer not to say (54.6%)
Disability Mental disability (1.2%), Physical disability (3.2%), No (40.8%), Prefer not to say (54.8%)
Religion or belief No religion (20.4%), Christian (20.4%), Other (2.2%), Prefer not to say (57%)
Sexuality Heterosexual/straight (38.7%), Bisexual (3.2%), Prefer not to say (58.1%)

4.2 Patient Focus Groups

There were two focus groups with members of the One Bromley Patient Network.

Focus group 10 January 2022. The attendees received an overview on the Bromley UTCs (location, users, services), details of the procurement process and next steps. This was followed by a group discussion.

Focus group 24 January 2022. Prior to the meeting, the members were contacted for their feedback on the Service Model / Service delivery questions. An additional explanation on the structure of the Tender Questionnaire and content information on the Service Model / Service Delivery section were shared to facilitate the discussion.

The discussions covered the Invitation to Tender (ITT), Service Specifications and Service Model and the main themes were:

Appointments – 111 vs walk-ins, mental health, use of service and demographics/location.

Estates – Waiting areas, utilisation of space, managing high demand.

Service – Waiting time, fractures, medicine provision and management, managing high demand.

Coordination/Integration – Clarity for patients on journey, clear signs, communication with GPs.

Patient experience – Patient as centre of service, feedback recorded and measurable based on KPIs.

Invitation To Tender – Must cover workforce (clinical governance, staff management, staff wellbeing, provider experience, dealing with high demand), innovation in service/technology, DNA management, risk register and patient safety, communication.

Service Specification – To include accidents and complaints, targets and clinical priorities, Care Navigators and their role, clear surge and escalation information.

Data collection and reporting - Provider must capture data to understand origin of referrals, causes for attendance, etc. Plan on how data collection and reporting will be managed.

After the group discussions, the commissioners addressed all the questions from the group and finalised the specification using the feedback received. More details can be found in [Section 6 – You said, We did](#). The patients were invited to express their interest to take part in the tender process and two of the interested patients received training and supported the procurement process.

4.3 Healthwatch Bromley patient feedback

Healthwatch Bromley obtained further patient feedback while visiting the waiting areas at the Beckenham Beacon and PRUH (visits on 10 and 17 June at Beckenham Beacon, and 1 and 30 June at the PRUH). The quality of services was found good while waiting times was highlighted as an area for improvement.

5. Outcomes

The procurement was informed by the experiences and views of Bromley residents, including a survey to capture their views of services, focus groups to inform the specification and two representatives who contributed to the evaluation, scoring and moderation process.

Following the full tender process, NHS South East London Integrated Care Board awarded a contract to Greenbrook Healthcare Limited for the provision of Urgent Treatment Centres at Princess Royal University Hospital (PRUH) and Beckenham Beacon. The contract will commence on 1st April 2023 for five years.

6. You said, we did

You said	We did
Allow patient representatives to score and evaluate other relevant areas apart from patient engagement and ITT questions	We identified three areas of the ITT (each with multiple sub-questions) to be evaluated by the patient representatives, alongside relevant colleagues. These areas are 1. Service Model and Service Delivery 2. Social Value 3. Understanding Patient Need, Patient Engagement and Communications. The two representatives participating in the evaluation engaged on final development of the ITT questions, alongside the rest of the evaluation panel. We also developed the overarching question on the service proposal which was made available to all evaluators
The words “ <i>prioritise NHS 111 patients over walk-in patients where clinically appropriate to do so</i> ” is ambiguous and misleading. The only safe criterion is	The specification was revised to make it clearer that clinical need is always the priority. Second to clinical need, the provider is expected to prioritise 111 booked appointments over walk-ins. An ITT question was developed to understand how providers will balance these requirements.

You said	We did
relative clinical need and patients, and staff need to be aware of this.	
<p>For patients it is not always clear who is providing the treatments, which treatments are provided by UTC and the patient's journey / next steps.</p> <p>UTC must be fit for purpose and clearly identifiable</p>	<p>One of the aims of this service – as outlined in the specification - is a simplified & consistent urgent care system where patients are confident about where to go for treatment, e.g., illness/ injury, urgent or emergency– right service, right place, right time, as well as promoting self-care.</p> <p>In order to meet this requirement, the provider needs to ensure that they will be directed to the right service.</p> <ul style="list-style-type: none"> • understand what is happening to them, where they are going, if they are being transferred to another service and if so why. • understand who / where / what is the most appropriate person / place / process to raise queries and get responses and advice. • make sure that if follow-ups are required after a visit to the UTC, these take place. • improve patient experience when using UTC / ED. <p>The following additional statement was added to the specification.</p> <p>The provider will ensure that all patients and their family/carers are informed on arrival of the expected waiting time and any other information which will support their understanding of the service which is to be provided within the UTC. This will support managing patient/care givers expectations during peak attendances.</p> <p>Any treatment will be explained to the patient (or their carer) so that the patient is fully aware of the intervention that they are receiving. Where the assessing clinician has concerns about the patient's mental capacity, then they should adjust communication methods to explain their intervention and follow-up with the registered GP.</p> <p>Meeting the above requirements will be continually monitored throughout the lifetime of the contract. In addition commissioners will also be reviewing with the successful provider the UTC directional and information signage.</p>
Important to contact GP surgeries for their input.	We planned practice visits through February 2022 to engage all practices and gather their feedback on

You said	We did
<p>Practices need to have clarity on services provided by UTC and when to use them.</p> <p>Provide GP surgeries with the information they need.</p>	<p>UTC services. This included discussions on the practice's understanding of UTC services and the level of information practices receive from UTCs to inform the final version of the specification.</p> <p>"What is your understanding of the UTC?", " Do you understand when is appropriate to refer a patient to UTC?". We will support the practices to make sure the message is clear and consistent in every health setting.</p> <p>Within the specification there is a dedicated section outlining the importance of liaising with a patient's GP about their visit to the UTC, if there is any follow-up required. Commissioners will be working with the successful provider to ensure that this element is met and this will be something that is continually monitored during the lifetime of the contract. For patients without a GP the provider will have care navigators who can support patients to register at the most appropriate GP surgery for them.</p>
<p>There should be greater clarity on the staffing model. Does it need to be a GP, or could it be a junior doctor? Should we make more use of paramedics?</p>	<p>We asked the bidders as part of their staffing model to look at other staffing cohort / mix to support the UTC other than GPs - How can they provide a service in this environment with different types of staff? How can we fill the rotas with the appropriate staff.</p> <p>The new model includes:</p> <ul style="list-style-type: none"> - lead GP - lead nurse - GPs - emergency nurse practitioners (junior and senior) - healthcare assistants - care navigators <p>Potential providers were requested to answer specific questions around their proposed staffing structure and leadership team, as well as providing sample rotas for both sites. This area is being monitored closely during the mobilisation and will be regularly reviewed throughout the lifetime of the contract</p>
<p>Workforce – how to ensure they can offer appropriate staff 24/7?</p>	<p>ITT questions were developed to seek detailed proposals on staff levels, methodology for design of workforce structure, provision of sample rotas for both sites, provision of sample rotas for bank holiday periods, and to understand how the provider will respond to both expected and unexpected surges in demand.</p>

You said	We did
<p>Walk-in vs 111 bookings. The national requirement is that 98% of 111 bookings should be seen within 30 minutes of their so-called appointment time but this is not happening. Has this information been reviewed in the specification?</p> <p>Feedback noted any contractual targets should be designed to support the service to focus on clinical care and clinical outcomes.</p>	<p>Within the specification we reviewed the wording used around arrival time, appointment time, etc. to manage expectations more appropriately. This included making it clear in the specification that patients will be assessed according to their clinical needs and it's only over as a secondary consideration that a 111 referral might be prioritised over a walk-in referral.</p>
<p>Although surge and escalation information and formal protocol, more clarity is needed on this aspect.</p>	<p>The specification was strengthened to ensure the escalation protocol was understandable, clearly outlined and included all the relevant aspects. A question was also asked to potential bidders around their proposed management of escalation and surge as follows: - <i>Explain how you will manage surges in presentations to the front doors, outlining the escalation process internally and externally.</i> Commissioners will be continually monitoring the successful provider to ensure that they meet this requirement.</p>
<p>The contract currently focuses more on patient flow than patient experience. How is the PRUH working with the UTC? How would the provider manage flow and messages and information for patients?</p>	<p>ITT questions have been developed to increase the focus on patient experience. A detailed agreement for the working relationship between KCH and the UTC provider has been developed.</p>

7 Appendix 1

SHARE YOUR VIEWS

Bromley Urgent Treatment Centres


South East London
Clinical Commissioning Group





Please answer our short survey. Pop this card into the post box by reception or use the QR code to access this survey online. Your views will be used to improve our services.

4. Were you asked to attend the UTC by any of the following:

Pharmacist GP practice
 NHS 111 999
 Other (please advise) _____

HOW WAS YOUR EXPERIENCE TODAY?

1. Which Urgent Treatment Centre are you visiting today?
 Beckenham Beacon / PRUH (please circle) _____

2. Date and time you attended: _____

3. Your postcode (optional): _____ None of the above

5. If your answer was none of the above, why did you choose to visit the UTC rather than use a different service?

6. Medical reason for attendance (optional) _____

7. Were you given information on waiting times? Yes No

8. What did you like about using the UTC today?

9. How would you rate the following?
 1=Very Poor, 2=Poor, 3=Neutral, 4=Good, 5=Excellent

• Environment (signs, waiting room)	1	2	3	4	5
• Communication from the staff	1	2	3	4	5
• Your initial assessment from the nurse	1	2	3	4	5

10. Any other comments you would like to share about your experience today.

To get a copy of this survey in other languages or formats, please email broccg.patientquery@nhs.net

SHARE YOUR VIEWS

Bromley Urgent Treatment Centres


South East London
Clinical Commissioning Group







Please answer our short survey using a postcard or use the QR code to access the survey online. Your views will be used to improve our services.

Please send your comments by 6 February 2022.




To get a copy of this survey in other languages or formats, please email broccg.patientquery@nhs.net