

Bromley Borough Based Board Minutes of the meeting on 2 September 2021 Held through Microsoft Live

Present:	Name	Title and organisation	[initials]
	Dr Ruchira Paranjape	Borough CCG GP (Vice Co-chair)	RP
	Cllr Colin Smith	Leader of the Council, London Borough of Bromley (Co-chair)	CS
	Omar Al-Ramadhani	Head of Assurance (Item 9)	OA
	Dr Angela Bhan	Bromley Borough Director	AB
	Kim Carey	Interim Director of Adult Services, London Borough of Bromley	KC
	Mark Cheung	One Bromley Integrated Care Programme Director	MC
	Harvey Guntrip	Borough Lay Member	HG
	Dave Harris	Associate Director of Finance for South East London Clinical Commissioning Group	DH
	Dr Juwairia Hashmi	Chair of Bromley Borough Divisional Forum	JH
	Fiona Leacock	Head of Quality, South East London CCG (Item 10)	FL
	Dr Nada Lemic	Director, Public Health	LM
	Helen Norris	Healthwatch	HN
	Sean Rafferty	Joint Assistant Director of Integrated Commissioning for South East London CCG and London Borough of Bromley	SR
	Cheryl Rehal	Acting Head of Primary and Community Care (Item 7)	CR
	Cllr Diane Smith	Portfolio Holder for Adult Care & Health, London Borough of Bromley	DS
	Matt Hodges	Borough GP Surgery IT Project Manager	MH
	Kofo Abayomi	Borough Governance Lead	KA
	Gemma Alborough	Borough Business Support Lead	GA
Apologies:	Ade Adetosoye	Chief Executive, London Borough of Bromley	AA
	Janet Bailey	Director of Children and Young People, London Borough of Bromley	JB
	Paulette Coogan	One Borough Director of Organisational Development	PC
	Dr Andrew Parson	Borough CCG GP (Co-chair)	AP

Actioned by

1.	Introductions & Apologies for Absence	
1.1	Dr Ruchira Paranjape (RP), Vice Co-chair welcomed members and attendees to the September Bromley Borough Based Board meeting. Members and attendees of the Committee introduced themselves.	
1.2	Apologies for absence were noted as recorded above.	

2.	Declarations of Interest	
2.1	Dr Paranjape invited members to declare any interests in respect to the items on the agenda. There were no additional declarations at this meeting.	
3.	Public Questions	
3.1	Dr Paranjape noted that no questions were received from members of the public ahead of the meeting. Additional questions were invited to be posted in the Q&A section of the live event and written responses would be provided. Questions and answers from the previous meeting were noted and had been posted on the CCG (Bromley) website.	
4.	Minutes of the meeting 8 July 2021 and actions	
4.1	The Committee APPROVED the minutes of the meeting held on 8 July 2021 as an accurate record of the meeting.	
5.	Place Based Director's Report	
5.1	<p>The Committee received a written report which outlined borough level working. Dr Bhan noted the continued partnership working within Bromley to include commissioners, London Borough of Bromley, Provider and Third Sector organisations.</p> <p>Dr Bhan presented the Place Based Director's report which was taken as read. Key highlights of the report were noted:</p> <ul style="list-style-type: none"> • Developing the ICS – One Bromley Clinical and Professional Advisory Group: The Integrated Care System (ICS) continued to be developed in South East London in accordance with the Health and Care Bill which is going through Parliament. The intention of the bill is to establish ICS' as statutory bodies, CCGs would cease to exist in April 2022. Dr Bhan noted the requirement to have a place-based system set up within the same timeframe. Whilst this would be similar to current borough-based arrangements, the new systems would be even more inclusive with all providers involved. Bromley is in an extremely good position in terms of integrated care, there is commitment from partners and local authority colleagues to ensure that services are integrated around patients and that we work together to minimise duplication and enhance the offer for our population. • The Clinical and Professional and Advisory Group (CPAG) had recently been established, with member representation from clinicians, health and social care professionals and third sector colleagues. This offered an opportunity to provide further professional and clinical focus to the work undertaken by One Bromley. The first meeting had taken place last week, chaired by Dr Andrew Parson. The objectives of the meeting were noted in the report, with particular focus on and input on service redesign and transformation. The meeting had covered the winter plan and how clinicians working in different ways could help with 	

	<p>the flow of patients through the system and ensure good communication across all providers and partners. It was a system wide aim to help to improve waiting times in A &E.</p> <ul style="list-style-type: none"> Covid Vaccinations: The CCG continued to work with partners to deliver the vaccination programme. There was good uptake from older adults within Bromley. The focus had now moved to ensuring that those who were pregnant were offered the vaccine. A series of webinars had recently taken place to provide information on vaccination and to answer any questions, further sessions were planned. 16–17-year-olds had been offered vaccination appointments, as of last week over a third of this age group in Bromley had received their first vaccine dose, further uptake data would follow. Colleagues were working with the Public Health team, the Director of Education from the local authority and others to support vaccinations of those eligible. Clinicians were in the process of identifying 12- 15-year-olds within their lists who were at increased risk of covid due to pre-existing conditions and thus eligible for vaccination. Planning for winter: Planning for winter was well underway to ensure system capacity and robust governance and escalation processes were in place. All parts of the system were involved, and consideration was being given as to how the Bromley Education and Training Hub (BETH) could be utilised to enable joint development opportunities across organisations. Post Covid Services: Services continued to be developed, there was now a post covid respiratory assessment clinic at the PRUH which had been expanded to include a post covid neurological assessment clinic. Bromley Healthcare had been successful in recruiting a therapist to support the community assessment and multi-disciplinary team model. A lot of people with post covid symptoms may not require hospital input, so the service aimed to enable access via both community and secondary care. Bromley Well was a partner within the service. Single Point of Access (SPA)- The SPA was working well, and plans were underway to formalise the service ahead of winter. This had been a particularly successful example of collaborative working and of huge benefit to patients during the pandemic. The service had recently been shortlisted as a finalist for the prestigious Municipal Journal Awards, the winner would be announced later this month. Children’s Services: Matt Beavis had been appointed as the new Associate Director for Children and Young People and would help to further transform children and young people’s services in the borough, with a focus on the delivery of good therapy and community equipment services to children and young people in Bromley, with clear pathways across NHS and local authority services. Matt Beavis would also be working closely on the 0-25 offer in line with the SEND reforms. Estates: Estates work continued both across SEL and in Bromley to enable programmes of work. Dr Bhan thanked Cllr Colin Smith for his assistance in progressing the approach to developing the Bromley Health and Wellbeing Centre. A review of GP estates in Penge and 	
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	<p>Anerley was underway to consider the relocation of practices to develop how practices could best work together.</p> <ul style="list-style-type: none"> • Digital and IT: Nationally funded schemes were in progress to ensure equitable access. Bromley had pioneered the Referrals Optimisation Project, enabling high quality referrals to secondary care. Colleagues were also looking at how best to implement the population health management approach, to include specific patient populations such as those with diabetes. 	
5.2	<ul style="list-style-type: none"> • Dr Paranjape thanked Dr Bhan for the report and presentation and commented that there was a huge amount of work highlighted. • Cllr Smith asked Dr Bhan for the latest update regarding the covid vaccination booster programme. It was noted that guidance was still awaited from the Joint Committee on Vaccination and Immunisation (JCVI), however it had been announced yesterday that boosters should start to be given to those who are clinically extremely vulnerable, as individuals within this group may not have had a good immune response from their previous vaccination doses. Further announcements were expected regarding top-up vaccinations for health and care workers, those aged over seventy and care home residents. The CCG were looking at putting in place arrangements for vaccinating these groups pending confirmation of the proposed start date for this phase of the programme. • Mr Guntrip noted some of the flu vaccine supply delays last year and asked if the same issue would occur this year. Dr Bhan updated that all practices and pharmacies taking part in the programme were expecting to start receiving vaccine stock in mid to late September with more to arrive in early October. The programme would have to be paced accordingly. It had originally been hoped that flu and covid booster vaccinations may be able to be administered at the same time, however due to the pending guidance regarding boosters, practices were planning to begin flu vaccination clinics upon receipt of stock. It was hoped that there would not be shortages if clinics were paced to match supply received. Further stock would be available centrally in November. 	
5.3	The Committee NOTED the report.	
6.	Winter Review 20/21 and 21/22 Winter Planning	
6.1	<p>Sean Rafferty presented the Winter Review 20/21 and Winter Planning 21/22 report for information and discussion. The report outlined the review which had been undertaken following last winter, which had informed this year's plan, with many elements continuing.</p> <p><u>Winter Review 20/21</u></p> <p>During the second wave of the pandemic, additional funding had been allocated to support hospital discharge. This had acted as an accelerator in changing the way we deliver our local health and care systems, with a wish to sustain and mainstream these ways of working and services going forward. Demand for urgent and unplanned care had been lower than usual,</p>	

largely due to people not wanting to attend hospital due to the pandemic. Referrals into adult social care had decreased, however discharges were complex and there would be a repetition of that for this year. Community activity was very high, particularly for district nursing services and therapy services. It needed to be borne in mind that one of the consequences of fewer people going into hospital for planned and unplanned procedures last year is that demand has remained very high over the summer, with winter pressures continuing throughout the summer period and into the coming winter.

The funding was largely used to increase workforce available to respond to winter pressures and covid and to put in place new services. In the main the funding profile would be repeated for the coming year, with a continuation of these services. The mobilisation of joined up health and care services was very successful in Bromley, and this would enable the wider system to continue to support the hospital to discharge and support people at home in the community with the right services.

Recommendations from last winter:

- Although there was less pressure on A & E for some of last winter, the assumption is that pressures will return to normal levels this year. The investments made by the CCG and local authority were successful and were to be repeated for this year.
- As noted by Dr Bhan, the Clinical and Professional Advisory Group (CPAG) was now in place to enable more clinical input into planning and oversight processes ahead of winter and ensure oversight and governance of winter arrangements.
- The system was very responsive and had quickly adapted and built upon existing services, the intention was to ensure there is capacity across the system to respond to unexpected issues over winter.
- It was thought likely that our older population will be impacted by winter as is usual, but that children and young adults would also feature more prominently in winter pressures issues this year.

21/22 Winter Planning

Mr Rafferty updated that the CCG and local authority were tying down plans and investments with health and care agencies in Bromley to bring together the overarching winter plan. The plan is being developed under five pillars:

1. Increasing system capacity – Ensuring system capacity and additional workforce in place during the winter period and additional service capacity within new services. The plan was largely a repetition of what was undertaken last year, with all relevant agencies being given additional resource to fund further staffing. More focus would be given to primary care and to making short term domiciliary care more readily available. It was key to have a more focused resource in place for late December and early January, to ensure capacity during the anticipated peak demand period.

	<p>2. Data Sharing and escalation – It was vital for system leads to have access to required data to enable sharing and escalation of information across the system where needed. There were plans to improve these processes through the input of members of the CPAG.</p> <p>3. Single Point of Access and Discharge Arrangements – Services were to be continued and mainstreamed. There were plans for this to be called the Bromley Discharge Partnership, arrangements and funding would be discussed and finalised in the coming weeks. Rapid Access to Therapies and the CYP Hospital at Home Service would also continue. Community respiratory pathways and long covid services would also continue this year. The intravenous antibiotics offer would be available and if needed, the virtual covid ward could also be put in place.</p> <p>4. Admissions Avoidance – This was one of the areas where more change would be made. There would be a continuation of previous admissions avoidance services. Modelling by public health colleagues had highlighted an anticipated surge in viruses for adults and children this year, which could increase pressures. Care Homes work had been particularly successful last year, and the system wanted to build on this by enhancing services to provide specialised treatments in the community where possible.</p> <p>5. Communication and Engagement – A strong communications plan would that people working across the system are informed and that the public is aware of what they can do to help with winter pressures. Lots of communications were going out regarding flu and covid vaccinations.</p> <p>Colleagues were close to finalising plans and hoped to have this finalised and signed off at the end of September. This would then go through appropriate governance processes and to boards and committees within the council ahead of being published more widely. This plan would build on last year’s successes and ensure that the system was as prepared as possible for what may be another difficult winter.</p>	
6.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Paranjape thanked Mr Rafferty for the comprehensive papers and gave thanks to Jodie Adkin, who was not able to attend this meeting. • Dr Paranjape noted the likely difference with this winter in comparison to the last considering the changes regarding lockdown. People would be socialising more, and this would mean an increase in the circulation of viruses which could create additional pressure on the system. Covid prevalence rates remained high at present. Dr Paranjape asked what measures were in place to be flexible around any rises in demand. Mr Rafferty noted that not all funding would be allocated straight away, with money to be available where needed to ensure resources could be allocated. Communications would also be an important element of the plan, with local communications to enhance national messaging. Dr Paranjape noted the input from clinicians in the CPAG who would be able to give insight as to how things were working within services. 	

	<ul style="list-style-type: none"> • Dr Bhan noted that Bromley had previously met and often exceeded the prior flu target of 75% uptake, one of the few boroughs in London to do so in recent years. Flu targets for this year were set at 85% for over 65s which would be a challenge, with previous uptake rates of just over 80% in the borough. It was important that people continued to book and take up their flu vaccination when offered. • Mr Guntrip noted the success of last year's flu programme, highlighting the way that organisations had worked together to deliver vaccinations and remove any barriers. He asked what oversight was in place to ensure that this continued, and that Bromley reacted quickly to changes. Mr Rafferty noted the importance of sustaining the One Bromley approach, the One Bromley Executive were keen to ensure progress continued to be built upon throughout the winter. The learnings around governance including the introduction of CPAG had a central role in ensuring professionals were aware of any issues across the system and governance meetings would continue this year. Mr Rafferty chaired the Discharge Working Group which worked with partners to ensure that people were well supported upon discharge. • Mr Guntrip queried what can be done to help avoid the spread of both covid and other viruses including flu and norovirus. Mr Rafferty noted that sustaining behaviours such as hand washing was important and that communications would be key. • Feedback on winter and how plans were progressing would come to future meetings. 	
6.3	The Committee considered and discussed the report and it was NOTED .	
7.	Covid-19 and Seasonal Influenza Vaccination Programmes	
7.1	<p>Cheryl Rehal, Acting Head of Primary and Community Care in Bromley introduced the report. The following key updates on progress were noted:</p> <p><u>Covid Vaccination Programme</u></p> <ul style="list-style-type: none"> • The programme was operating out of five sites across the borough, one mass vaccination centre and two pharmacies. • It was expected that the hospital hub would reopen to administer flu vaccinations for hospital staff and others as they usually would in winter. • St Edwards Church required the return of their hall, colleagues were working on a successor site which would be announced shortly. • There were several satellite sites and pop-up clinics in operation to reach those that were not able to access existing vaccination sites. • Focus had moved onto vaccinating 16–17-year-olds, who would receive a single dose of the vaccine. • There was an evergreen offer whereby anybody eligible could book their vaccination if they had not taken up the original offer. • The booster announcement was pending; however, plans were being made in preparation for the start of the programme. 	

	<ul style="list-style-type: none"> • There was high vaccine uptake in Bromley and Ms Rehal thanked residents for coming forward. There was a lower uptake in the 18-39 cohort, with some delay in this group taking up their second dose. Those who were most at risk of serious illness continued to be contacted, most recently those who are pregnant, there had been an increase in covid related admissions to hospital within this group. • Guy's and St Thomas' NHS Foundation Trust were supporting the programme with a call centre on behalf of practices. • Uptake in adults registered in Bromley was high with 81% having received their first vaccination dose. Care home resident and staff uptake was also good, there had been outreach events and individual conversations supported by local authority colleagues. • Ms Rehal thanked volunteers, who continued to assist with the programme along with Community Links Bromley, GoodSam, the PPG, primary care teams and the Bromley GP Alliance. Guy's and St Thomas' staff bank continued to support with delivering vaccinations seven days a week at Bromley Civic Centre. • There was a joint local authority and CCG group which met to discuss vaccine inequalities and consider how best to address these. <p><u>Seasonal Influenza Vaccination Programme</u></p> <ul style="list-style-type: none"> • The team were preparing for a significant number of flu clinics across practices in a number of venues. • Covid boosters were not yet confirmed, Bromley will follow the principle of co-promotion to eligible individuals and, if recommended by JCVI, co-administration wherever possible. • To mitigate the potential impact from flu, the NHS will vaccinate additional cohorts, and aim for a high uptake of flu vaccine to maximise protection • Learnings from the past year will be incorporated into flu delivery plans alongside Covid boosters. These include: <ul style="list-style-type: none"> ○ Offering a diversity of delivery channels for vaccination services ○ A heightened focus on the effect of health and social inequalities on vaccination uptake, with a view to targeting promotion, recall and outreach ○ The importance of insights and effective communications to motivate and engage a variety of audiences to take up their vaccine offer. • The national ambitions regarding flu uptake were noted, these were significantly higher than in previous years. This would inform outreach work and engagement which would be targeted to address groups and areas where uptake was lower and where there were inequalities in uptake. 	
7.2	<p>In considering the report, members raised the following comments:</p> <ul style="list-style-type: none"> • Dr Paranjape thanked Ms Rehal for the update and noted the challenging vaccination targets. • Cllr Smith thanked Ms Rehal and colleagues for all their hard work for Bromley residents through these programmes. He queried as to 	

	<p>why Bromley were seeing slightly more infections than some areas of London where vaccination uptake was lower. Ms Rehal noted the high prevalence and that this was being monitored. Dr Bhan noted that vaccination was only one of the pillars for control of the pandemic there likely may not be a direct link between infection and uptake and that this was a complex area. Dr Lemic had been discussing this with Public Health Directors across South East London. Consideration of covid infection rate data in age groups was reviewed and where previously Bromley had a higher prevalence of infection in younger cohorts recently there was a much more even split across age groups, with a slight increase in those over 60. Infections do fluctuate and this is a complex area with so many other factors having an impact, including behaviour.</p> <ul style="list-style-type: none"> • Mr Guntrip queried whether the resumption of festivals and large entertainment events may have contributed to the increases in prevalence and noted that during his time as a volunteer at vaccination sites he had noticed that some spouses were being booked at different times during the same day. He asked whether more could be done to try to arrange spouse and family appointments together where eligible for vaccination. Ms Rehal said that she would take this back to colleagues but noted that in some instances family members could be required to have different types of vaccine and would thus have to attend a different site for vaccination due to delivery and supply logistics. • Cllr Colin Smith asked if data cleansing of lists in practices was taking place to ensure that lists were up to date and if this may have made a difference to uptake rates. Dr Paranjape noted that list cleansing happened regularly as part of practice and system processes and felt that it was unlikely that high numbers of patients who were no longer registered at practices would have remained on lists and thus impacted vaccination rates. • There was a lot of interest in when boosters were to be available. Dr Paranjape noted Bromley's strong vaccination programme and that the borough would be well placed to start the programme once final guidance was available. 	
7.3	The Committee NOTED the report.	
8.	Finance Month 4 Report	
8.1	<p>David Harris presented the Month 4 finance report and highlighted the following points:</p> <p>South East London CCG</p> <ul style="list-style-type: none"> • The CCG was reporting an overall break-even position as at Month 4, pending confirmation of receipt of HDP3 funding from NHS England for Covid-19 position to cover expenditure of £4.3m on Hospital Discharge Programme (HDP)2 and HDP3, £0.2m relating to the Covid-19 vaccination programme, and £0.7m of costs associated with the Vaccination Sprint. In line with the guidance from NHSEI, 	

	<p>once these costs had been validated, the CCG was expecting to receive top-up allocations for this expenditure.</p> <ul style="list-style-type: none"> The H1 period which covered April-September 2021 had a savings target of £6.1m with £3.3m already identified. <p>Bromley Borough</p> <ul style="list-style-type: none"> The Bromley position at Month 4 was £129k underspent. <p>The key variances at Month 4 were:</p> <ul style="list-style-type: none"> Community - £112k overspent due primarily to an overspend in Community Phlebotomy due to an increase in activity. The Mental Health placement position was £103k underspent due to lower activity than budgeted. Continuing Healthcare budgets were underspending by £125k due to activity being lower than budgeted. The £129k underspend would be contributed to the overall savings target for the CCG. Bromley had received a Covid budget for H1 totalling £1,760k (£610k for borough costs and £1,150k for Bromley Healthcare) in addition to the budget set out above, these budgets are breakeven at Month 4. This excludes the HDP (Hospital Discharge Programme) Covid budget which is held at SEL CCG level. The cumulative Bromley HDP expenditure at Month 4 is £1,840k. H2 budget – Finance colleagues were due to hear notification of the funding allocation for Bromley in the next few weeks. It was not expected that there would be a return to business-as-usual budgets, but there would likely to be a small reduction in covid funding. The borough would need to reduce reliance on this non-recurrent covid funding. It was anticipated that there would be a similar savings target for H2, with final details to be confirmed. 	
8.2	<p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> Dr Paranjape thanked Mr Harris for the report. There were no queries or comments, but Dr Paranjape invited board members to contact Mr Harris outside of the meeting if needed. 	
8.3	<p>The Committee NOTED the report.</p>	
9.	<p>Assurance Report</p>	
9.1	<p>Omar Al-Ramadhani presented the report which was taken as read. It was noted that the format of the report had been updated to note summaries of performance in priority areas. The following updates were noted:</p> <ul style="list-style-type: none"> Performance in Bromley was largely good across the board on most metrics. Dementia diagnosis rate: The borough met the dementia diagnosis target of 66.7% in June 2021 with a performance of 67.0%. Personal Health Budgets: Bromley was making excellent progress in achieving its target of providing 644 personal health budgets in the current financial year, with 486 having been put in place already. 	

	<p>Bromley was also making significant progress in supporting the wider CCG to achieve the year-end target.</p> <ul style="list-style-type: none"> • SMI Physical Health Checks: There had been some progress, however the borough remained below the 60% target along with all other SEL CCG boroughs. The London and national average was at 25-30%. The CCG were setting up a working group to drive improvement in the delivery of physical health checks, with representation from commissioners and clinicians from all SEL boroughs. The meeting would be looking to address any gaps in reporting and activity. Dr Bhan noted that the system was very conscious of this issue with recognition that this is a source of health inequality. Bromley were in the process of recruiting eight new mental health practitioners one for every PCN- their key function would be to increase uptake of health checks in this cohort. Dr Qureshi, Clinical Lead for Mental Health was supporting this work. • LD Annual Health Checks: This scheme is designed to encourage practices to identify those aged over forty to offer an annual health check. Bromley had provided more health checks in comparison to last year and were confident of achieving the target by the end of the year. A couple of Bromley PCNs were part of the national optimisation programme and were receiving support to improve uptake. 	
9.2	<p>In considering the report, members gave the following comments:</p> <ul style="list-style-type: none"> • Mr Guntrip asked about B12 deficiency and the similarities to symptoms of dementia. Dr Paranjape noted that B12 blood tests are a mandatory diagnostic test when GPs are considering referral of a patient for a diagnosis of dementia. A wide variety of other blood tests were also undertaken ahead of referral to confirm causes of cognitive impairment. • Dr Paranjape noted that a huge amount of assurance reporting also went to other SEL CCG committees. 	
9.3	<p>The Committee NOTED the assurance report.</p>	
10.	<p>Borough Quality Report</p>	
10.1	<p>Fiona Leacock presented the report which had previously been presented to the Quality and Safety Sub Committee. The following key highlights were noted:</p> <ul style="list-style-type: none"> • Southwark Healthwatch presented a report to the Quality and Safety Subcommittee regarding a study of patient experience of waiting for treatment. Healthwatch made recommendations including giving more information to patients at set times; a clear contact person; expected timeframes and having a protocol for waiting patients. A summary was presented to the Integrated Governance and Performance Committee and an action was agreed to review how the system engages with patients waiting for hospital treatment, in order for PCNs to consider how best they can manage this within the system. 	

	<ul style="list-style-type: none"> Quality Alerts: Recurrent themes included Referrals, Discharge, Communication, Results and Medication. Ms Leacock noted that work continued to better understand the underlying issues which caused these themes to reoccur and to consider a system response to resolve them. It was noted that following a Care Quality Commission (CQC) inspection at Oxleas, ratings for Older Adult Wards had improved to “Good.” An inspection of acute services at South London and Maudsley (SLAM) had taken place and a Well Led Review was underway. An inspection had been completed at the Emergency Department at the PRUH (since reported as improved to “Good”) at Denmark Hill and at GSTT (outcomes awaited). There had recently been a Well Led Review at Bromley Healthcare with results pending. Some of the key learnings from quality alerts were also highlighted in the report. 	
10.2	<p>The Committee discussed the report, making the following points:</p> <ul style="list-style-type: none"> Dr Paranjape noted that the quality team were looking at a process to address these themes. Ms Leacock updated that issues were being taken to meetings with providers, noting that similar issues were occurring system wide. Bromley is one of the best boroughs for reporting quality alerts, this had dipped slightly during the pandemic but had risen again recently. Work was underway to address these issues to create sustainable change. Quality reports went to other committees of the governing body at SEL CCG. In moving towards an integrated care system there would need to be a different way of assessing this, with a comprehensive and robust process in place to review quality alerts. 	
10.3	The Committee NOTED the report.	
11.	<p>Any other business</p> <p>Cllr Diane Smith noted the media coverage of the lack of phlebotomy test tubes and asked about the impact on patients who were having anticoagulant therapy.</p> <p>Dr Paranjape notified that the Referral Optimisation Programme (ROP) had been updated to redirect GPs to categorise the prioritisation level of the requested blood test. Urgent blood tests would still be undertaken. Due to the guidance from NHSE on supply disruption, the online booking service for the BGPA phlebotomy service was closed to all routine requests and booking. All urgent requests were being sent from the GP directly to the phlebotomy provider to ensure they could be done in good time. When supply is resolved there would be a process in place to recall and prioritise efficiently and minimise disruption.</p>	

	<p>Dr Bhan noted that anticoagulation tests were done via a finger-pick test, so these services were not affected by the issue. Dr Paranjape noted how difficult this situation is for patients and that this may be causing anxiety and hoped that the issue would be resolved as soon as possible.</p> <p>Cllr Colin Smith thanked those who had attended the Borough Based Board, and the meeting was closed.</p>	
12.	<p>Date of Next Meeting: 11 November 2021, to take place by MS Live Video Conference, 1.30pm-3.30pm</p>	

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