

Community Mental Health Services Report

Healthwatch Bromley
Spring 2024



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About Healthwatch

Healthwatch Bromley (HWB) is an independent champion for people who use health and social care services. We aim to put people at the heart of care. We ask what users like about services, and what could be improved and share their views with those with the power to make change happen.

Our sole purpose is to help make care better for people by:

- Providing information and advice to the public about accessing health and social care services and choices in relation to those services.
- Obtaining the views of residents about their need for, and experience of, local health and social care services and making these known to those who commission, scrutinise and provide services.
- Reporting the views and experiences of residents to Healthwatch England (HWE), helping it perform its role as national champion.
- Making recommendations to HWE, to advise the Care Quality Commission (CQC) to carry out special reviews of or investigations into areas of concern.

YVHSC

Your Voice in Health and Social Care (YVHSC) is an independent organisation which gives people a voice to improve and shape services and help them get the best out of health and social care provision. YVHSC holds the contract for Healthwatch Bromley (HWB). HWB staff members and volunteers speak to local people about their experiences of health and social care services. Healthwatch engages and involves members of the public in the commissioning of health and social care services, through extensive community engagement and continuous consultation with local people, health services and the local authority.

© Your Voice in Health and Social Care

Disclaimer

The information presented within this report describes the experiences of the patients we spoke to as part of our community mental health project. The findings provide a snapshot of experiences and key insights from these individuals. The report cannot cover the totality of experiences but can be used to guide service improvements and identify further research required.

How to read this report

The report starts with an Executive Summary, followed by Background information.

Key Findings in Summary and Recommendations can be found on pages 11 and 12 respectively.

On pages 13 – 20 we look at each of the key findings in more detail.

Two case studies can be found on pages 21 – 24.

The appendices, from page 25, include:

- Data and charts covering carer and patient survey responses
- A copy of the carer and patient survey in standard format.

Acknowledgements

Healthwatch Bromley would like to thank all 142 local people who participated in the surveys and shared their feedback, and our committee, interns, work placement students and volunteers for their contributions and on-going support. We would also like to thank the following local partners:

- Bromley Well
- King's College Hospital NHS Foundation Trust (KCH)
- NHS South East London Integrated Care Board (SEL ICB)
- Oxleas NHS Foundation Trust
- Patient Participation Groups (PPGs) in the London Borough of Bromley (LBB)
- South East London Mind (SEL Mind)

Executive summary

This report presents the key findings and recommendations from a comprehensive evaluation of community mental health services in Bromley. Our objective was to review the quality of care and identify areas for improvement, to enhance service delivery and meet the diverse needs of service users.

Most service users reported a positive experience with community mental health services, but several challenges were identified, including delayed care, misdiagnosis, and inconsistent quality of treatment. Concerns were also raised about poor communication between staff, which impacts the user experience negatively.

Mobility and transport barriers, including the financial burden of travel, were highlighted as major obstacles for patients accessing care. Systemic issues such as the mishandling of patient data, where confidential documents were sometimes sent to incorrect addresses, were identified. There was also reluctance among some service users to take their medication due to a lack of support and scepticism about the medication's efficacy. These factors contribute to gaps in care and unmet needs within the community mental health system.

To address these challenges, several recommendations have been made. Improving transport options and enhancing accessibility for individuals with disabilities or language barriers are critical steps to ensure equitable access to care and support. Strategies to improve medication adherence should include comprehensive education and support; clear, accurate information; addressing any access barriers and exploring alternative treatment options tailored to individual needs. Better service coordination and improved follow-up processes are needed to achieve seamless continuity of care. Ongoing evaluation should be conducted to address disparities in service delivery, ensuring all individuals receive timely, effective, and compassionate support.

Prioritising regular contact, supportive interactions, and access to various therapies can further contribute to meeting the diverse needs of individuals seeking mental health support. Addressing issues such as long waiting lists and overlooked physical health concerns will enhance overall satisfaction and the effectiveness of mental health services. Finally, implementing more personalised and effective interventions tailored to individual needs will improve outcomes and user satisfaction.

The findings and recommendations in this report provide a road map for improving community mental health services in Bromley, enabling all individuals to receive the support they need.

Introduction

Healthwatch Bromley, dedicated to enhancing local health and social care services, initiated this community mental health services project in response to feedback obtained from engagement visits, representation on reference groups, and input from community mental health service users and carers.

Focusing primarily on working age adults aged 18–66 receiving community mental health support for over 12 weeks or recently discharged, the project aimed to gather evidence and feedback on access to services, treatment outcomes, and the adequacy of addressing physical health needs. In line with the Carnall Farrar (CF)* report's recommendations, the project seeks to bridge existing gaps and elevate the standard of mental health care delivery to meet evolving community needs.

Adopting a comprehensive approach, the project incorporates perspectives from service users and carers, recognising their invaluable insights into service delivery. We aimed to translate findings into actionable recommendations, fostering meaningful improvements in mental health care provision.

*According to the Carnall Farrar report on “Challenges for Today’s Mental Health Services”, the annual increase in referrals to mental health services surpasses the rate of population growth. The demand for mental health support has been amplified by the COVID-19 pandemic, leading to a record 4.3 million referrals to specialised mental health services in 2021.

Collaborative efforts by key stakeholders, including Oxleas NHS Foundation Trust and King’s College Hospital NHS Foundation Trust are pivotal in addressing the challenges highlighted by the CF report.

* <https://www.carnallfarrar.com/challenges-for-todays-mental-health-services/>

Aims

The project aimed to:

- Generate a report detailing Bromley residents' experience of receiving community mental health support.
- Understand what is working well and what could be improved, from the perspectives of patients, carers and professionals.
- Develop evidence-based recommendations for improving local mental health services.
- Identify any possible knowledge gaps and areas for future research.

Methodology

We used a qualitative and quantitative survey to capture patient and carer voices. Digital and paper version were made available, and a poster with a QR code to promote the survey. Freepost self-addressed envelopes were provided to facilitate paper responses.

The digital survey and poster were promoted on our website and social media platforms. We sent parcels of the hard copy version to local partners for distribution and received support from voluntary sector organisations who helped disseminate and promote the research study e.g. through websites and newsletters.

We carried out the following engagement visits:

Orpington Community Mental Health Centre (Bromley West), Carlton Parade:

- 14, 15, 16, 19, 20, 21, 22, 23 February
- 11, 12, 13, 14, 15 March

Bromley Wellbeing and Recovery College:

- 28 February

Beckenham Beacon:

- 29 February
- 4, 5, 6, 7, 12, 14, 15 March

Bromley Well Carers Forum (online):

- 18 March

Oxleas Involved Members coffee morning, Community House Bromley:

- 22 March.

Working in partnership

The project began in January 2024 and was developed in partnership with key stakeholders, including Oxleas NHS Foundation Trust and King's College Hospital NHS Foundation Trust, who helped us to shape the project. We also worked closely with NHS South East London Integrated Care Board (SEL ICB) colleagues to identify suitable survey questions for service users and carers.

In using a partnership approach, we hoped to secure the buy-in, support and collaboration required to give any resulting recommendations optimal influence and impact.

The study focused on examining the patient experience of NHS community mental health services available to Bromley residents provided by:

- Oxleas NHS Foundation Trust
- King's College Hospital NHS Foundation Trust

Participants

We heard from 144 people about their experiences. 120 were service users accessing community mental health services for more than 12 weeks, or who had been discharged from this care within the last six months. 24 are or were carers.

Of the 120 service users:

- 64 identified as women (including trans women) (Appendix 11).
- The majority (68%), were White English/ Welsh/ Scottish/ Northern Irish/ British and women (including trans women).
- We identified 15% 'not in employment /not actively seeking work – retired', 25% working 16 hours +, 6% working less than 16 hours.
- 68% considered themselves to have a long-term health condition (Appendix 16) and 40% were disabled (Appendix 15).
- 27% said they were between 25 - 34 years (Appendix 12).
- 24%, lived in Orpington (Appendix 20).

Equalities Analysis

During outreach and engagement visits, we collected demographic data from people who gave consent.

During our examination of survey responses, we analysed feedback from different demographic groups, on their experiences of community mental health services. We did not find any discernible variations in experiences based on factors such as gender, age, or ethnicity.

Key findings in summary

We identified the following key findings from survey responses and two case studies. They are outlined in more detail on pages 14 –19.

- The majority of service users had a positive experience of community mental health services in Bromley, but some people appear to fall through the gaps and encountered difficulties such as delayed care, misdiagnosis and other barriers.
- Most service users were satisfied with the quality of care and treatment they received, but some areas require improvement.
- Service users highlighted concerns about poor communication between staff within services.
- While most respondents did not face barriers to accessing community mental health services, a significant number did.
- Some internal issues, such as the mishandling of patient data or the companions and interpreters present at appointments, were highlighted by service users.
- Some service users are reluctant to take their medication due to lack of support and scepticism over medication efficacy.

Based on our findings, we make the recommendations below for commissioning and provider partners.

Recommendations

- Improve service coordination and follow-up processes to achieve seamless continuity of care and better address the needs of service users throughout their healthcare journey.
- Address issues such as long waiting lists and overlooked physical health concerns to enhance the overall satisfaction levels and effectiveness of mental health services.
- Conduct ongoing evaluation to identify disparities in service delivery, and address them so that all individuals receive timely, effective, and compassionate support for their mental health needs.
- Prioritise regular contact, supportive interactions, and access to various therapies to contribute to meeting the diverse needs of individuals seeking mental health support.
- Provide detailed information about local transport to improve convenience reaching mental health services, enhancing accessibility for individuals with disabilities, and address language barriers by appropriate provision. Removing these barriers will mean that mental health services better meet the diverse needs of their service users and equalise access to care and support.
- Implement more personalised and effective interventions tailored to individual needs.
- Handle confidential documents and maintain patient records with care, always checking the accuracy and currency of addresses; this is critical for maintaining data integrity, patient confidentiality and the Trusts' reputations.
- Implement strategies to improve medication adherence by providing comprehensive education and support, clear accurate information, addressing any access barriers, and exploring alternative treatment options tailored to individual needs and preferences.

Key findings in detail



Overall experience of the services

The majority of service users had a positive experience with community mental health services, but some people appear to fall through the gaps and encounter difficulties.

42% of respondents rated their overall experience with community mental health services as "very good," and 40% as "good," indicating widespread satisfaction. 5% rated their experience negatively, highlighting varied communication issues, and the need for improvement in service provision.

One of the case studies included in this report (see page 23 - 24) shows patient dissatisfaction, resulting in the patient's carer submitting a formal complaint against the Bromley Anxiety Depression Personality Disorder and Trauma (ADAPT) service.

Feedback from service users and carers offers a diverse range of perspectives on the community mental health services. There is a clear distinction between highly positive experiences, where users express immense gratitude for the support received and cite significant improvements in their well-being, and negative experiences, where users highlight shortcomings such as poor communication, long waiting times, and ineffective follow-up.

Several users commend the accessibility and approachability of the service, noting prompt interventions and helpful staff. Others raise concerns about inconsistency of communication, particularly in the latter stages of referral appointments, leading to missed appointments and frustration.

While most users report positive outcomes and a sense of empowerment from using mental health services, others highlight negative systemic issues and individual experiences of neglect or misunderstanding.

In the 2023 Mental Health Service survey* conducted by the Care Quality Commission (CQC), respondents were tasked with rating their experience of NHS mental health services on a scale of 0 to 10 – 0 representing very poor and 10 very good. The results revealed that 34% of respondents awarded scores of 9 or 10, indicating a substantial proportion of users who had highly positive experiences. This suggests a relatively high level of satisfaction among service users, reflecting positively on the quality of care and support provided by NHS mental health services. Other positive aspects mentioned were medication review and privacy of care settings, but respondents listed required improvements in quality of care, crisis care, support while waiting, and planned involvement in care.

Both the CQC and HWB surveys emphasise the need for monitoring and enhancement to address the diverse needs and expectations of mental health service users.



Positive

“The person I am associated with had a positive experience with the therapist once she got through the waiting period.”

“Very good, well adapted to focus on the most important issues.”

“The service has been exceptional, and I have greatly benefited from the physiotherapist, psychiatrist and reception staff.”

“Some members of staff have been very kind and helpful doing their best in difficult working conditions.”

Negative

“The service at Orpington Community Mental Health Centre is good, but I am concerned with the effectiveness of the services in case of an emergency.”

“I was with ADAPT and they misunderstood my state and had the wrong expectation and did not refer me to psychotherapy or ASD. They had no understanding of my condition.”



*<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>

Quality of care and treatment

Most service users are satisfied with the quality of care and treatment received from community mental health professionals, but there is room for improvement.

The figures indicate a generally positive sentiment among service users regarding their treatment by mental health professionals. A significant majority, **84%**, rated their satisfaction as either "good" or "very good." There are some concerns, with **5%** of respondents rating their experience as either "poor" or "very poor." This suggests that improvements could be made to address the needs of users who feel dissatisfied.

Comments from service users offer valuable insights into the factors influencing their satisfaction levels. Positive experiences are highlighted, such as receiving excellent psychotherapy after a long wait and feeling well-supported by a 'fantastic' care coordinator. These accounts reflect the importance of timely and effective interventions and the crucial role of supportive professionals in enhancing service users' well-being.

There are instances where service users express concerns, such as experiencing overlooked health issues like foot pain and excessive sweating (hyperhidrosis). This demonstrates the importance of holistic and attentive care to address all aspects of an individual's well-being.

While most service users report positive experiences with their contact with mental health professionals, areas for improvement exist. Addressing these would help in providing equality of outcome.



"Staff here are caring and accessible."

"I am so happy I have a fantastic care coordinator and feel very well supported."

"Historically, the experience of this service has been abysmal. But presently, the last few years have been very good, due to Dr X."

Communication

Service users highlighted concerns about communication between staff within services.

Service users' comments have raised concerns about communication within the service. Complaints about rude, unhelpful reception staff indicate initial points of contact falling short of providing the necessary support and assistance.

Instances where appointments were mishandled, leading to confusion and frustration, reflect systemic issues in administration and communication. They demonstrate the importance of efficient and respectful communication, especially at the frontline of service delivery, to make service users feel valued and supported from the outset.

Comments reveal instances where poor communication impacted the therapeutic relationship between service users and healthcare teams. Reports of discharge without further explanation or support highlight gaps in empathy, understanding and communication.

Positive outcomes were achieved through effective communication and tailored interventions, such as gradually overcoming anxiety barriers with the support of an occupational therapist. These experiences emphasise the crucial role of communication in building trust, understanding individual needs, and facilitating collaborative care approaches to promote positive outcomes in mental health service delivery.



"I was not told much about referral."

"I am in a good place now. But communication was very bad, initially with the healthcare team and I."

Barriers to accessing community mental health services

While the majority of respondents did not face obstacles to accessing community mental health services, a significant number did.

Responses from service users about barriers to access provide valuable insights into the challenges faced by individuals seeking support. The majority of people (73%) had no issues accessing services, but this was not the case for all. There were some significant barriers to being seen by health professionals

Transport emerged as a concern. Several users cited difficulties in access due to long travelling distances, reliance on costly taxis, or physical disabilities hindering public transport use. Challenges in contacting services directly, and a lack of clarity regarding available support options were noted. These barriers show the importance of improving accessibility and communication channels within mental health services, to achieve equality of access for all.

Responses demonstrate a generally positive experience among service users of access to services, but transport, clarity of information, service coordination and adaptation to individual needs require some improvement..



“Waited a year for a call, went through the same form I filled in at the very beginning.”

“Very kind staff, not the most flexibility for people who work full time but overall pleasant experience.”

Systemic concerns

Some internal issues, such as the mishandling of patient data or the companions and interpreters present at appointments, were highlighted by service users.

One case study highlighted clinic letters were mistakenly sent to wrong addresses, with delays in rectifying or apologising for this error. Communication lapses within the team led to a failure in providing recommended treatment, and a key report was not uploaded to clinical documentation.

Some comments from additional service users highlighted issues that caused access barriers. Diverse needs dictate diverse approaches to ensure inclusion e.g. companions and interpreters during appointments. The burden on individuals to advocate for their own support is evident, emphasising the need for streamlined processes and empathetic service delivery.

Although this is a small sample size, we think it is important that all voices are heard.



“These constant errors cause unnecessary stress and have led me to running out of medication.”

“They are not consistent and keep changing staff.”

Medication

Some service users are reluctant to take their medication due to lack of support and scepticism over medication efficacy.

Participants were asked if they were prescribed medication and if they kept to the prescribed course. 76% of respondents indicated they did, 16% stated they did not, and 8% did not answer the question.

The responses from participants who indicated they did not adhere to their prescribed medication regimen provide insight into various challenges and concerns surrounding medication usage in mental health treatment.

Several participants cited adverse side effects, such as fatigue and discomfort, as barriers to maintaining the prescribed course. Others mentioned difficulties with medication access, including issues with obtaining prescriptions on time and national shortages, highlighting challenges within the healthcare system. Personal beliefs and experiences influenced some participants' decisions, with a few expressing scepticism about the effectiveness of medication in addressing mental health issues.

Some comments indicate individual struggles with medication management, including forgetting doses, experiencing uncertainty about dosage, and feeling overwhelmed by the process. Some participants recounted instances of non-compliance due to personal circumstances, such as pregnancy, where concerns about potential risks to the baby outweighed the perceived benefits of medication. There were instances where participants reported discontinuation of medication due to perceived inefficacy or dissatisfaction with the treatment approach.



"Problems getting medication and taking it. I do not have anyone to help me."

"As I believe that the human mind can deal with its own mental health (in my experience) medication does not help with the cause, only the symptoms."

"I fell pregnant and did not want to take medication without knowing the risks to my baby."

Positive and negative comments from the surveys

There was a free text comment box in the surveys for participants to tell us more about their experience.

Positive comments included “very helpful and understanding”, “very positive”, and “everything went smoothly”. One patient praised “the doctor that supports me” as “wonderful. He never rushes me and considers all the options to facilitate the best options for me”. Another said that they have been using the service for nearly 40 years and that they would not be alive without the care and intervention they have received.

Another respondent said “the service has been exceptional, and I have greatly benefitted from the physiotherapists, psychiatrists and reception staff”.

Negative comments included “the receptionists are rude”, “they are not consistent and keep changing staff”, and “waited too long to have a face-to-face appointment”.

Our case studies describe patients’ experiences in depth. Additional comments from the survey are outlined below.



Positive

“I attend weekly and find it beneficial to help me manage my condition.”

“Great team who are knowledgeable and friendly. Really good experience with Oxleas, they have helped me a lot.”

“ Good. Encouraged to keep active and get back into employment. Staff have been very patient with me.”

Negative

“ I was given the wrong diagnosis- wrong medication which had bad side effects.”

“A lot of barriers to get an ADHD assessment. Waited a year for a call where we went through the same form I filled in at the beginning.”

“Due to medication shortage, I waited a long time for prescription.”



Case Studies



Case studies

During our engagement visits, we asked patients for more detailed responses about their experience. We had two individuals willing to share their experience in depth, and have developed their feedback into anonymous case studies, with their consent. The first is as written by the patient's carer.

Data protection and continuity of care

I am X's carer, I am concerned about the service X has received at the Community Mental Health Team, ADAPT, and I would like to complain about the following issues:

- ADAPT had not sent X their care plan letter. This is a vital document to have to hand when dealing with government benefits agencies. In the last couple of days, they received it via an email attachment which shows their hard copy care letter has been sent to another person's address in LBB. This is a breach of data protection, containing highly sensitive personal information about X's mental health which contains private and confidential data. This is the cause of great distress. We reported this data breach immediately, but as of today have had no response.*
- ADAPT have not sent them consultation clinic letters within a reasonable time. They have had to constantly chase these vital documents after every consultation and still have not received clinic letters from two consultations with the psychiatrist despite X and their care co-ordinators' multiple requests for these clinic letters. These letters also contain vital information that they need for government benefits - Personal Independence Payment (PIP) and Employment and Support Allowance (ESA). X is concerned that these missing clinic letters have also been sent to the incorrect address.*
- ADAPT have failed to keep X's GP advised of medication changes or provide repeat prescriptions without continuous prompting on our part. We are currently still struggling with this issue. I have been phoning ADAPT for urgently needed prescriptions. On one occasion...*

this resulted in an ADAPT repeat prescription which did not specify the dose for the medication and was for that reason rejected by X's local pharmacy, so X had to go through the request process again.

- X has been refused psychotherapy from the ADAPT Psychotherapy Team, despite the only previous NHS psychotherapy X has received was six sessions on Zoom during the COVID-19 pandemic. I believe this is against NHS policies and procedures, which stipulate that all NHS mental health patients under the community mental health team (CMHT) has the right to referral and assessment for psychotherapy as long as they haven't had psychotherapy under the NHS within the last 12 months – which X hasn't.*

Following on from the complaint, ADAPT responded, acknowledging that there were systemic failures in service provision, including unvalidated progress notes, delays in clinic letters and essential communications, and follow-up appointment scheduling issues. A clinic letter was mistakenly sent to the wrong address, with delays in rectifying and apologising for this error. Communication lapses within the team led to a failure in providing recommended psychotherapy, and a key report was not uploaded to clinical documentation.

In response, a comprehensive review of team processes will be conducted, covering appointment bookings, timely clinic letters, and improved communication with GPs and within the Multi-Disciplinary Team. Staff will be reminded of the importance of validating progress notes, and adherence will be audited. The team apologised for the service shortcomings and stated that steps are being taken to enhance future interactions.

Since the initial response, prescription issues and incorrect clinic letters have persisted, causing significant stress for the patient. These ongoing errors have led to medication shortages, highlighting concerns about the community mental health team's ability to operate safely.

The patient intends to file another complaint due to the repeated mistakes. There is a concern that these prescription errors expose both the patient and others to serious mental and physical health risks, which remain unaddressed.

Lack of treatment stability

The case involves a service user who has been under the care of Oxleas NHS Foundation Trust for three years. During the fifth appointment, the service user was discharged from the service without any explanation or counselling support offered. Over the course of one and a half years, the service user has been prescribed five different medications, indicating a lack of treatment stability. Despite being requested to undergo a blood test three months ago to investigate potential underlying physical health issues, there has been no follow-up or communication regarding the results.

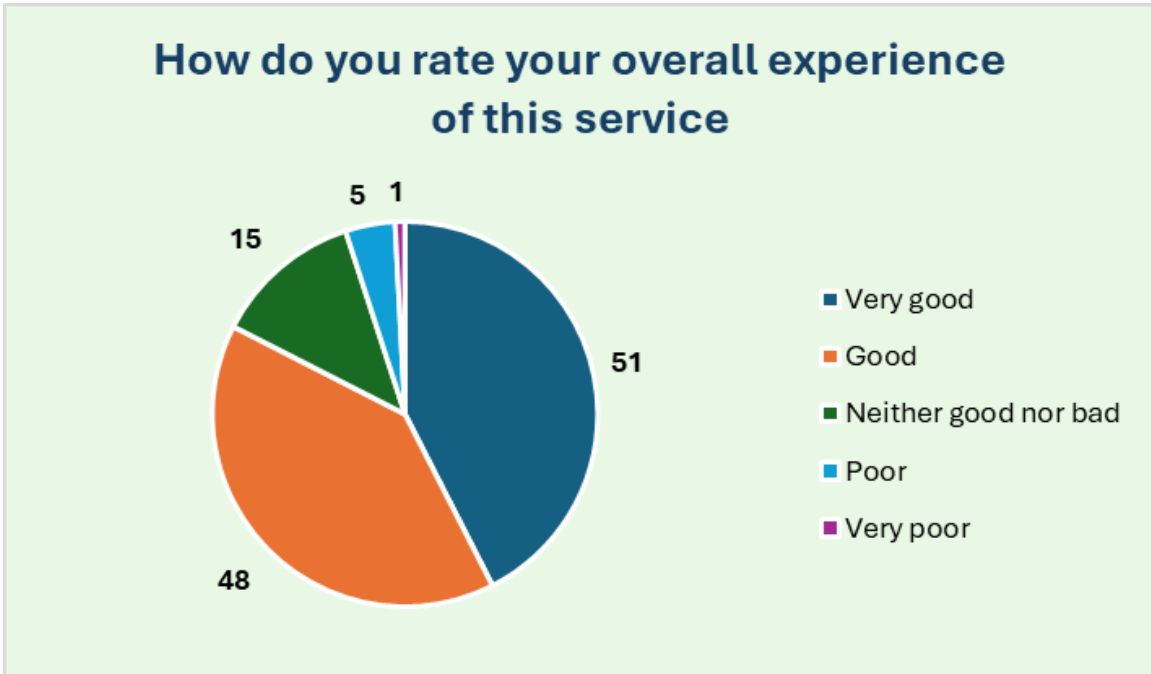
In another instance, the service user required documentation to excuse their attendance due to mental health reasons. Despite contacting the appropriate department, ADAPT, for assistance, there was an eight-day delay in receiving a response. Approximately a year and a half ago, following a suicide attempt, a complaint was lodged. The service user reports receiving minimal support from either family or friends.

This case study demonstrates various systemic issues within mental health service provision, including a lack of transparency in discharge procedures, inconsistent medication management, communication lapses regarding medical investigations, delays in administrative support, and insufficient social support networks for service users during times of crisis. Addressing these challenges requires a holistic approach that prioritises effective communication, treatment continuity, timely administrative responses, and robust support systems to improve the overall quality of care for mental health service users.

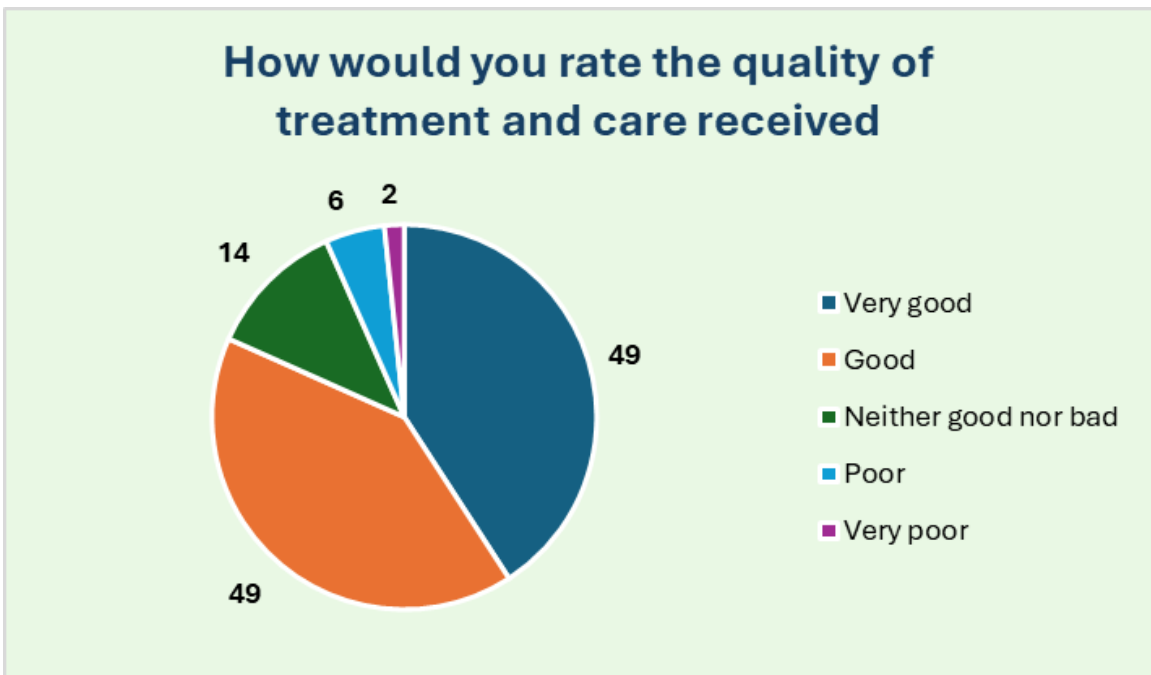
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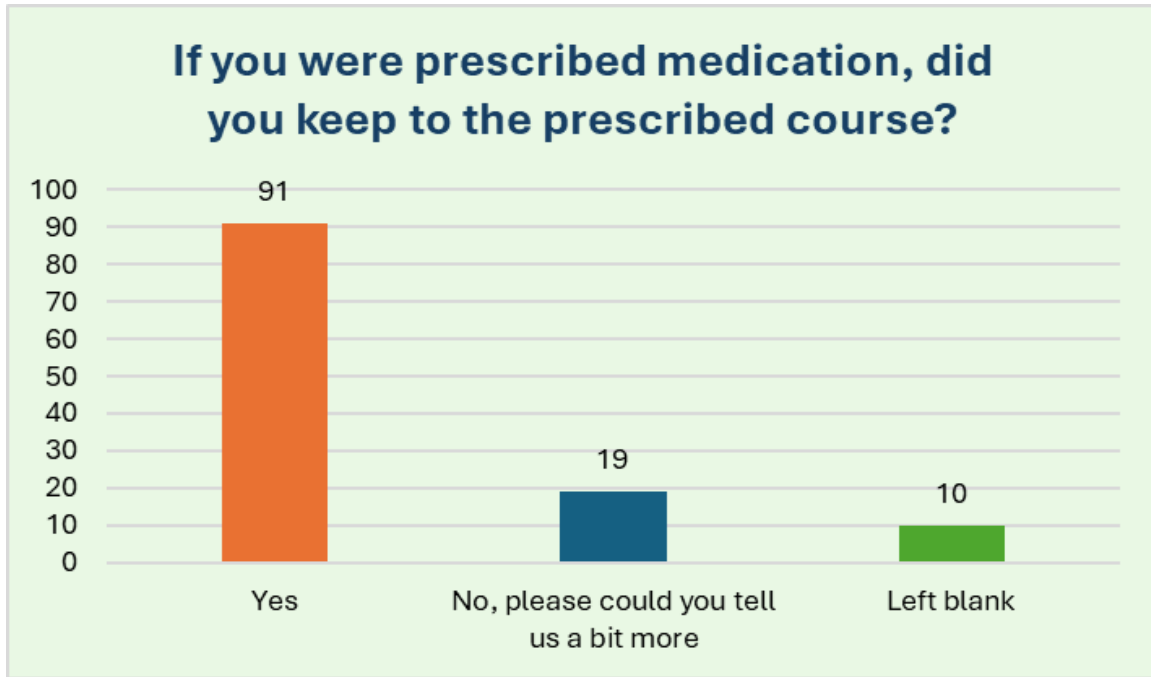
Patient Survey: Appendix 1



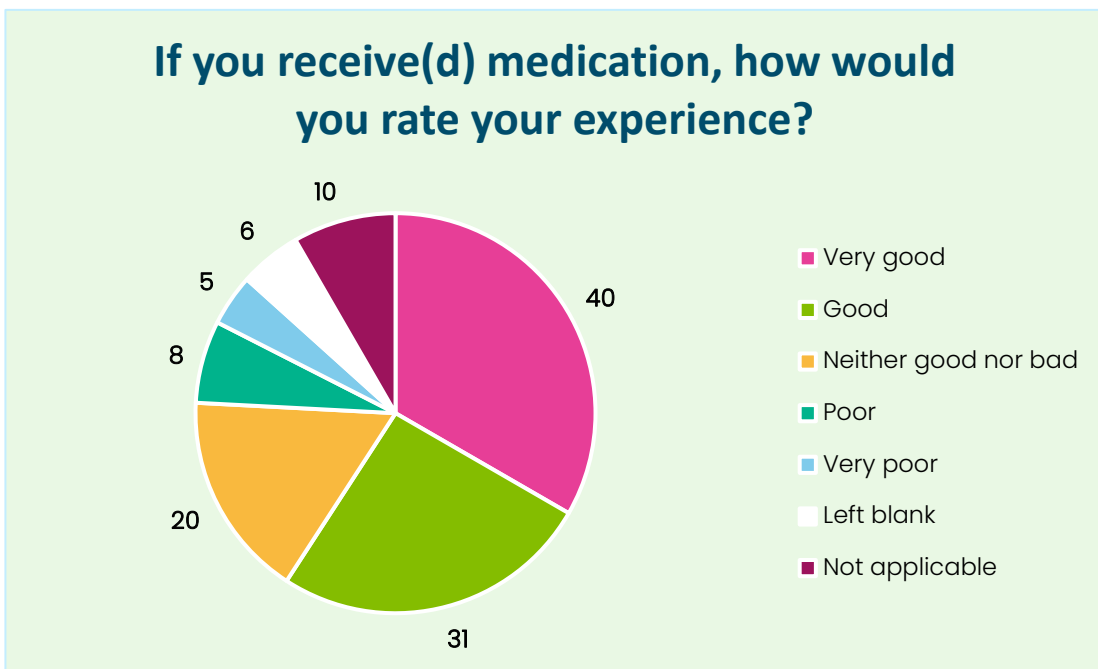
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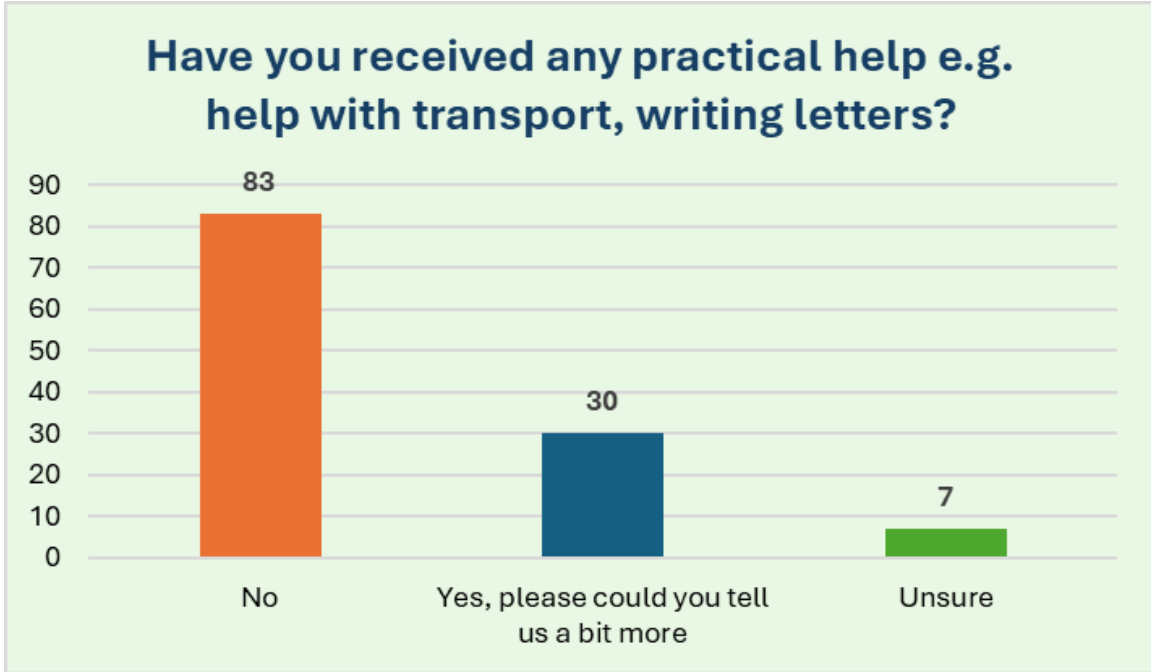
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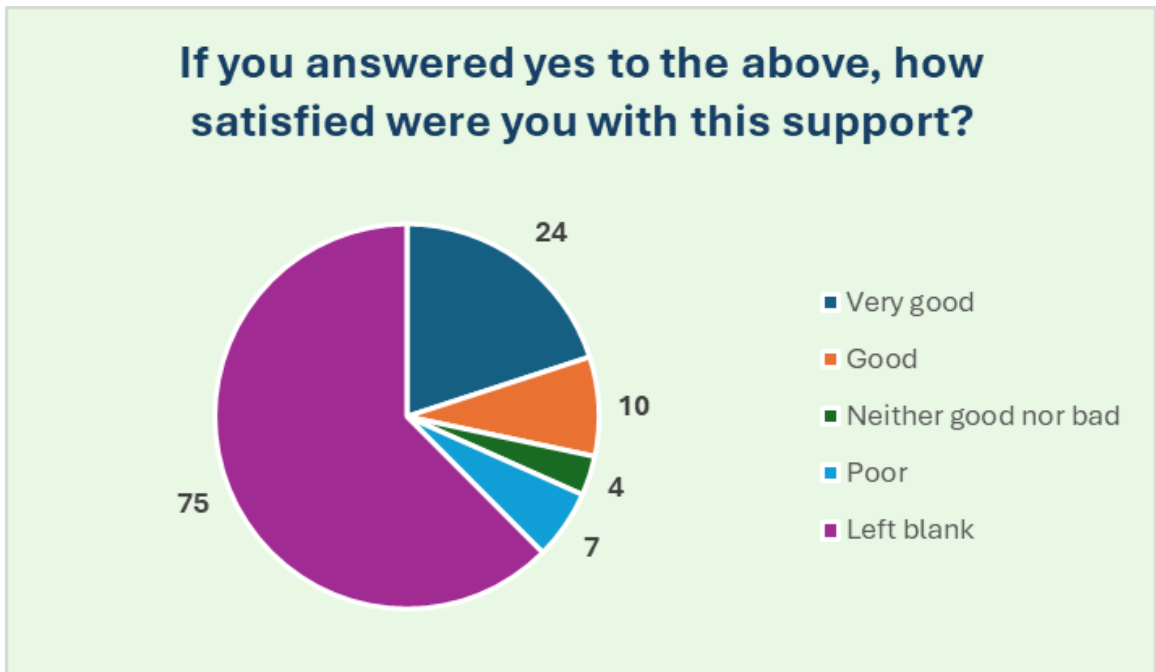
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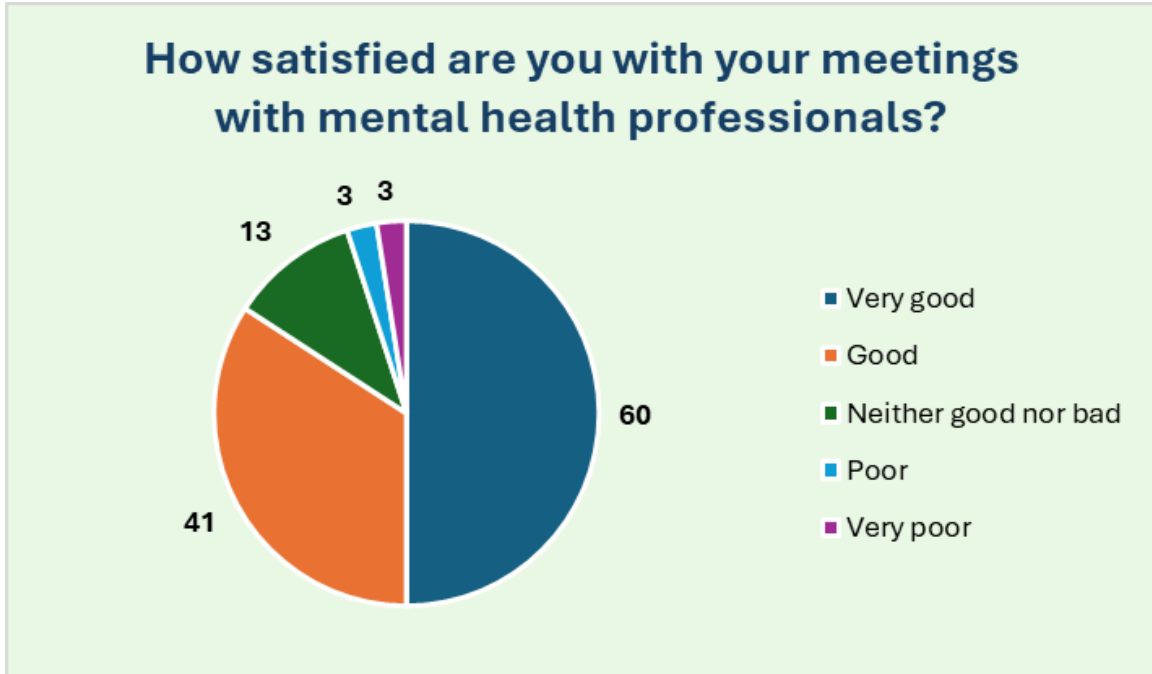
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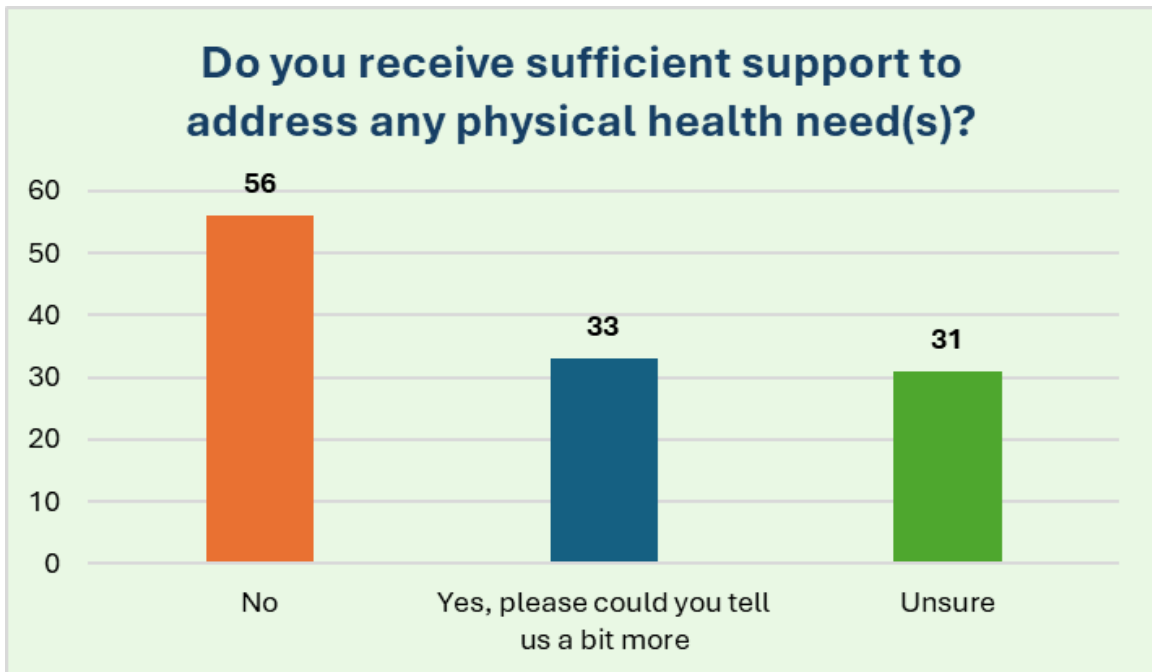
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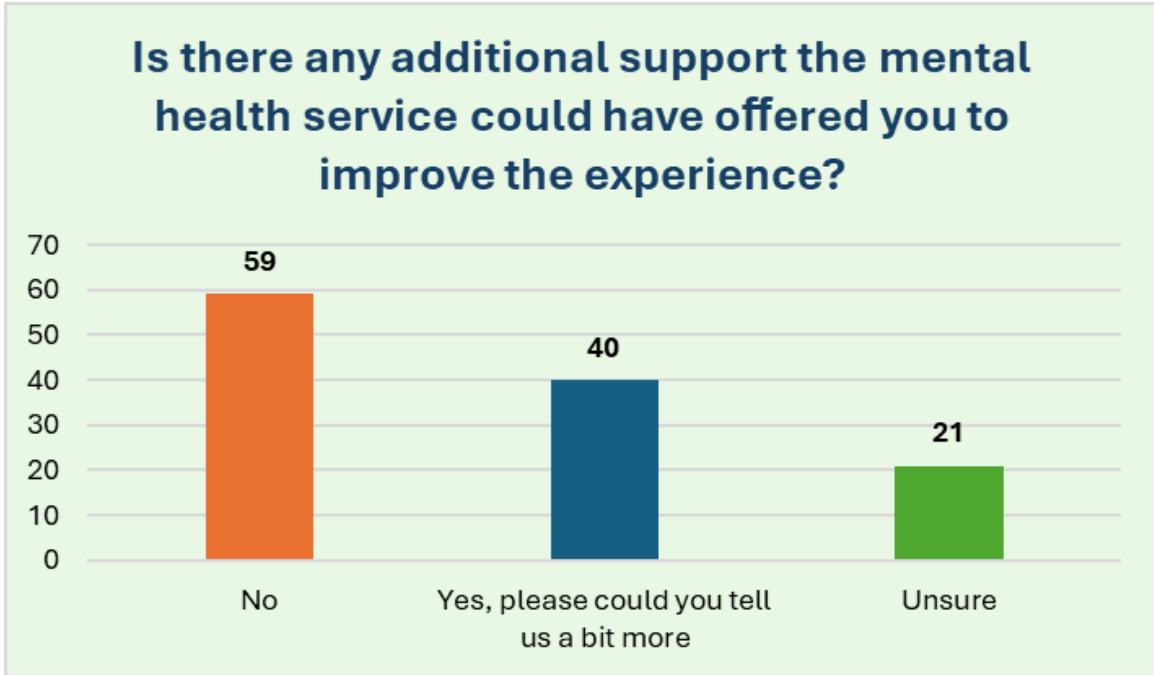
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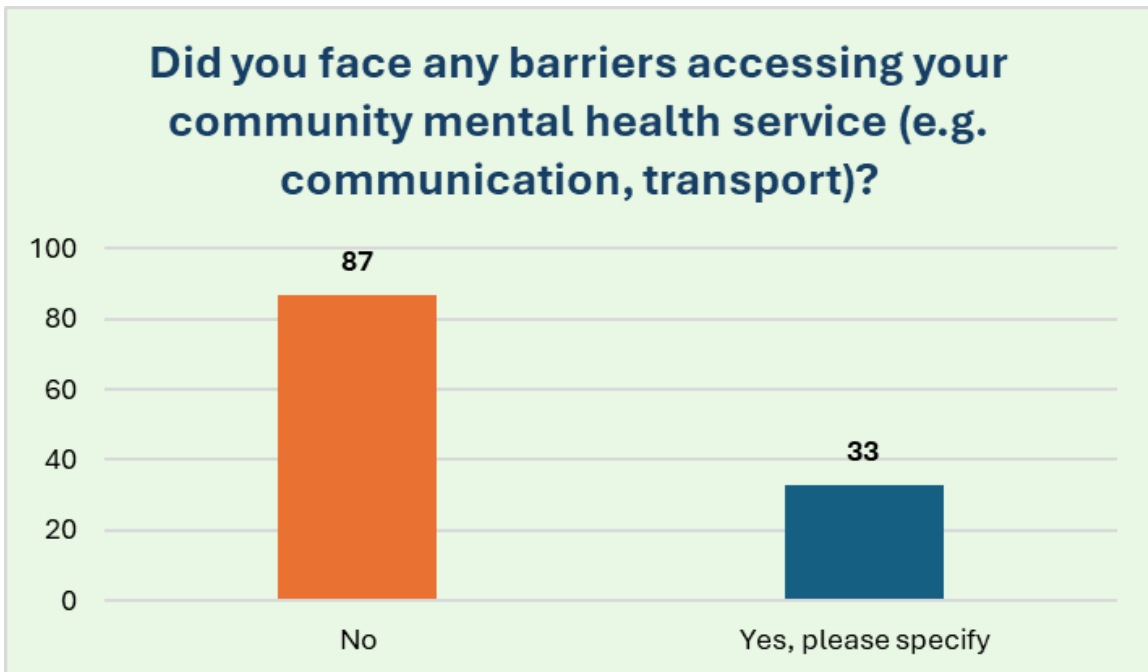
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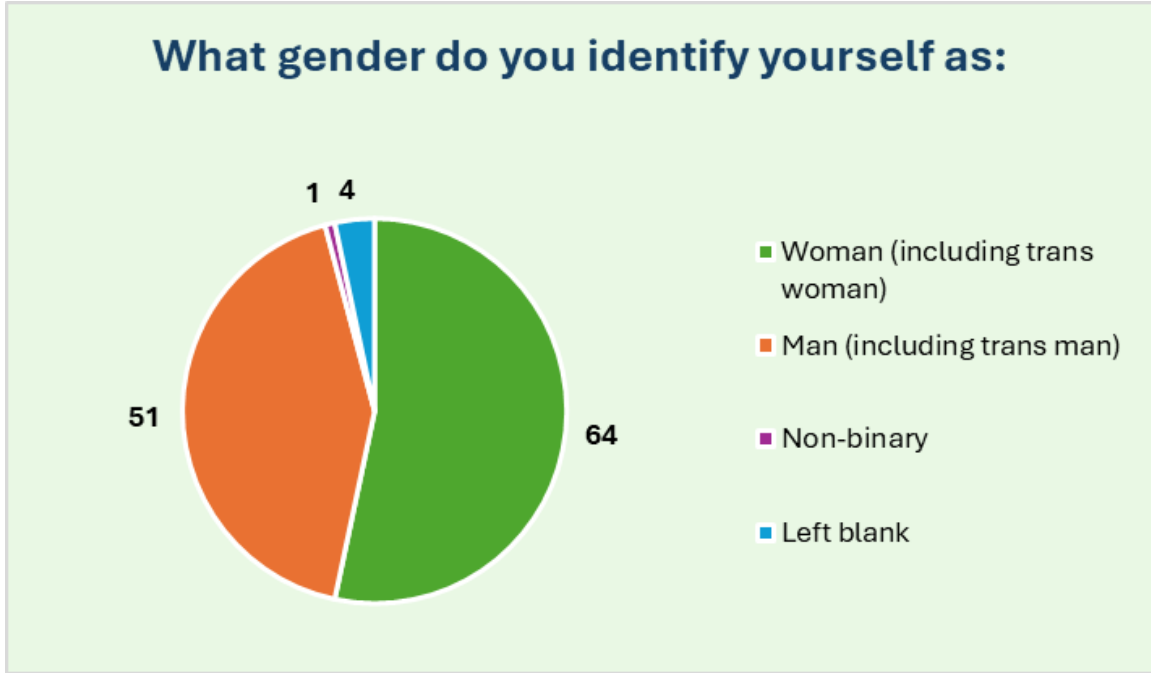
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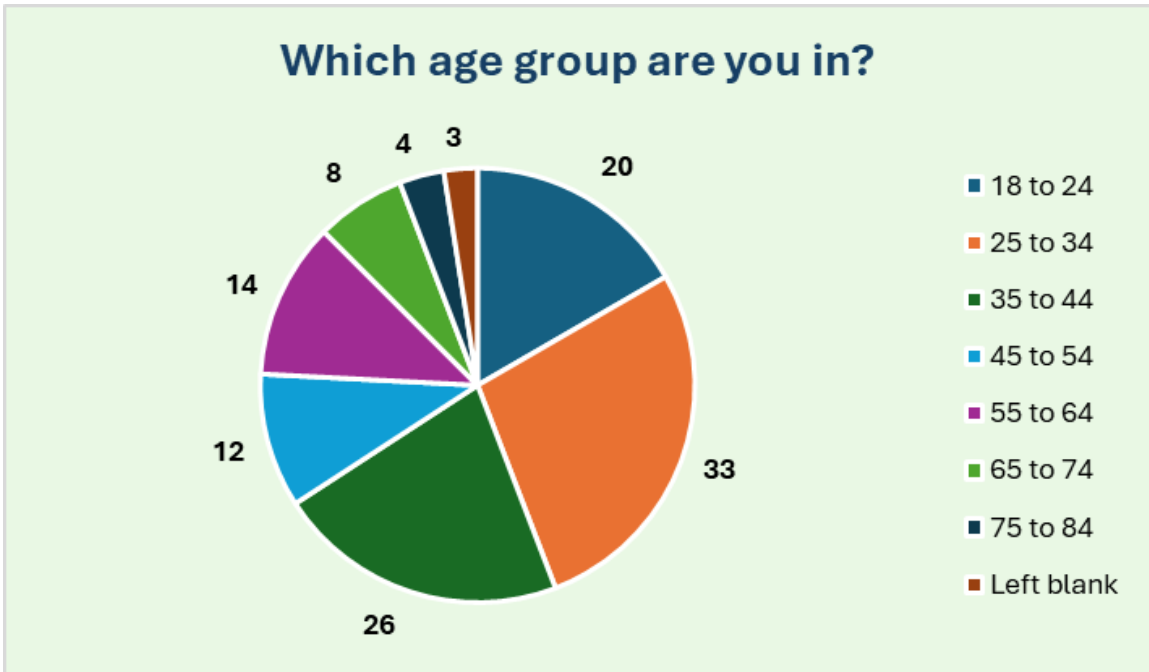
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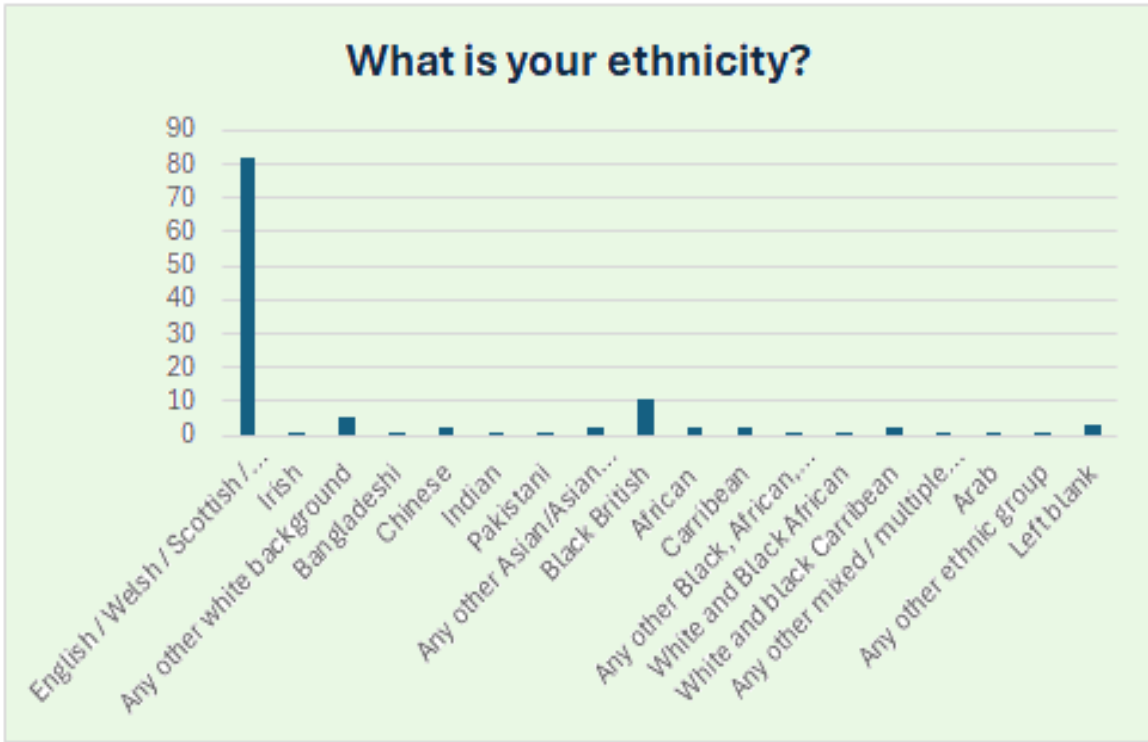
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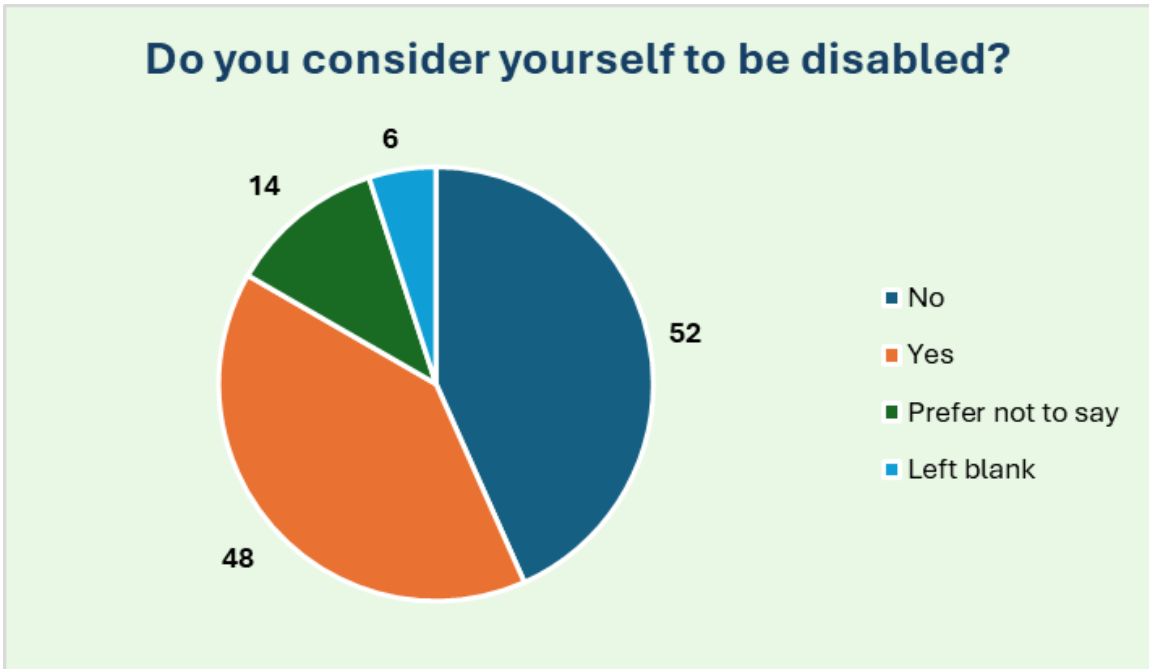
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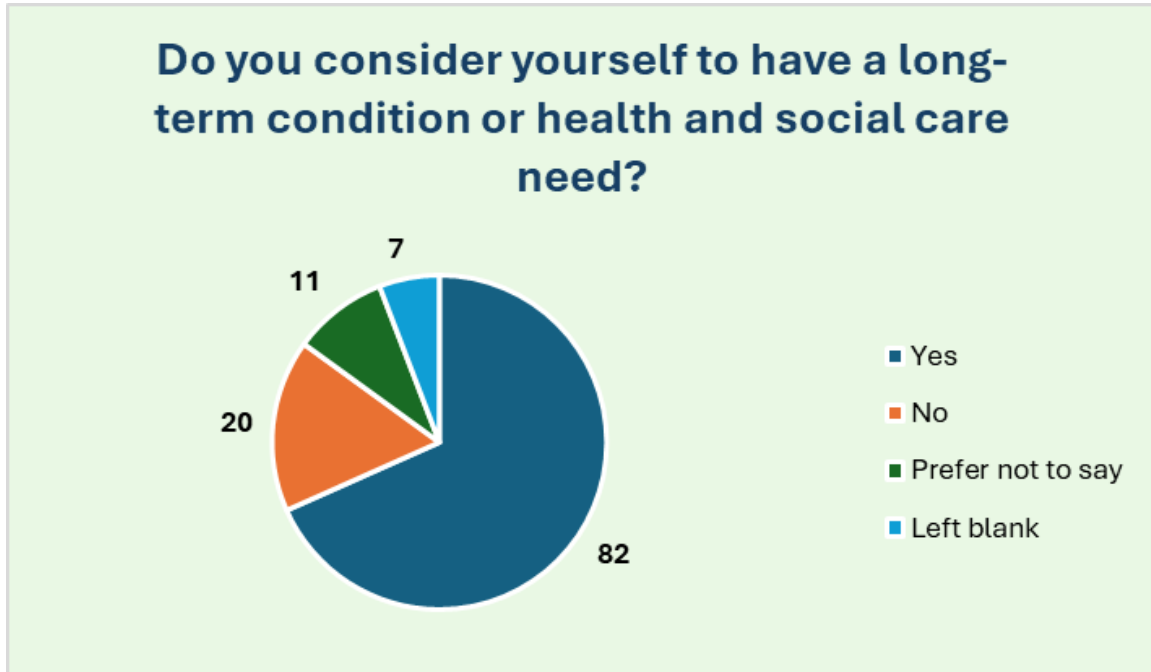
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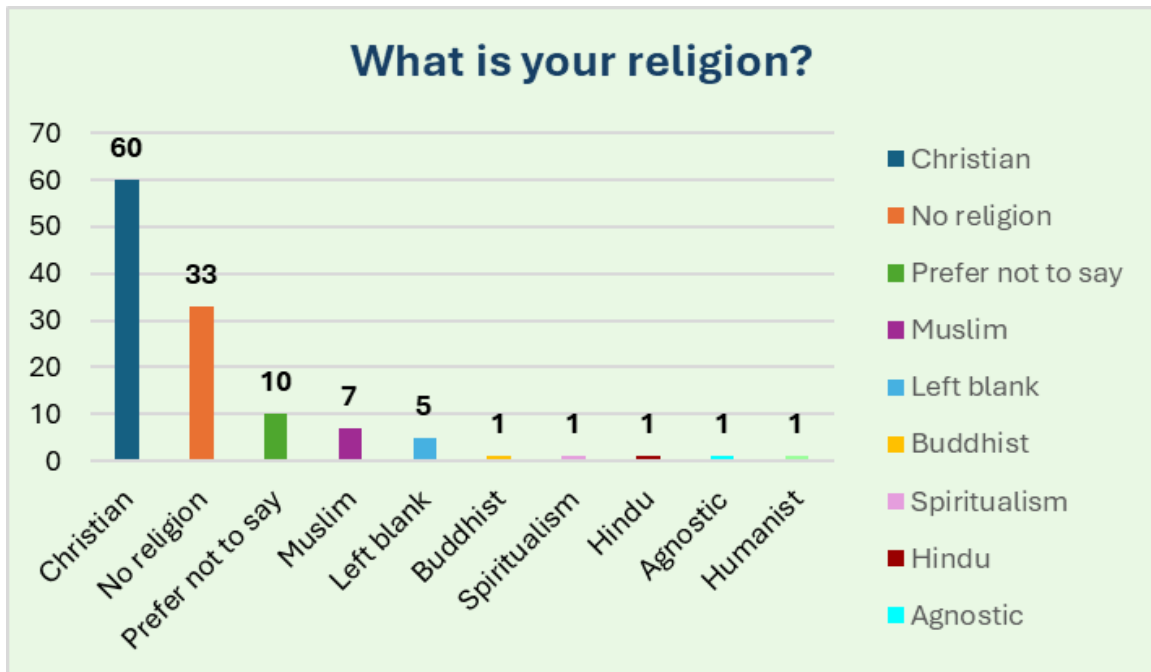
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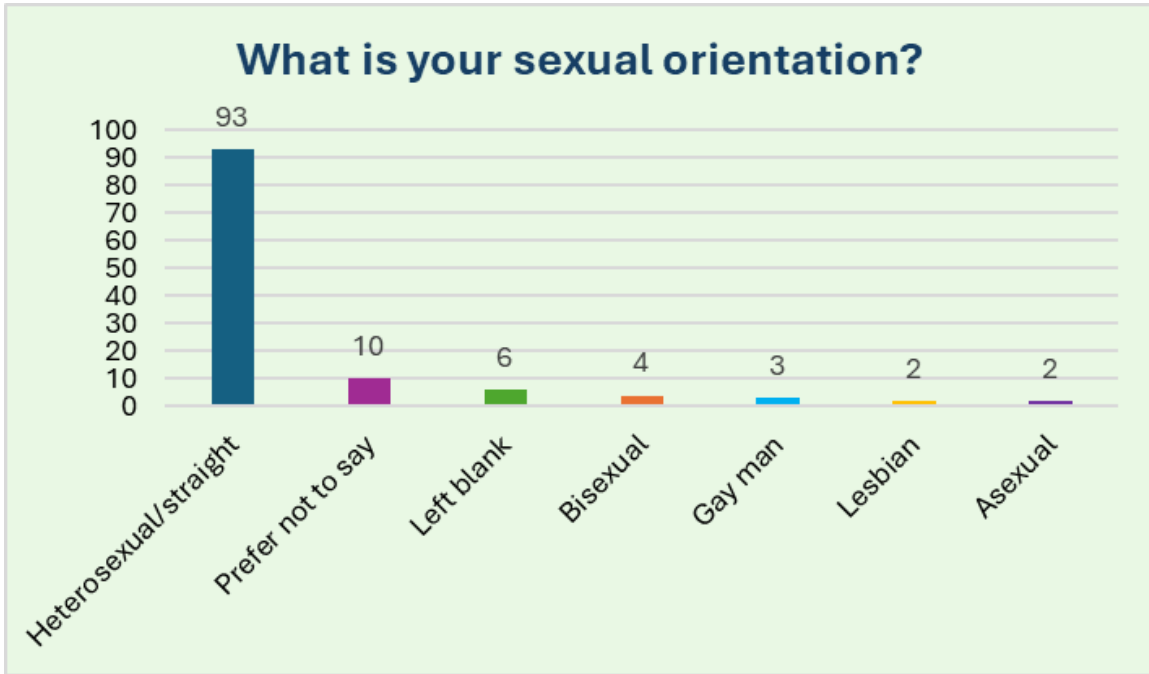
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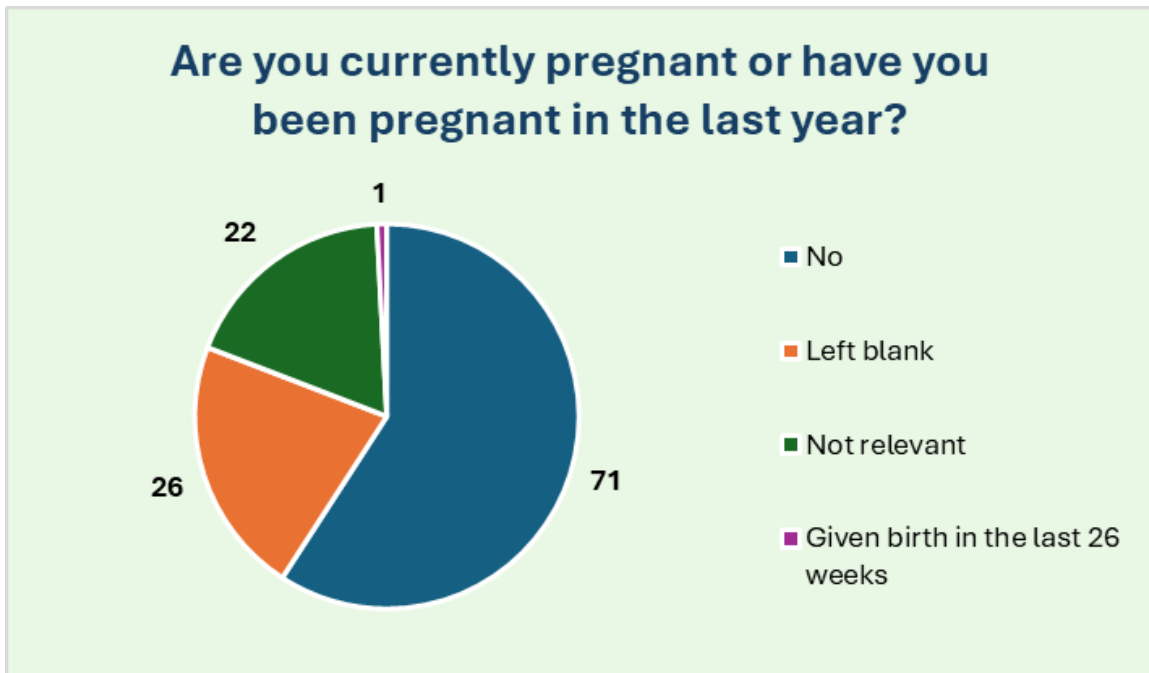
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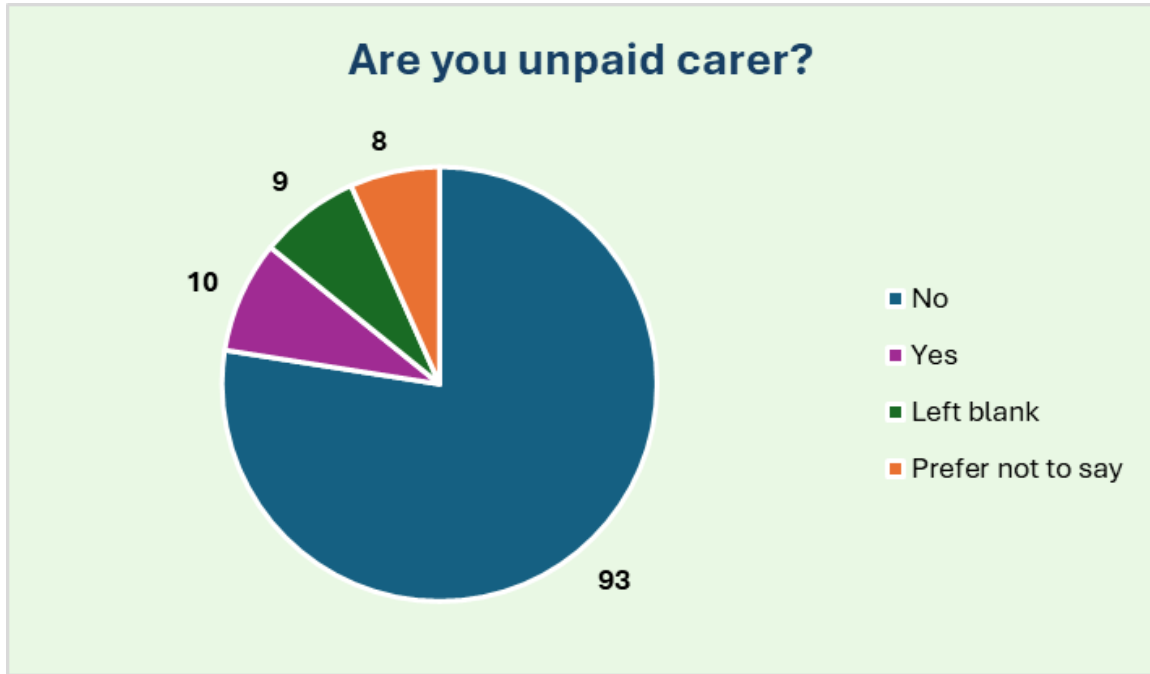
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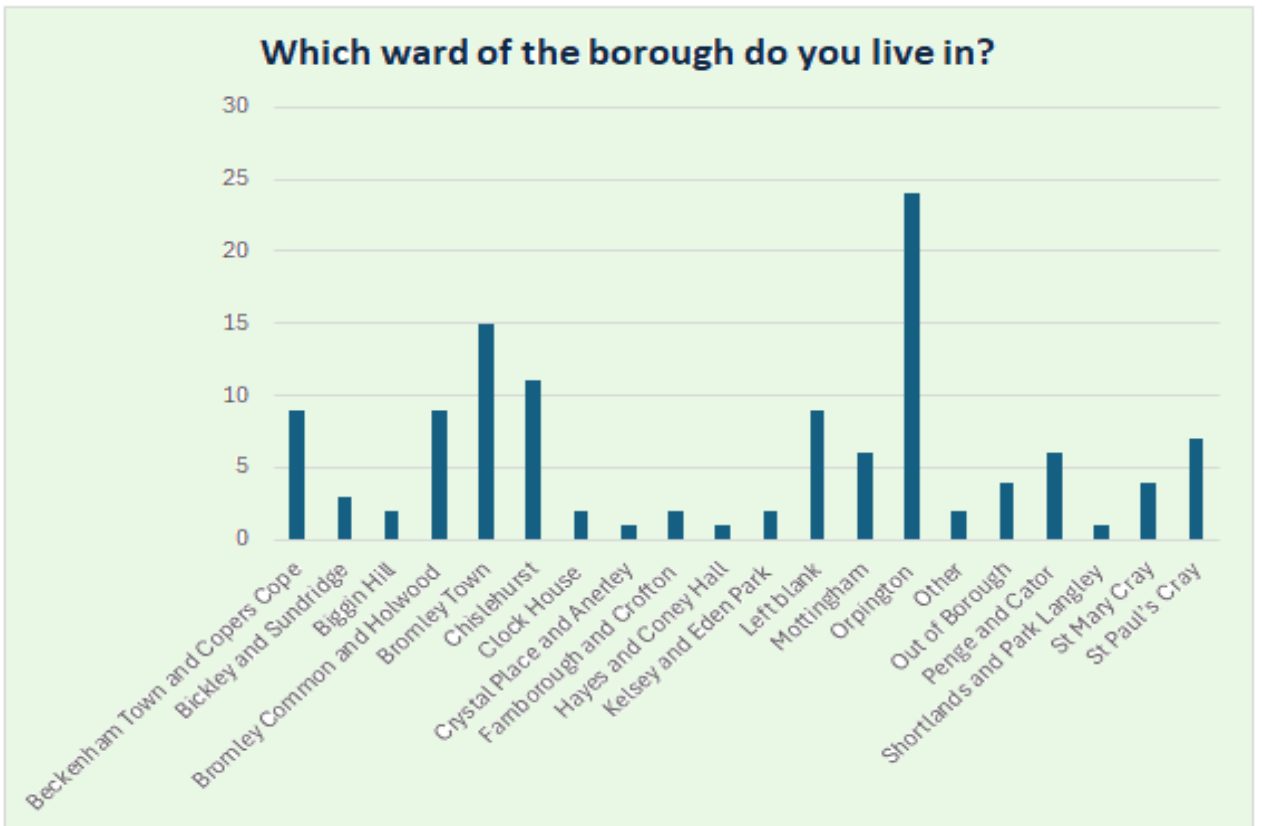
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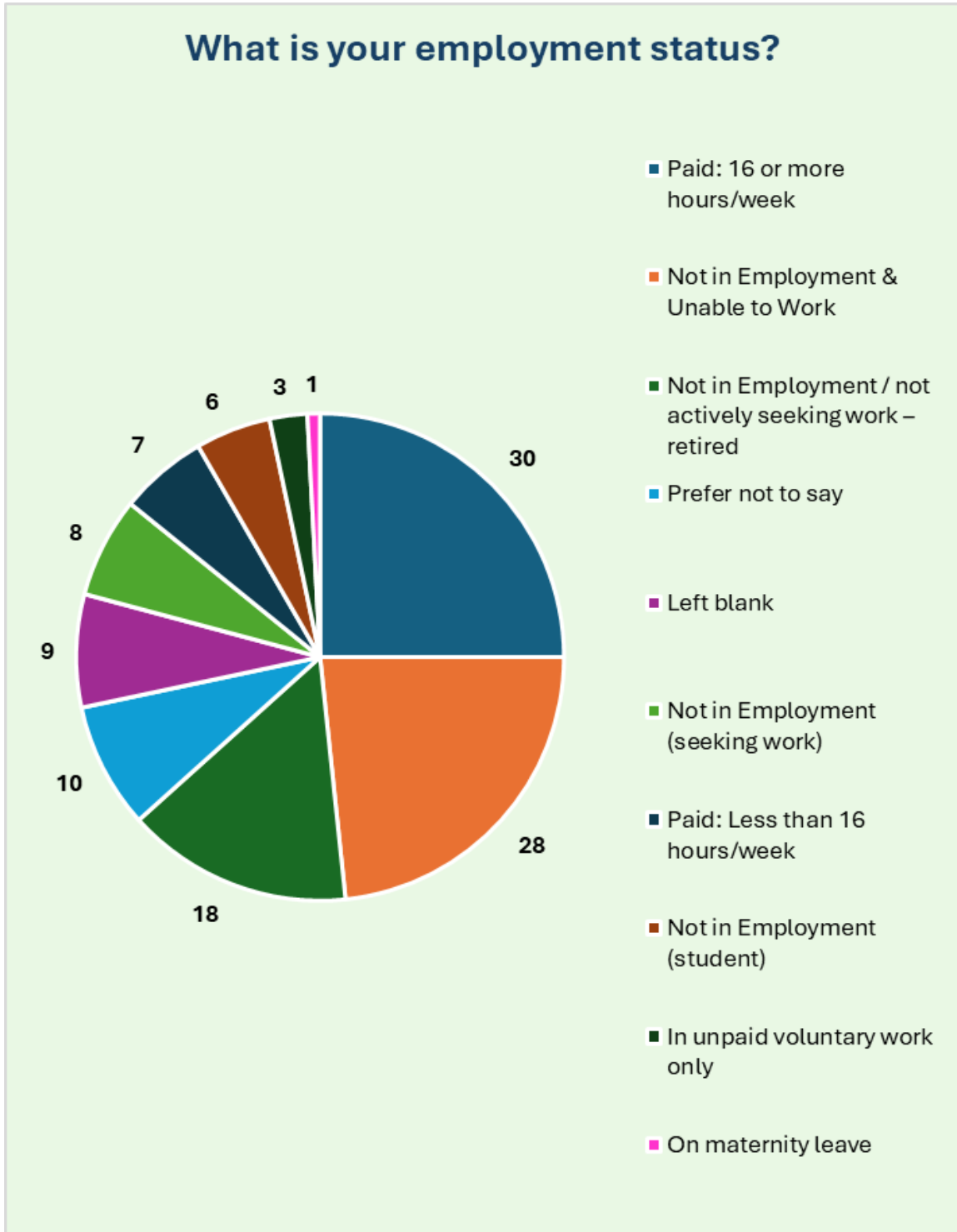
Appendix 19



Appendix 20



Appendix 21



Share your feedback about community mental health services – patient survey

Healthwatch Bromley gives you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help to inform commissioners and service providers.

To understand how your information will be used please read the **How we use this information** section at the end of the survey.

What is this survey about?

This project will focus on working age adults aged 18–66, receiving community mental health support for more than 12 weeks or who have been discharged from this care within the last six months.

It will include gathering evidence and feedback on access to community mental health support, outcomes of treatment, and identifying potential areas for improvement.

You can tell us what you think by completing this survey. Please return it to one of our staff members or volunteers or send it back to our office using the freepost address at the end of this document. If you prefer to complete the survey over the phone or are willing to describe your journey in more detail, you can get in touch with the team on **0203 886 0752**.

.....

1. I am filling this in:

- As someone who is currently accessing community mental health services
- As someone who has accessed community mental health services in the past six months

2. Name of community mental health service(s) used

.....

3. How do you rate your overall experience of this service

- Very good
- Good
- Neither good nor bad
- Poor
- Very poor

5. How would you rate the quality of treatment and care received?

- Very good
- Good
- Neither good nor bad
- Poor
- Very poor

6. If you were prescribed medication, did you keep to the prescribed course?

- Yes
 - No, please could you tell us a bit more
-

7. If you receive(d) medication, how would you rate your experience?

- Very good
- Good
- Neither good nor bad
- Poor
- Very poor
- Not applicable

8. Have you received any practical help e.g. help with transport, writing letters?

- No
 - Unsure
 - Yes, please could you tell us a bit more
-

9. If you answered yes to the above, how satisfied were you with this support?

- Very good
- Good
- Neither good nor bad
- Poor
- Very poor

10. How satisfied are you with your meetings with mental health professionals?

- Very good
- Good
- Neither good nor bad

- Poor
- Very poor

11. Do you receive sufficient support to address any physical health need(s)?

- No
- Unsure
- Yes, please could you tell us a bit more

.....

12. Can you tell us more about your experience of this service?

.....
.....

13. Is there any additional support the mental health service could have offered you to improve the experience?

- No
- Unsure
- Yes, please could you tell us a bit more

.....
.....

14. Please list any charities or other voluntary sector organisations which you have accessed over the past 6 months and if they have helped you with your mental health?

.....
.....

15. Did you face any barriers accessing your community mental health service (e.g. communication, transport)?

- No
- Yes, please specify

.....
.....

Monitoring

Tell us a bit about you (or the person for whom you are completing this survey, if you are doing so on their behalf)

It would really help to know a little more about you so that we can better understand how people's experiences of local health and social care services may differ between groups of people; this supports our focus on improving equality, diversity and inclusion. **These questions are completely voluntary.**

What gender do you identify yourself as:

- Man (including trans man) Woman (including trans woman)
 Non-binary Other..... Prefer not to say

Which age group are you in?

- Under 18 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64
 65 to 74 75 to 84 85+ Prefer not to say

What is your ethnicity?

White

- English / Welsh / Scottish / Northern Irish / British Gypsy or Irish Traveller
 Irish Roma Any other white background.....

Asian / Asian British

- Asian British Indian Bangladeshi Pakistani
 Chinese Any other Asian/Asian British background.....

Black, African, Caribbean, Black British

- Black British African Caribbean Any other Black, African, Caribbean background.....

Mixed, Multiple Ethnic Groups

- White and Asian White and Black African White and Black Caribbean Any other mixed / multiple background.....

Other Ethnic Groups

- Arab Any other ethnic group..... **Prefer not to say**

Do you consider yourself to be disabled?

- Yes..... No Prefer not to say

Do you consider yourself to have a long-term condition or health and social care need?

- Yes..... No Prefer not to say

What is your religion?

- Buddhist Christian Hindu Jewish Muslim Sikh Spiritualism
 No religion Prefer not to say Other religion.....

What is your sexual orientation?

- Asexual Bisexual Gay man Heterosexual/straight Lesbian Pansexual
 Prefer not to say

Are you currently pregnant or have you been pregnant in the last year?

- Currently pregnant Prefer not to say Currently breastfeeding
 Given birth in the last 26 weeks Not relevant

What is your employment status?

- In unpaid voluntary work only Not in Employment (student)
 Not in employment & unable to work Paid work: 16 or more hours p/week
 Not in employment / not actively seeking work – retired
 Paid work: less than 16 hours p/week Not in employment (seeking work)
 On maternity leave Prefer not to say

Are you an unpaid carer?

- Yes No Prefer not to say

Which Ward of the borough do you live in?

- | | |
|---|--|
| <input type="checkbox"/> Beckenham Town and Copers Cope _____ | <input type="checkbox"/> Hayes and Coney Hall |
| <input type="checkbox"/> Bickley and Sundridge | <input type="checkbox"/> Kelsey and Eden Park |
| <input type="checkbox"/> Biggin Hill | <input type="checkbox"/> Mottingham |
| <input type="checkbox"/> Bromley Common and Holmwood | <input type="checkbox"/> Orpington |
| <input type="checkbox"/> Bromley Town | <input type="checkbox"/> Penge and Cator |
| <input type="checkbox"/> Chelsfield | <input type="checkbox"/> Petts Wood and Knoll |
| <input type="checkbox"/> Chislehurst | <input type="checkbox"/> Plaistow |
| <input type="checkbox"/> Clock House | <input type="checkbox"/> Shortlands and Park Langley |
| <input type="checkbox"/> Crystal Place and Anerley | <input type="checkbox"/> St Mary Cray |
| <input type="checkbox"/> Darwin | <input type="checkbox"/> St Paul's Cray |
| <input type="checkbox"/> Farnborough and Crofton | <input type="checkbox"/> West Wickham |
| <input type="checkbox"/> Out of Borough, please specify..... | |

How we use your information

The information you share with us will also be accessed by our national body Healthwatch England and shared with local health and care commissioners and providers. This helps us spot trends both nationally and locally to identify areas for improvement. We may use quotes in our reports, but we will not use any information that will identify you. Our full privacy statement can be found at:

[\[Privacy Policy - Healthwatch Bromley\]](#)

Confirmation of consent

I consent to sharing my information with Healthwatch Bromley (HWB) as part of their research into ophthalmology services. I understand that my information will be stored in the HWB system for 12 months and will only be used for this piece of research and any updates related to this project.

Thank you for sharing your experience! We recognise that health and care issues can be extremely personal and we appreciate you giving us your time.

Please share your contact details below if you would like to receive a copy of the research report.

Please share your contact details below if you would like to receive a copy of the research report.

Name.....

Phone.....

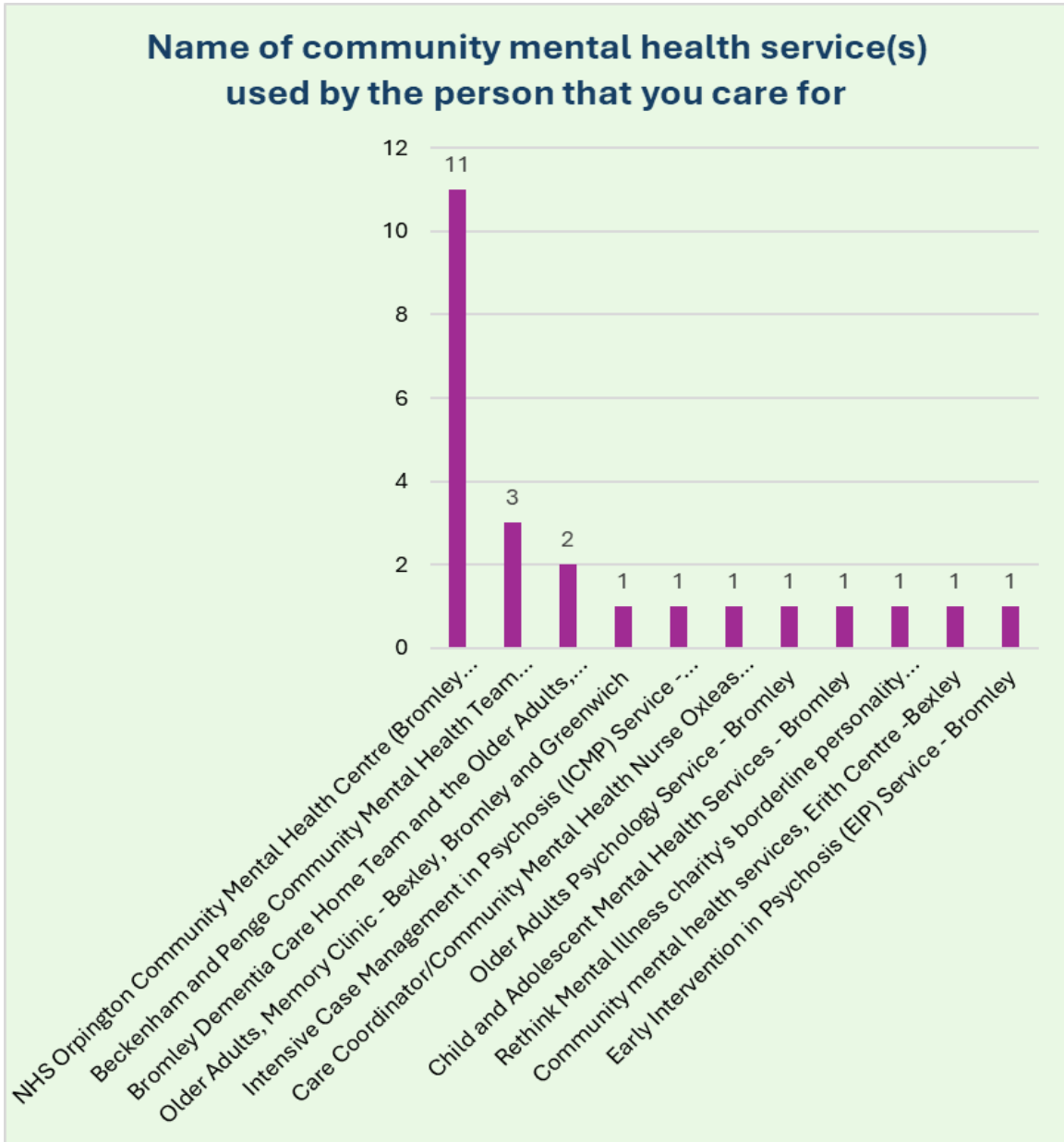
Email.....

Please return this survey to the Healthwatch Bromley team or to the freepost address by

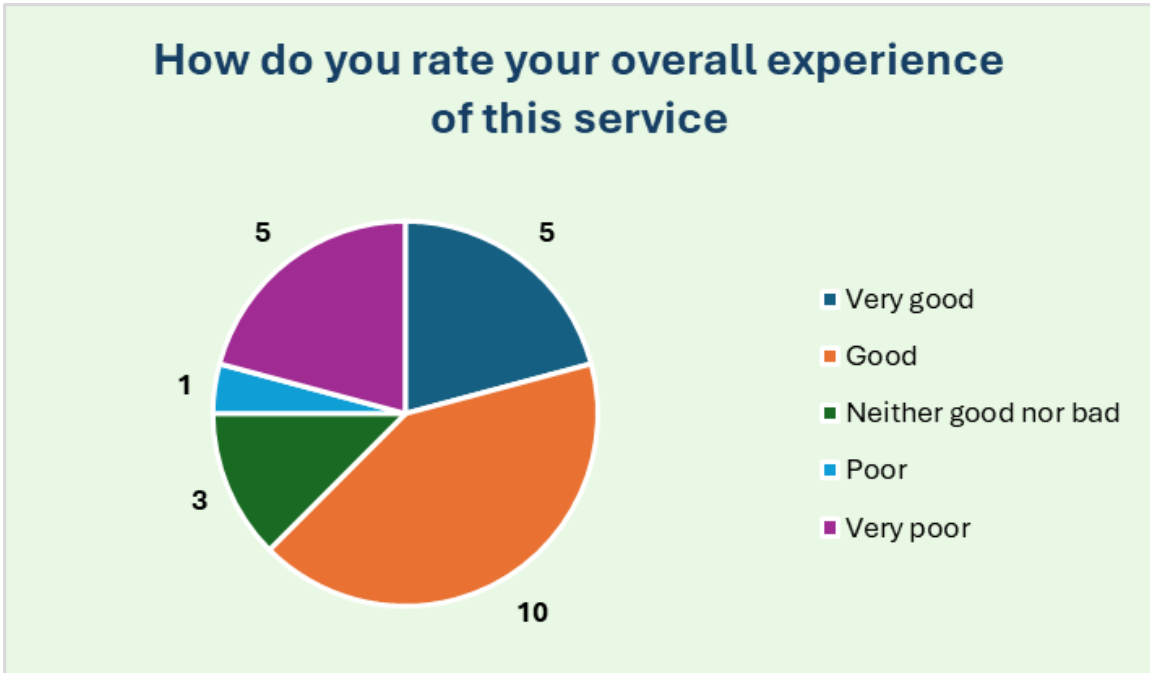
Friday 15th March:

FREEPOST HEALTHWATCH BROMLEY, WALDRAM PLACE, LONDON, SE23 2LB

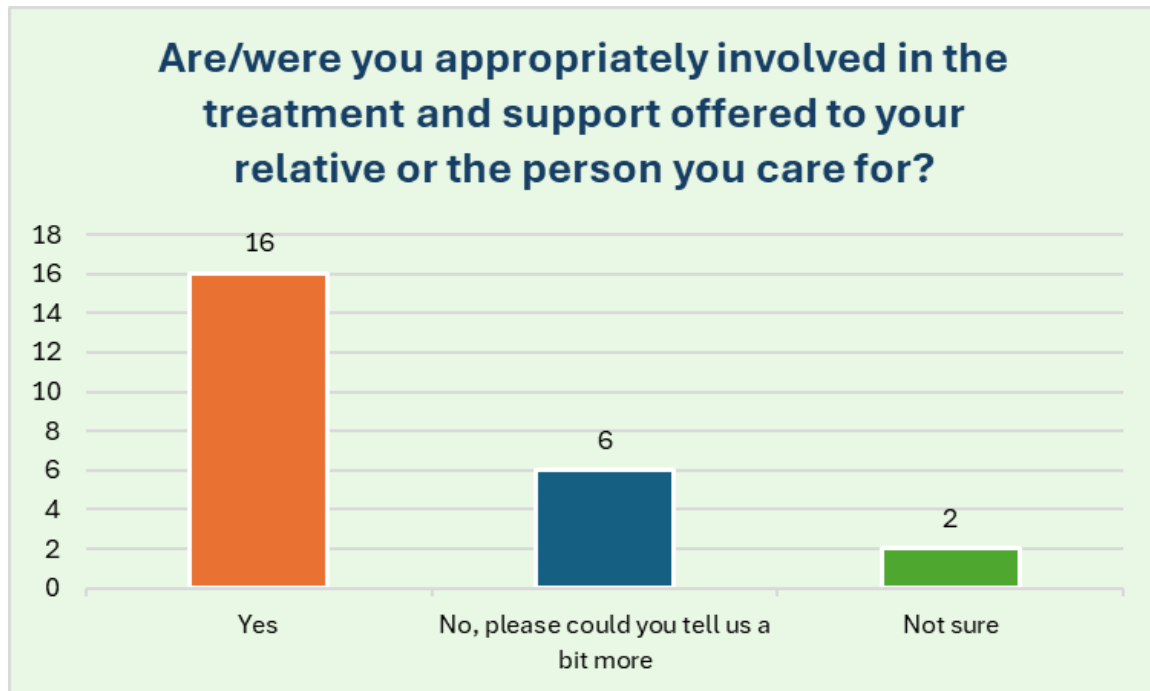
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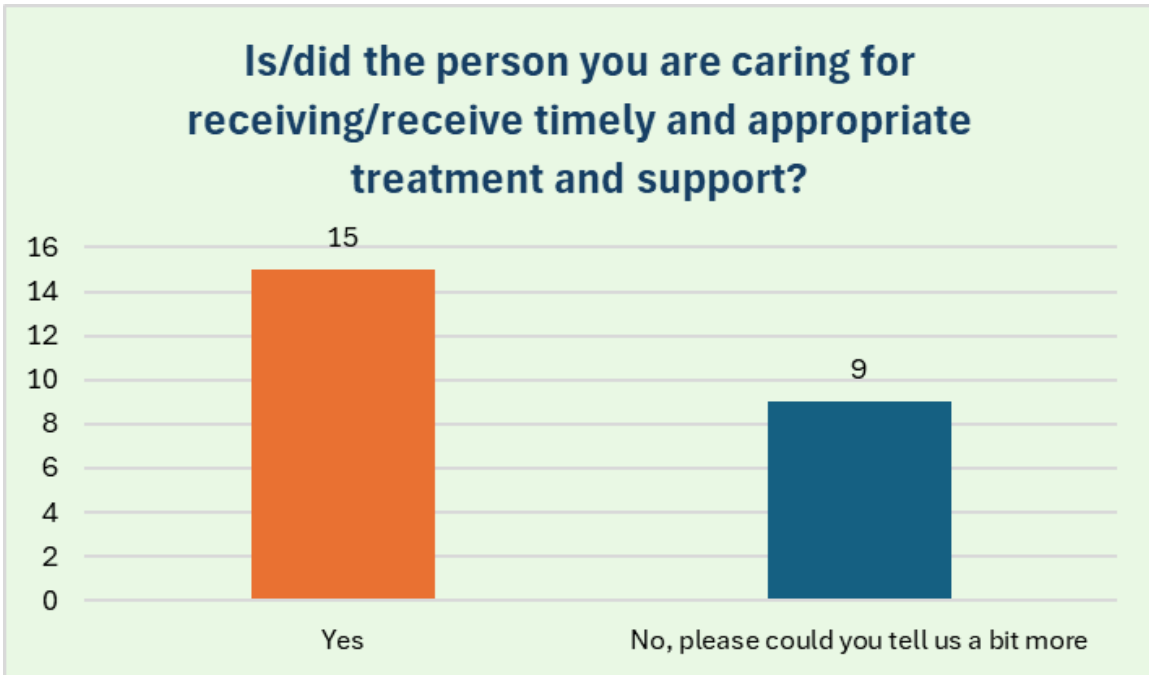
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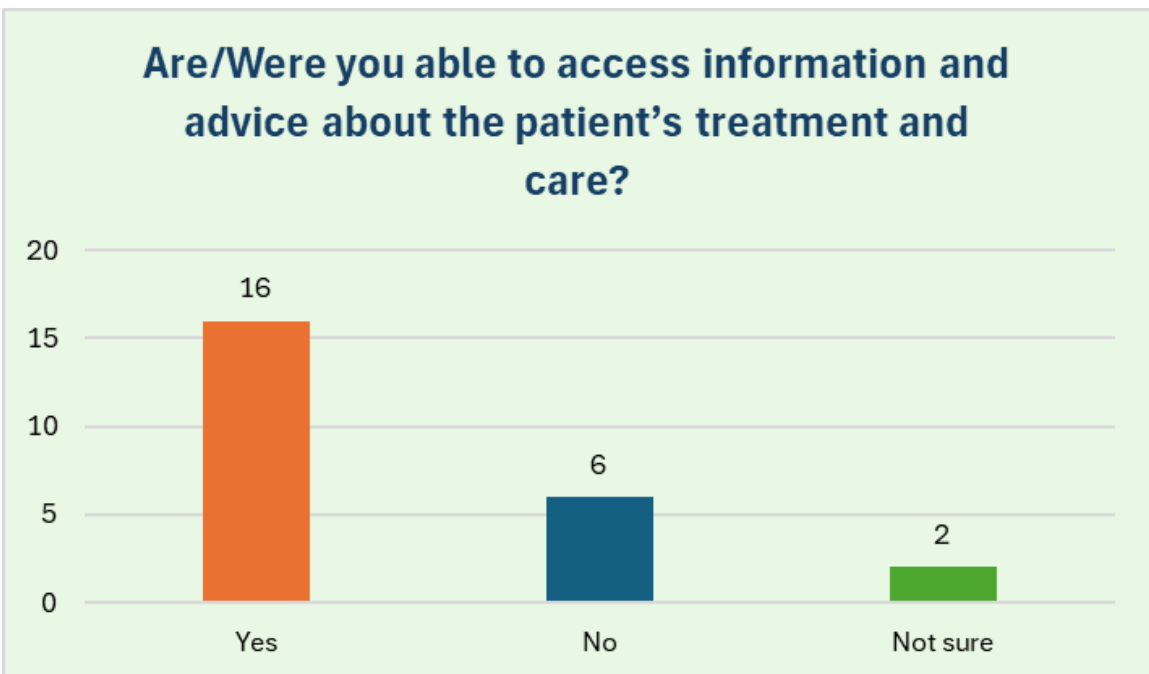
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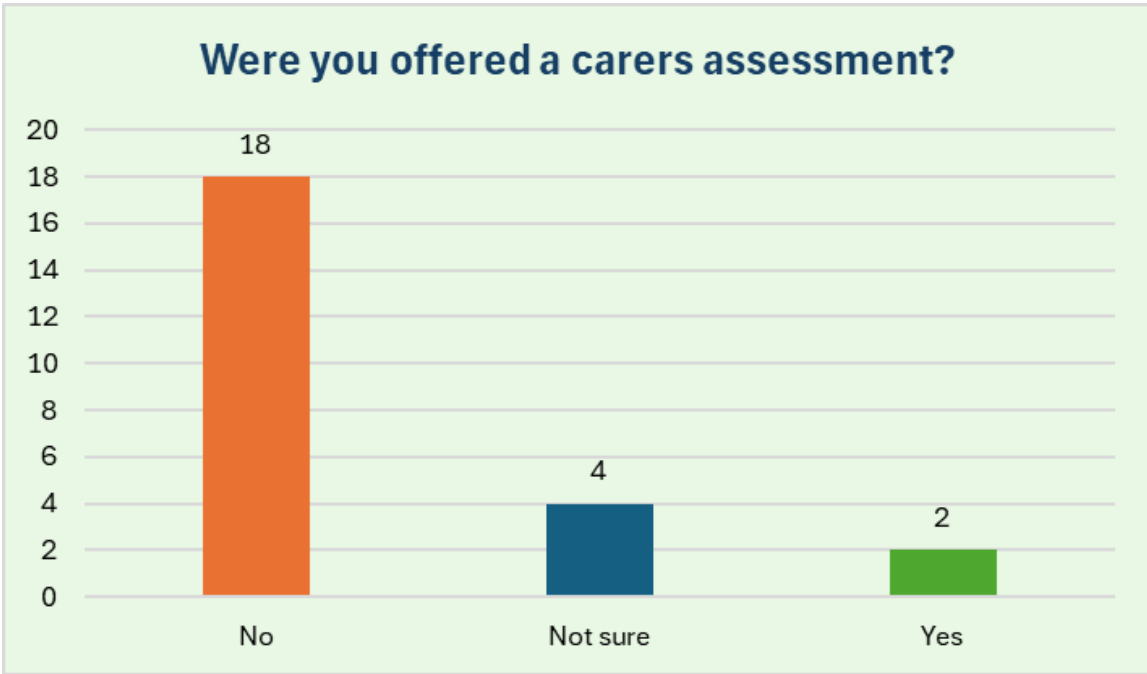
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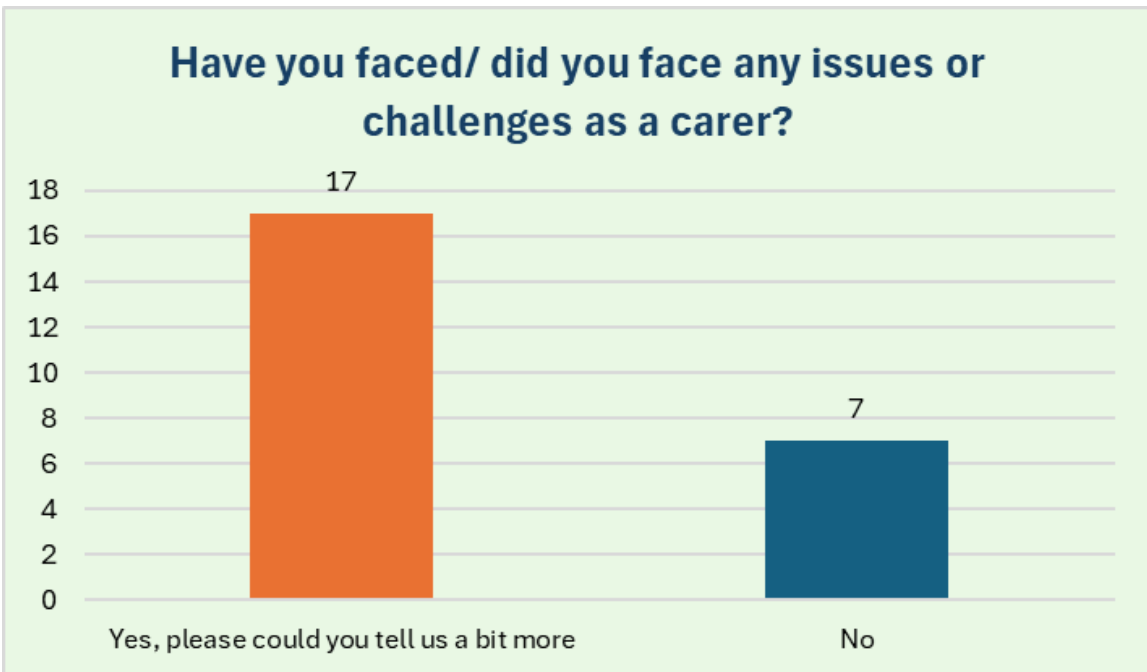
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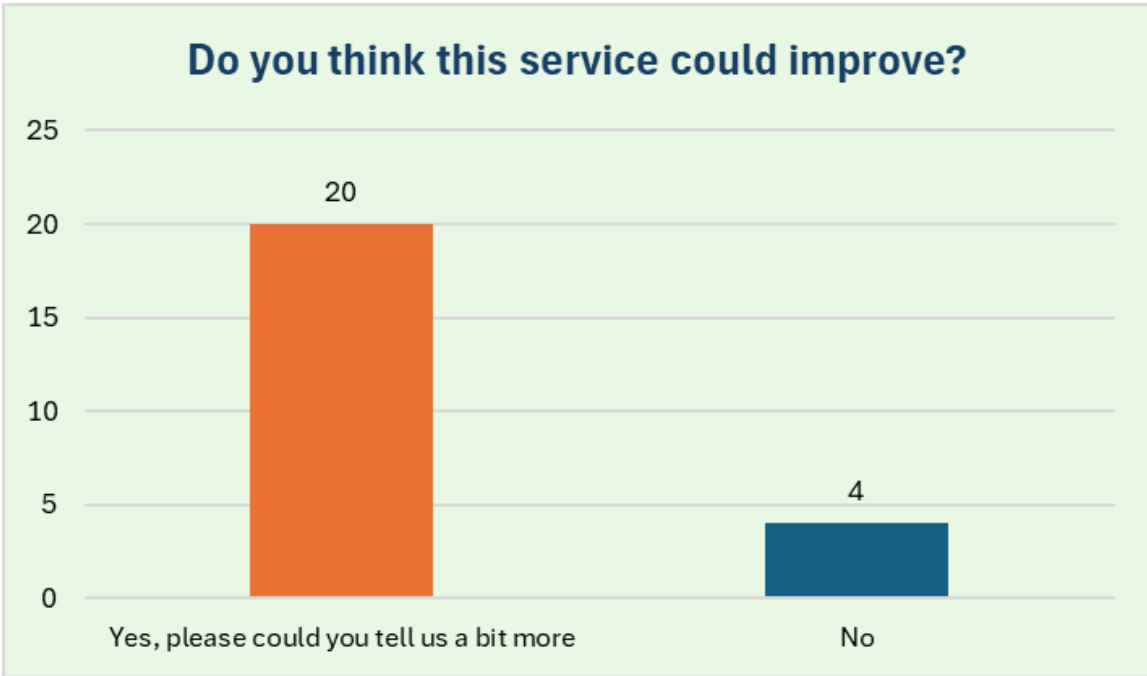
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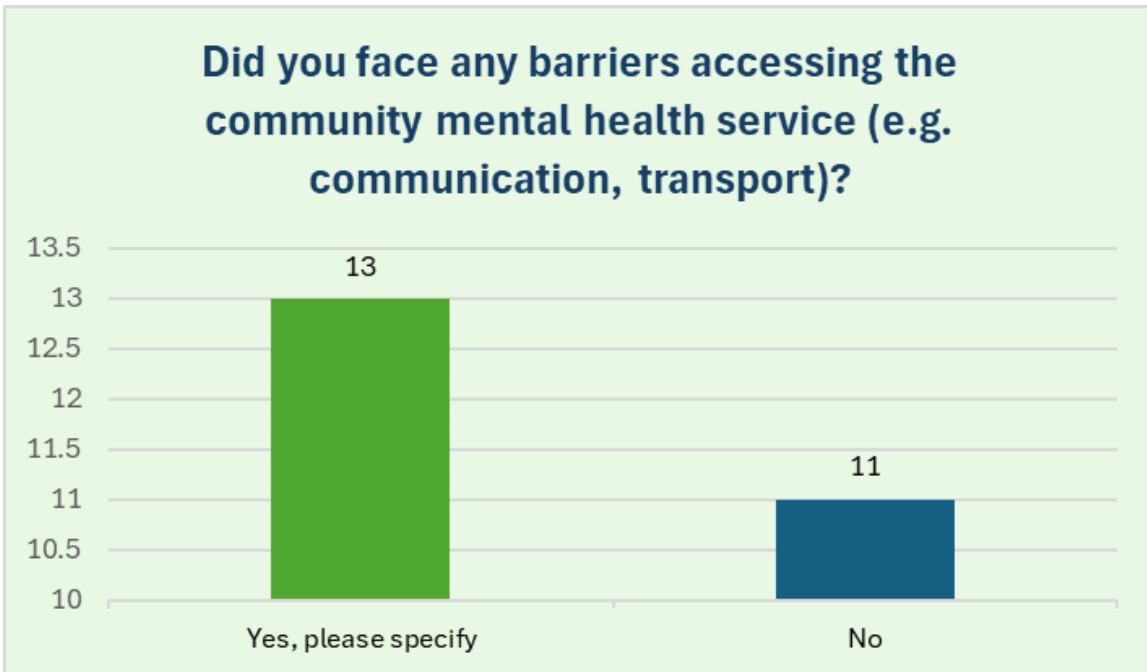
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Appendix 29



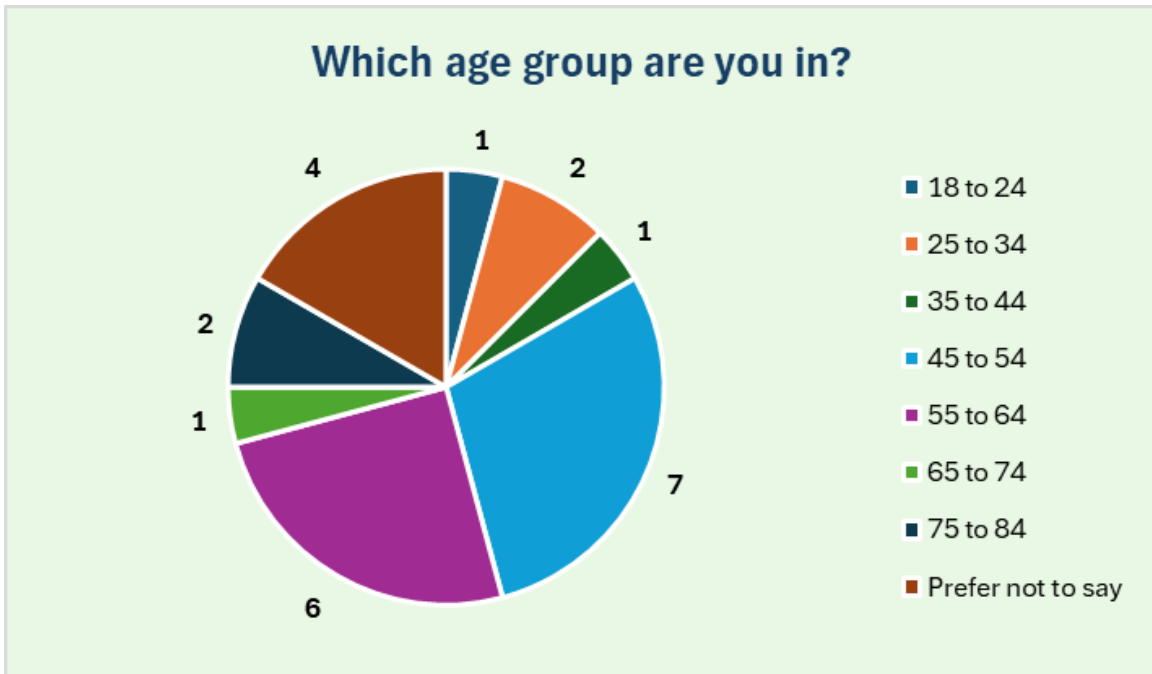
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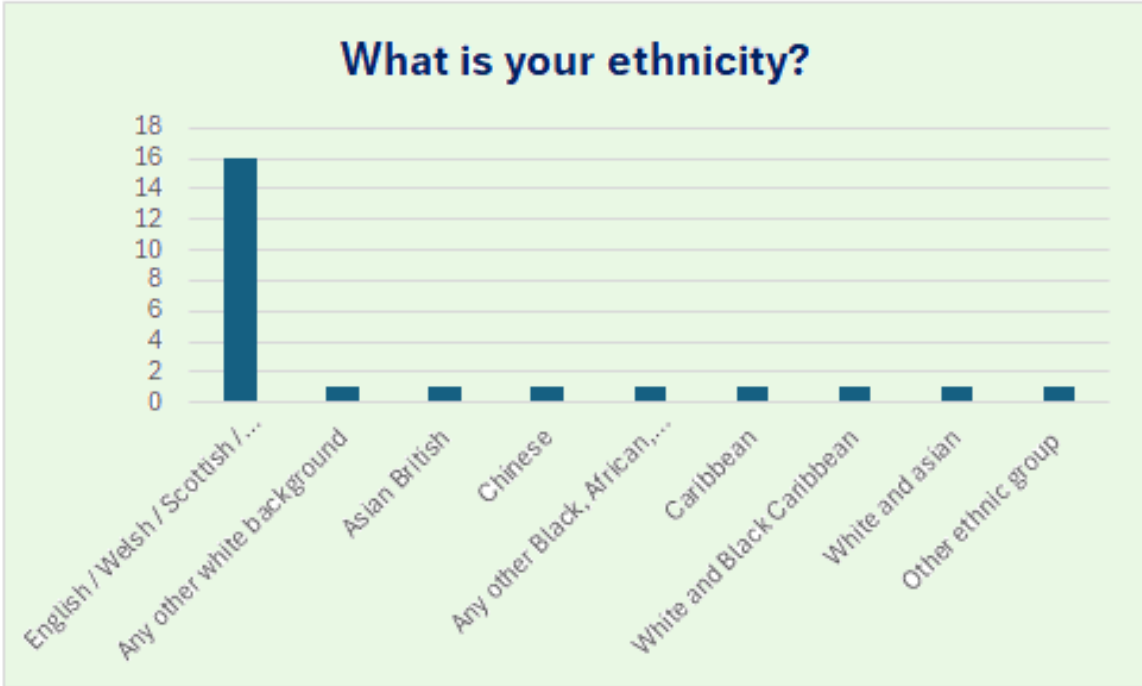
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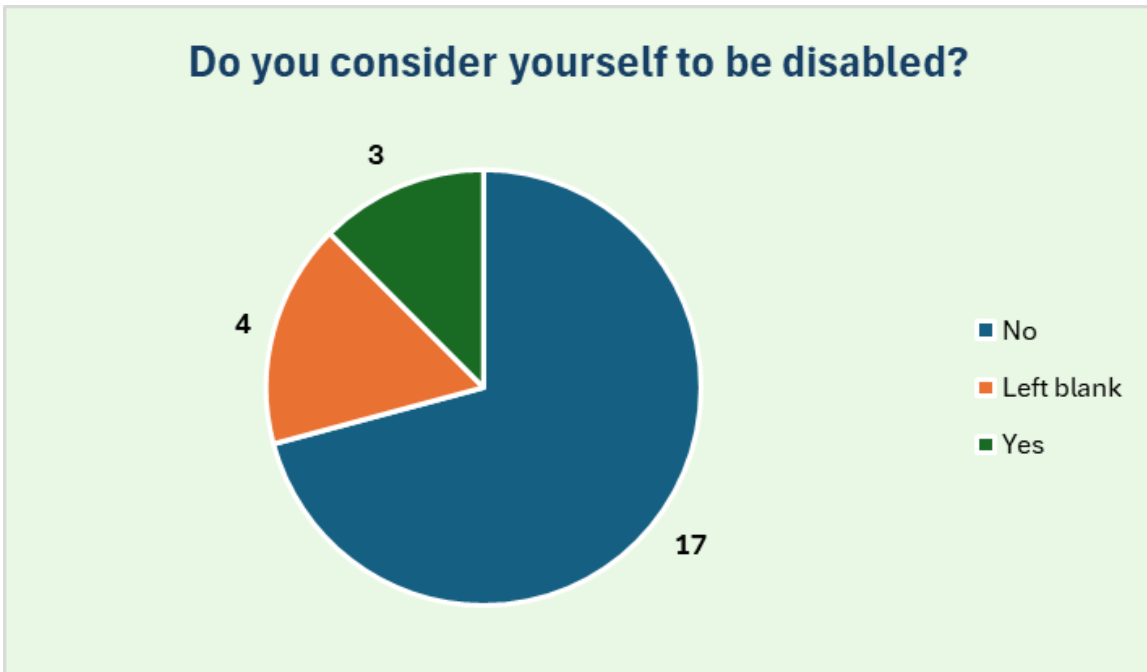
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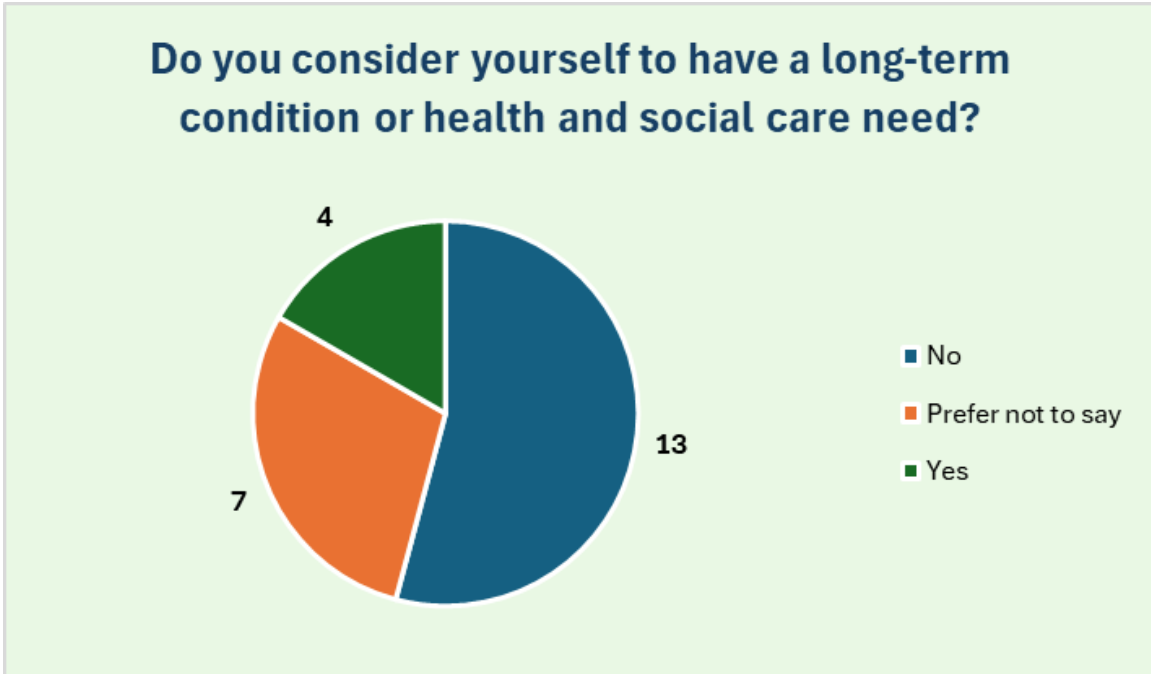
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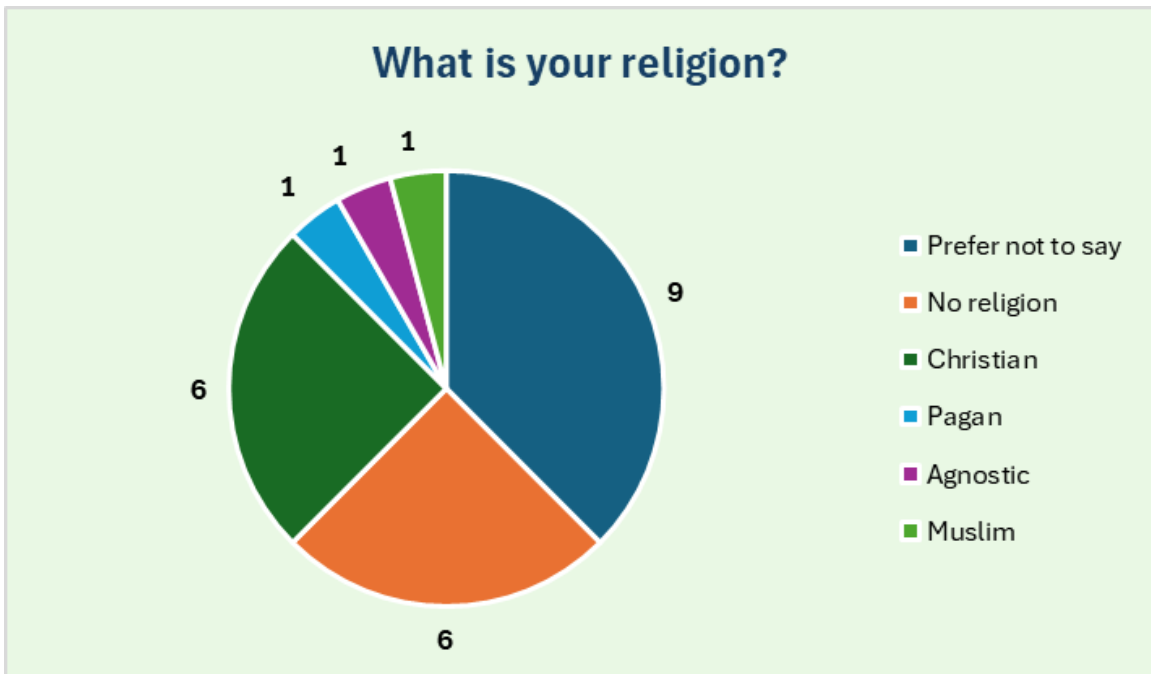
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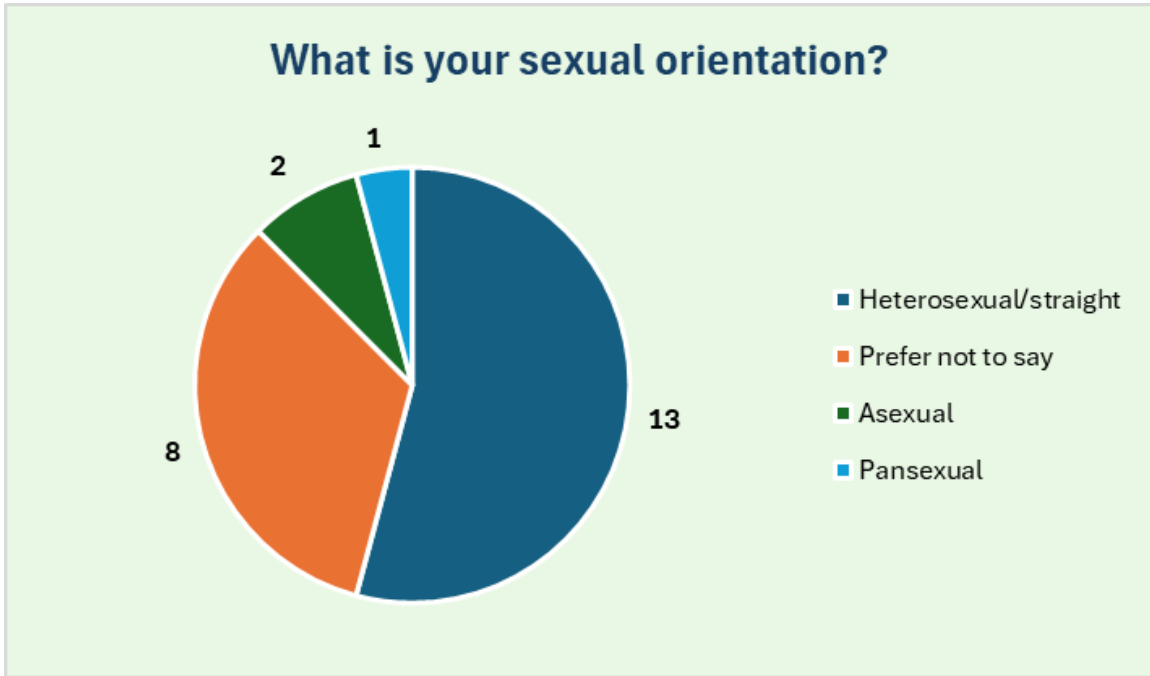
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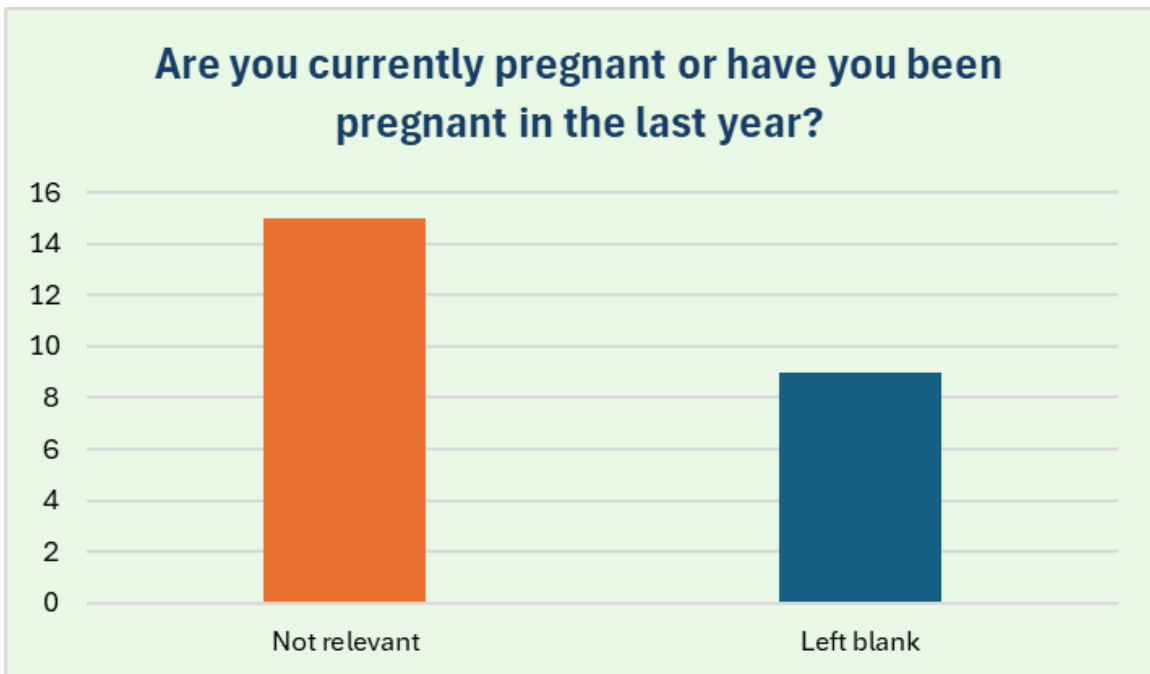
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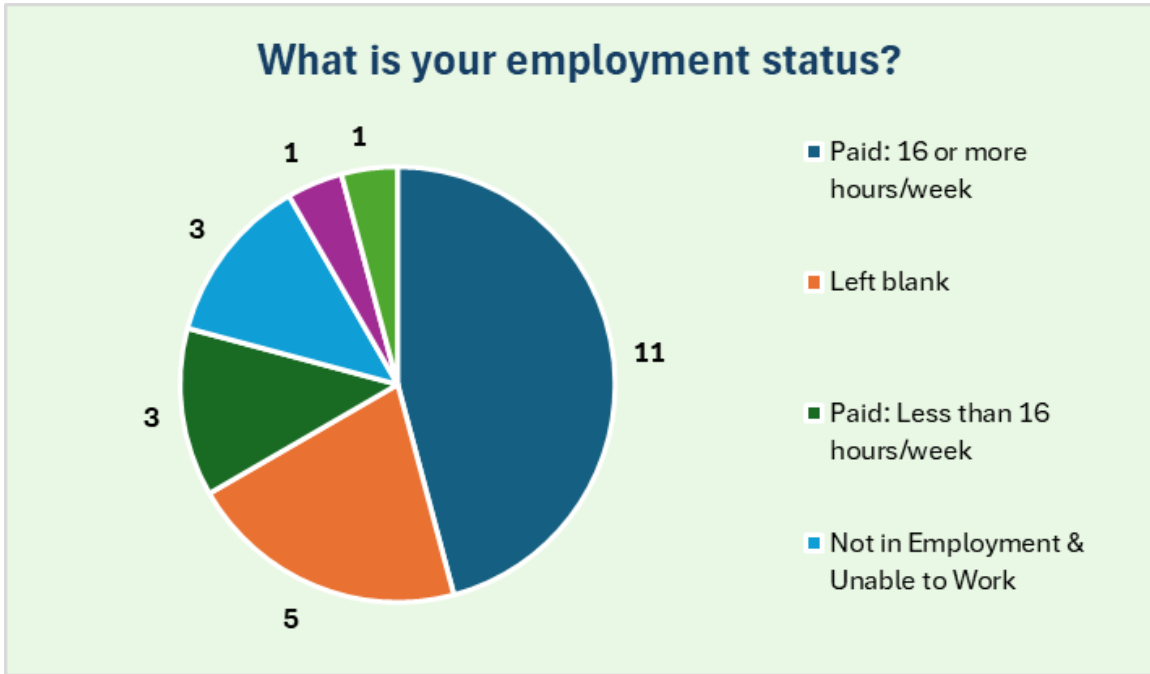
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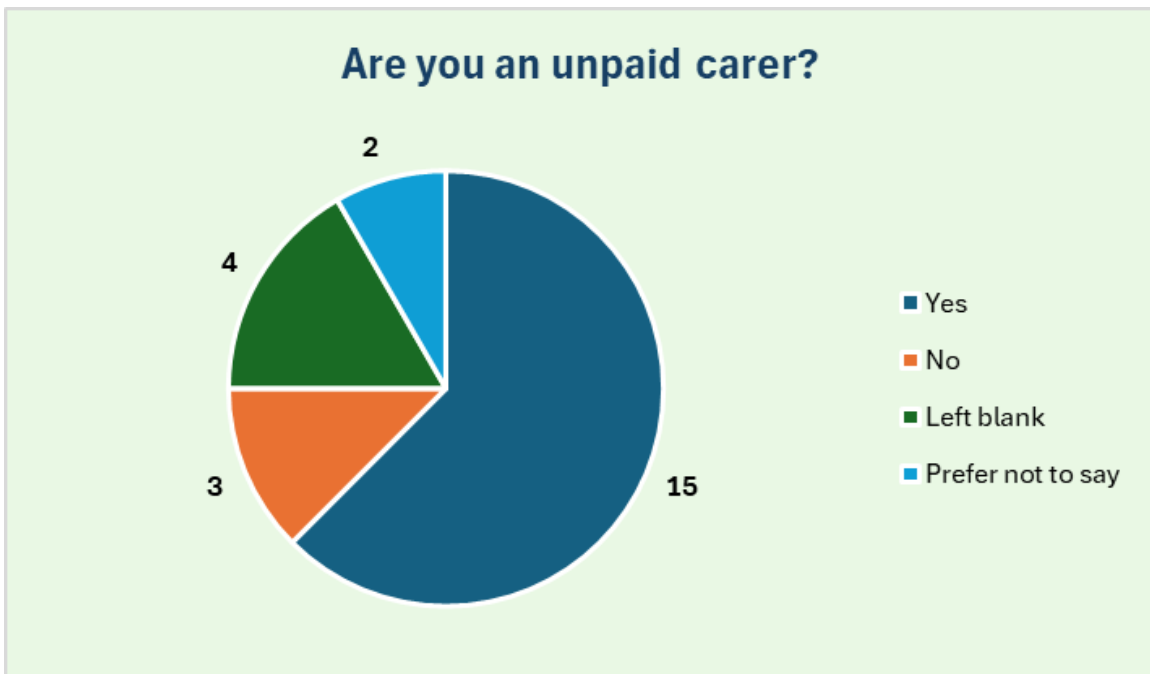
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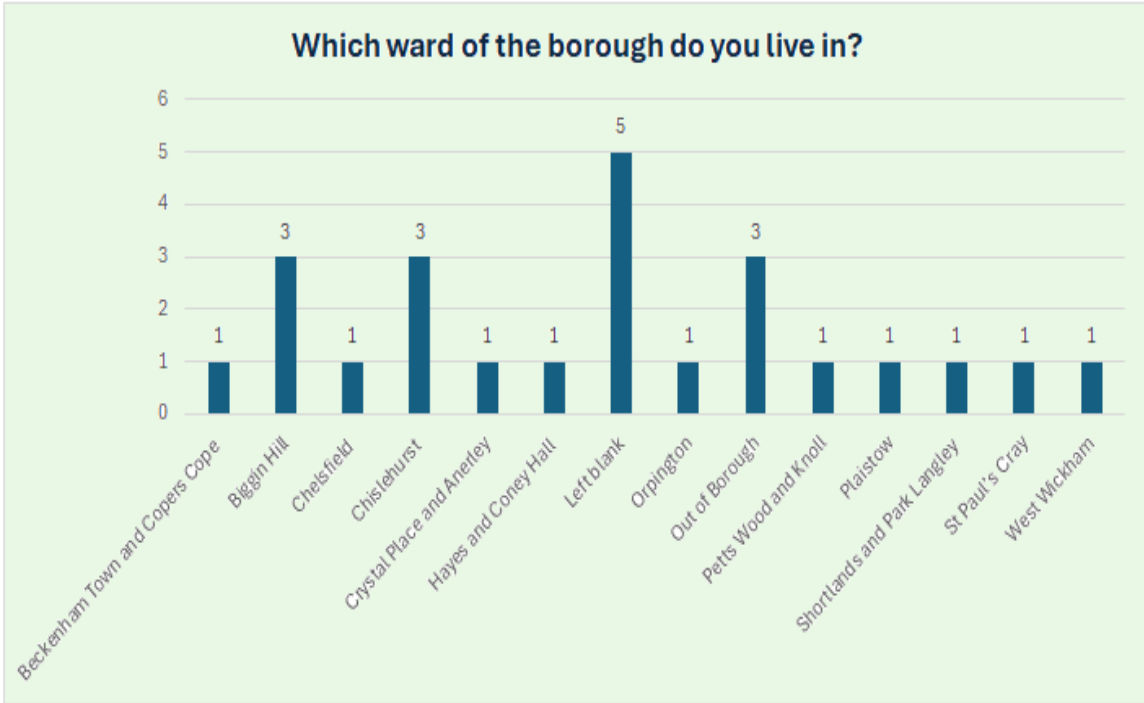
Appendix 39



Appendix 40



Appendix 41



Share your feedback about community mental health services – carer survey

Healthwatch Bromley gives you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help to inform commissioners and service providers. To understand how your information will be used please read the **How we use this information** section at the end of the survey.

What is this survey about?

This project will focus on working age adults aged 18–66, receiving community mental health support for more than 12 weeks or who have been discharged from this care within the last six months.

It will include gathering evidence and feedback on access to community mental health support, outcomes of treatment, and identifying potential areas for improvement.

You can tell us what you think by completing this survey. Please return it to one of our staff members or volunteers or send it back to our office using the freepost address at the end of this document. If you prefer to complete the survey over the phone or are willing to describe your journey in more detail, you can get in touch with the team on **0203 886 0752**.

.....

1..Name of community mental health service(s) used by the person that you care for

.....

2. How do you rate your overall experience of this service?

- Very good
- Good
- Neither good nor bad
- Poor
- Very poor

3. Are/were you appropriately involved in the treatment and support offered to your relative or the person you care for?

- Yes
 - Unsure
 - No, please could you tell us a bit more
-

4. Is/did the person you are caring for receiving/receive timely and appropriate treatment and support?

- Yes
- No, please could you tell us a bit more

.....

5. Are/Were you able to access information and advice about the patient's treatment and care?

- Yes
- No
- Unsure

6. Were you offered a carers assessment?

- Yes
- No
- Unsure

7. What do you think has worked well with this service?

.....
.....

8. Have you faced/ did you face any issues or challenges as a carer?

- No
- Yes, please could you tell us a bit more

.....
.....

9. Do you think this service could improve?

- No
- Yes, please could you tell us a bit more

.....
.....
.....

10. Have you faced/did you face any barriers accessing the community mental health service (e.g. communication, transport)?

- No
- Yes, please specify

.....

11. Please add any further points you wish to make about your experience

.....

.....

Monitoring

Tell us a bit about you (or the person for whom you are completing this survey, if you are doing so on their behalf)

It would really help to know a little more about you so that we can better understand how people's experiences of local health and social care services may differ between groups of people; this supports our focus on improving equality, diversity and inclusion. **These questions are completely voluntary.**

What gender do you identify yourself as:

- Man (including trans man) Woman (including trans woman)
- Non-binary Other..... Prefer not to say

Which age group are you in?

- Under 18 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 74 to 84
- 85+ Prefer not to say

What is your ethnicity?

White

- English / Welsh / Scottish / Northern Irish / British Gypsy or Irish Traveller
- Irish Roma Any other white background.....

Asian / Asian British

- Asian British Indian Bangladeshi Pakistani
- Chinese Any other Asian/Asian British background.....

Black, African, Caribbean, Black British

Black British African Caribbean Any other Black, African, Caribbean background.....

Mixed, Multiple Ethnic Groups

White and Asian White and Black African White and Black Caribbean Any other mixed / multiple background.....

Other Ethnic Groups

Arab Any other ethnic group..... **Prefer not to say**

Do you consider yourself to be disabled?

Yes..... No Prefer not to say

Do you consider yourself to have a long-term condition or health and social care need?

Yes..... No Prefer not to say

What is your religion?

Buddhist Christian Hindu Jewish Muslim Sikh Spiritualism
 No religion Prefer not to say Other religion.....

What is your sexual orientation?

Asexual Bisexual Gay man Heterosexual/straight Lesbian Pansexual
 Prefer not to say

Are you currently pregnant or have you been pregnant in the last year?

Currently pregnant Prefer not to say Currently breastfeeding
 Given birth in the last 26 weeks No

What is your employment status?

- In unpaid voluntary work only
- Not in employment & unable to work
- Not in employment / not actively seeking work – retired
- Not in employment (seeking work)
- Prefer not to say
- Not in Employment (student)
- Paid work: 16 or more hours p/week
- Paid work: less than 16 hours p/week
- On maternity leave

Are you an unpaid carer?

- Yes
- No
- Prefer not to say

Which ward of the borough do you live in?

- Beckenham Town and Copers Cope
- Bickley and Sundridge
- Biggin Hill
- Bromley Common and Holwood
- Bromley Town
- Chelsfield
- Chislehurst
- Clock House
- Crystal Place and Anerley
- Darwin
- Farnborough and Crofton
- Out of Borough, please specify.....
- Hayes and Coney Hall
- Kelsey and Eden Park
- Mottingham
- Orpington
- Penge and Cator
- Petts Wood and Knoll
- Plaistow
- Shortlands and Park Langley
- St Mary Cray
- St Paul's Cray
- West Wickham

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Thank you for sharing your experience! We recognise that health and care issues can be extremely personal and we appreciate you giving us your time.

Please share your contact details below if you would like to receive a copy of the research report.

Name.....
Phone.....
Email.....

Please return this survey to the Healthwatch Bromley team or to the freepost address by Friday 15th March:

FREEPOST HEALTHWATCH BROMLEY, WALDRAM PLACE, LONDON, SE23 2LB



SHARE YOUR FEEDBACK

COMMUNITY MENTAL HEALTH SERVICES

What is this survey about?

Healthwatch Bromley wants to hear from Bromley residents, aged 18-66, receiving community mental health support for more than 12 weeks or who have been discharged from this care within the last six months.

You can tell us what you think by completing our carer or patient survey. If you prefer to complete the survey over the phone with one of our team members or are willing to describe your journey in more detail, please call 0203 886 0752

Patient survey:

<https://www.smartsurvey.co.uk/s/8NK34P/>

Carer survey:

<https://www.smartsurvey.co.uk/s/YV3III/>

Deadline: 5pm, Friday 15th March



Healthwatch Bromley, Waldram Place, SE23 2LB

www.healthwatchbromley.co.uk

Telephone: 0203 886 0752

Email: info@healthwatchbromley.co.uk



Glossary of Terms

ADAPT	Anxiety, Depression, Personality Disorders and Trauma
AIS	Accessible Information Standard
CMHT	Community Mental Health Team
CQC	Care Quality Commission
CF	Carnall Farrar
ESA	Employment and Support Allowance
HWB	Healthwatch Bromley
HWE	Healthwatch England
KCH	King's College Hospital NHS Foundation Trust
LBB	London Borough of Bromley
N/A	Not Applicable
PIP	Personal Independence Payment
PRUH	Princess Royal University Hospital
SEL ICB	South East London Integrated Care Board
SEL ICS	South East London Integrated Care System
SLaM	South London and Maudsley
VSO	Voluntary Sector Organisation
YVHSC	Your Voice in Health and Social Care

Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchbromley.co.uk

0203 886 0752

info@healthwatchbromley.co.uk

healthwatch

Healthwatch Bromley
Waldram Place
London
SE23 2LB

w: www.healthwatchbromley.co.uk

t: 0203 886 0752

e: info@healthwatchbromley.co.uk

 HWBromley

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


 [@healthwatchbromley](https://www.instagram.com/healthwatchbromley)



**Committed
to quality**

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report sent to	King's College Hospital NHS Foundation Trust
Date sent	8 th July 2024
Report title	Community Mental Health Services Report
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	24 th July 2024
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	<p>At King's College Hospital NHS Foundation Trust, we were delighted to receive and review Healthwatch Bromley's report concerning patients' experiences of community mental health services.</p> <p>Although the recommendations of the report do not apply to the Trust, we welcome the focus on improving community services, recognising how important good communication, timely access and seamless mental health care is for those patients attending our hospitals, including Princess Royal University Hospital.</p>
Signed	
Name	Tracey Carter
Position	Chief Nurse and Executive Director of Midwifery

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Oxleas NHS Foundation Trust
Date sent	29 th October 2024
Report title	Community Mental Health Services Report

Response

(If there is a nil response please provide an explanation for this within the statutory 20 days)

Date of response provided	25/10/24
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	<p>It was lovely to see the level of patient engagement you achieved in this report. We recognise many of the issues raised in the report and already have work in train to address issues, particularly those relating to waits through our Oxleas strategic priority on Timely care where we are seeing signs of improved responsiveness. We do also need to recognise that whilst demand is rising progress may be limited, these services have seen very significant rises in demand over the last five years. We are also investigating each issue where poor communication etc have been reported and where there are issues to address with staff these are done robustly. We were disappointed to see both case studies came from ADAPT teams it would have been helpful to see case studies from across the range of services included in this report and perhaps some balance within the more detailed case studies as there is a missed opportunity to reflect some of the detail behind what people found most helpful so that we can use that to share the good practice.</p>

Please outline what **actions** and/or improvements you will undertake **as a result of the report's findings and recommendations**. If not applicable, please state this and provide a brief explanation of the reasons.

Recommendation 1	In relation to waits we have a range of actions including having invested in our hubs to provide brief interventions enabling many people to resolve their issues without the need for more
------------------	---

	intensive secondary care support, we have developed a core offer that will support teams to be clear about what they can and can't do. We will continue to review productivity to ensure we are achieving optimum capacity.
Recommendation 2	In relation to individualised care we recognise that we will not always be able to offer bespoke treatment options but we will adjust our offer where someone is not able to access the standard offer and we will seek to ensure people know what they can expect from our service offer.
Recommendation 3	We have recognised it is a long time since we reviewed the information we send to patients in relation to the location of our services and in the next three months will create a new welcome letter that includes clear directions and transport option to our service locations.
Signed	
Name	Lorraine Regan
Position	Director of Community Mental Health and Learning Disability Services