healthwatch Bromley

Access to health and social care services for housebound people who have a long-term condition

Healthwatch Bromley
Spring 2025

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Cover photo by Cottonbro

About Healthwatch

Healthwatch Bromley (HWB) is the statutory, independent consumer champion for health and social care users in Bromley, set up by the Health and Care Act 2012.. 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 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 to 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.

Disclaimer

The information presented in this report describes the experiences of the patients and their carers with whom we spoke as part of our housebound project. The case studies provide detailed descriptions of the experiences of, 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 Introduction, followed by Aims and Methodology.

Key Findings and Recommendations can be found on pages 7 and 10 respectively.

On pages 12-34 we look at the case studies in more detail.

The appendices, from page 37, include:

- Demographic charts covering those case study respondents (housebound residents with a long-term condition, and their unpaid carers) who shared this information.
- Examples of promotional materials designed to support the project.

Introduction

Healthwatch Bromley aims to help make health and social care services better for local people and initiated this research project in response to feedback from engagement visits, representation on reference groups, and input from our advisory committee.

People living with a physical and/or mental illness or injury which completely or partially restricts their ability to leave their home without the support of another person are commonly referred to as 'housebound'.

Housebound residents are a particularly vulnerable group; there is concern that they may experience deficiencies in care through poorly coordinated or inadequate provision for their complex health and social care needs. They often need support to coordinate necessary care input from their GPs and provider organisations, usually assisted by carers, paid or unpaid, the latter typically being family members.

Primary care services such as GP practices have a duty to provide appropriate healthcare to all their patients, but to do this they need to identify those who have difficulty leaving their homes. We have been unable to find a standard 'housebound' identification system used within the borough or the UK.

We are also aware of the Joint Strategic Needs Assessment (JSNA) chapter (updated 2024) on Older People in the London Borough of Bromley (LBB). This concluded: "The Public Health Outcomes Framework (PHOF) reflected that in 2022/23, 35.0% of adult social care users (aged 65 and over) had as much social contact as they would like. This is lower than the London percentage of 35.7% and the England percentage of 41.5%".

Given these factors, Healthwatch Bromley decided to do a research study of housebound residents with long-term conditions (LTCs) and their experience of accessing health and social care services. There are various, different definitions of 'housebound' currently used: we hope this project will assist in developing one clear, agreed, local definition.

We consulted widely with local partners and adopted a comprehensive approach - the project incorporated perspectives from service users and unpaid carers, recognising their invaluable insights into service delivery. We aimed to translate findings into practical recommendations, promoting improvements in health and social care provision for the housebound by a wide variety of services, statutory, local and voluntary.

Aims and Methodology

In July 2024 we approached local partners for advice in shaping the project, e.g. in devising and/or agreeing the interview questions. By using a partnership approach, we hoped to secure the support and collaboration required to give any resulting recommendations optimal influence and impact.

The project aimed to:

- Generate a report detailing the experiences of housebound Bromley residents with LTCs, of accessing health and social care
- Identify areas of good practice and areas requiring improvement in local health and social care services for the housebound
- Provide opportunities for housebound Bromley residents and their carers to suggest how their health and care services could and should be improved.

We chose to do a predominantly qualitative rather than quantitative approach, to capture more clearly, and in depth, the often complex experiences of housebound people and unpaid carers.

We received feedback from 48 housebound residents with LTCs, and 26 unpaid carers. Research findings highlight both the positive and the more challenging experiences of residents and their carers. We conducted over 50 interviews and collected 35 in-depth case studies which are summarised below in Section Five. We met residents and carers in engagement visits at the following venues between July and November 2024:

- Parkinson's UK, Bromley Group, coffee morning: 17 July and 8 August
- Princess Royal University Hospital (PRUH), Discharge Unit and Day Surgery Unit (DSU): every Wednesday afternoon throughout August and September
- Bromley Well, Over 65s Monday Wellbeing Hub at Bromley Waitrose Café: 9 September
- Kent Association for the Blind (KAB), Bromley Town Church: 25 September
- Bromley X by X workshop, Community House: 3 October
- Bromley Well, Friendship Group Hub: 4, 6, 7, 11, 12 and 13 November
- Bromley Well, Long Term Health Peer Support Group: 14 November
- Bromley Well, Fibromyalgia Peer Support Group: 15 November
- Healthwatch and Bromley Well 'Carers Drop-In Cake and Coffee': 20 and 26 November
- Bromley Mencap workshop: 25 November

Key Findings

As noted above, this report presents the key findings and recommendations from our comprehensive evaluation of housebound Bromley residents with LTCs. Our objective was to review the quality of care and identify improvements which would enhance service delivery and better meet the diverse needs of service users and unpaid carers. We focused on what services exist and who are the providers, ease of access to necessary services and the availability of health and social care information.

Positive findings include:

Compassionate and supportive staff: Many unpaid carers and residents praised individual healthcare professionals for their kindness, patience, and willingness to listen, particularly those doctors and nurses who took the time to explain medical conditions clearly.

Continuity of care: Some housebound residents had positive experiences with specific services, such as hospital discharge teams or community nurses, who provided timely support and clear guidance on follow-up care. Some residents received quick referrals to specialists who provided effective treatment plans, improving their overall health and well-being.

GP practices: GPs who were proactive in arranging referrals, providing detailed advice, and being flexible with appointments were praised.

Pharmacies: Some unpaid carers and housebound residents appreciated pharmacists who gave clear medication guidance, delivered prescriptions and provided additional health advice.

Home care: In some instances, home care services adapted well to the needs of residents, providing reliable support that helped to maintain residents' independence.

Community services: Several unpaid carers found valuable support through voluntary organisations, which provided practical help, social opportunities, and financial advice and guidance. Some found comfort in peer support groups, where they could share experiences and receive emotional and practical guidance from others in similar situations.

Despite these positive experiences, significant challenges were described, affecting both housebound residents and their carers.

Key findings continued...

Key issues include:

Waiting times: Housebound residents and unpaid carers consistently report lengthy waiting times for medical appointments, specialist referrals, and follow-up care. This results in great anxiety and frustration, especially for individuals with chronic or complex conditions. Delays in receiving necessary treatment or home care exacerbate the challenges already faced by these respondents and their carers.

Communication challenges: Effective communication between healthcare providers, service users and different healthcare services is often lacking. People reported feeling unheard or dismissed during medical appointments, particularly in situations where urgent care or clear instructions were needed.

Differing definitions of 'housebound' between services was also identified in some case studies - fragmented communication between healthcare teams led to confusion, mismanagement of care, and missed opportunities for timely intervention.

Continuity of care: Residents often experience disruptions in continuity of care, particularly when seeing different healthcare providers or staff who do not know them. This can compromise the quality of care, as patients' conditions may not be fully understood or managed across visits, impacting overall outcomes.

Medicine and treatment management: Residents and their carers face confusion and miscommunication about prescriptions, dosages, and medication effects. There is inconsistency in accessing prescriptions; some pharmacies offer a home delivery service, others do not. The absence of home visits from GPs or district nurses complicates the effective administration of medication and treatment, particularly for individuals with chronic or complex health conditions or lack of support from family/friends.

Loneliness and social isolation: Loneliness remains a persistent issue for the housebound and their carers. Many feel isolated due to their health conditions or caring responsibilities, with limited access to social activities or emotional support. For carers, social interaction becomes even more limited as they devote their time to supporting their loved ones, leaving them without opportunities for respite or connection with others. Several of our interviewees seemed to be "living lives of quiet desperation."

Accessing services: There are significant barriers to accessing healthcare services, particularly for housebound residents. Residents spoke about their difficulty booking GP appointments, navigating online systems, and finding

Key findings continued...

wheelchair-accessible options for medical appointments. These access issues compound the challenges already faced by individuals and their carers when seeking essential treatments or follow-up care.

Safety concerns: Patient safety is a concern, especially when care is delayed, or appointments are missed. Many residents, particularly those with mobility issues or complex conditions, have faced risks during hospital stays or when accessing services.

Community services: Community-based support services, such as day centres or dementia support hubs, are limited and/or difficult to access. Few of these services are available locally, leaving many individuals without access to vital social interaction and tailored support, and this situation seems to be worsening.

Financial support: Many housebound people and their carers face significant financial burdens, particularly when self-funding home care services. The cost of professional care services, combined with the lack of financial support, leaves the housebound and their carers in difficulty. The benefits system is complex and difficult to navigate. Those ineligible for financial aid face increasing anxiety about their long-term ability to access care. There was no specific reference to Attendance or Carers' Allowances by our interviewees.

Recommendations

We have developed practical, cost-effective recommendations to address these issues. Implementing them would lead to improved healthcare access, better patient experiences, and stronger support for carers. These changes would contribute to a more responsive and inclusive healthcare system, ultimately improving the quality of life for housebound residents and their carers.

1. Train primary and secondary healthcare staff in **patient-centred communication.** Implement (or maximise the use of an existing) integrated digital systems for seamless information sharing. Offer multilingual support to patients and provide written instructions in accessible formats.

2. Establish a common **definition** and consistent coding across providers, so that regardless of which provider identifies the patient as housebound, this is applied consistently across partner organisations and the individual's care needs are considered accordingly.

3. **Waiting times:** Primary care services should expand clinic hours to cut appointment backlogs. Other suggested actions:

- Optimise appointment scheduling and use telephone or video consultations wherever appropriate.
- Implement or improve triage systems to prioritise urgent cases.
- Develop real-time tracking to update patients and carers on wait times.

4. Come together across health and care providers to review and improve the coordination of care for residents who are housebound, so that:

- patients are provided with greater **continuity of care** where they need it
- the holistic needs of the patient are taken into consideration
- medication reviews and medicines deliveries are coordinated by pharmacy professionals
- professionals make every contact count (MECC) to support a positive and healthy lifestyle for housebound residents
- services onward refer directly, where their interaction with the patient identifies potential need, including the voluntary and community sector, Healthwatch and patients to reflect the patient and carer voices.

Recommendations

5. Specialist input: SEL ICB and Bromley Healthcare should consider nominating specialists who know about LTCs, e.g. Parkinson's disease, within relevant community health services including nursing homes and physiotherapy.

6. Medicines optimisation: SEL ICB should Improve co-ordination between GPs, pharmacists, and carers, and offer and fund medication reviews and home delivery through existing pharmacy services.

7. Access: Primary and secondary care providers should increase home visit availability and improve awareness of accessible transport options for appointments outside the home.

8. Community health teams should review their **patient safety checks** for home care recipients and training support for unpaid carers, e.g. on managing medical conditions and emergencies.

9. The development and use of LBB's Carers Charter is a timely recognition of the need for **carers support.** The Borough could consider establishing more dedicated respite teams to provide specialist practical assistance, emotional support and signposting to possible financial support.

10. The LA and local organisations should address the **health, care and broader information needs** of Bromley's housebound population, their carers and family members. Information needs to be made available in a range of formats, located in one central place which can be signposted by all partner organisations. This should include information for carers, about accessible transport options, interpreting services, loneliness support and social networks.

Local organisations could work with the current LBB Loneliness Initiative, to support the **emotional wellbeing of housebound residents and their carers**.

Case Studies

For the purpose of the report, several of these case studies are shortened versions of very long responses held by Healthwatch Bromley.

1. Housebound resident, 80s, recently moved into LBB. Wheelchair user, lives alone, carers call to help with washing, dressing and feeding, registered with GP but not dentist.

Resident's issues

- Resident contacted HWB needing urgent dental appointment; we helped to complete self-referral for Bromley Healthcare Special Care Dental Service.
- Resident made further contact made with HWB: necessary weekly injection not delivered by pharmacy. We established she had been deregistered by the prescriber, hospital Rheumatology department in previous borough (due to house move), prescription cancelled, no notification sent to patient (ignorant of hospital's responsibility) or new GP practice (unaware of the injection as not listed with her medications prescribed via GP practice). We resolved the problem quickly with hospital and GP, to patient's relief, but identified serious lack of communication between hospital/patient and hospital/new GP practice.

Positive comment

- COVID-19 vaccinations prepared and administered at home by a nurse.

2. Unpaid carer, wife of Parkinson's disease patient diagnosed thirty years ago. Patient stabilised, does not have carers; can wash, dress and feed himself with help but needs constant supervision as has frequent falls. Cannot leave the house unaided and can only walk short distances, otherwise needs a wheelchair. Lacks concentration, unable to use digital devices, has good and bad days. Carer has power of attorney (POA).

Carer's issues

- Carer feels healthcare services are trying to offload their waiting lists to others, e.g. visiting speech and language therapist (SLT) says patient needs ear nose and throat (ENT) assessment for which there is 18 months' wait, during which patient's voice will deteriorate significantly without SLT.
- Respite care is a "nightmare". Care invited on holiday with family, took months to arrange respite, name down at five different care homes, none came through, had to book a live-in carer, difficult and expensive.

Case studies continued...

- Unavailability of NHS physiotherapy; when patient injured knee Vita Health Group offered appointment in four months so had to pay for private treatment.
- Bromley Healthcare (BHC) District Nursing service:
  - Gives quarterly injection but will not make a definite appointment. They once threatened withdrawal of service as not at home when nurse called and said they are "not housebound". They were told to get the injection done by GP - who will not do it.
  - BHC does not supply injection, carer has to collect from GP, can be out of date by time nurse arrives, then carer has to go to GP again.
- Differing definitions of 'housebound' between services:
  - Pharmacy stopped home delivery, saying because she can collect medication, they do not deem husband 'housebound', only if living alone - decision made centrally by large pharmacy organisation.
  - Carer stresses that 'housebound' does not mean 'always available at home' – need to leave house e.g. for hospital appointments.
  - Cost of necessary items e.g. medical alert pendant which he has to wear whenever she goes out, and cost of private provision when NHS services are unavailable or subject to months of waiting.
- Reduced third sector provision e.g. advocacy, respite cover for carer's short absences which charities sometimes provide but they are not easy to access and must be pre-booked.

Positive comments

- Home physiotherapy is provided by BHC without problems.
- Quality of nursing services is good but see issues described above.
- Parkinson's UK group in Bromley is very good, but carer must accompany patient - any activity he does, she has to do too.

3. Unpaid, long-term carer, daughter of housebound resident who died in 2024 after living with declining health and becoming increasingly immobile over several years. A contributory factor was medication mis-prescription by GP, eventually identified by Lewisham Hospital after several falls.

Carer's issues

- Hearing services - Specsavers can make home visits but require wax removal first, which costs £50.

- Poor experience of NHS dentistry, patient was removed from her dental practice register for non-attendance, without checking. Carer discovered the special dental care service which does not advertise and believes this service should be publicised to housebound people who cannot attend outside dental appointments.
- Information on Covid vaccinations administration was inadequate, which caused additional stress for patient and carer.
- Pharmacy opening hours during bank holidays are very restricted; out of hours provision, including emergency antibiotics, should be better, by centrally placed pharmacies. An incident on Easter Sunday illustrates this: patient had an infection, ambulances do not carry antibiotics, so carer had to call St. Christopher's Hospice who visited, identified the infection and advised antibiotics. There were no Bromley pharmacies open except one in Bickley – which did not answer the phone. "The 111 doctor was excellent", recommended a Croydon pharmacy and emailed it the prescription. Carer had to take a taxi to collect medication.
- Private services e.g. body wash and chiropody were used, as unavailable or with long waits on the NHS; are costly so would not be available to all.

Positive comments

- BHC District Nursing team was efficient, reliable and quick to respond to telephone calls. Nurses had very good interpersonal skills with her mother..
- BHC Occupational Therapy and Physiotherapy teams provided excellent support including home equipment like grab rails and a rise and recliner chair.
- Guy's Hospital renal service was "exemplary, absolutely fantastic" and made regular home visits when patient became immobile. They took blood tests every visit and amended her diet, carefully explaining changes. Guy's wrap around care was "great", patient had "excellent relationship" with the named nurse.
- Local pharmacy was excellent and offered a delivery service.
- London Ambulance service was "marvellous, always came within 10-15 minutes, staff good-humoured, humane and professional".
- Generally positive experience was due to carer knowing the system and being able to navigate and use it – a lone housebound person could have more difficulty doing this.

4. Mother caring for daughter who has schizophrenia and is generally housebound but occasionally goes out. Daughter under Intensive Case Management Team in Psychosis (ICMP) team at Beckenham Beacon, has history of aggressive behaviour and serious assault, including towards her mother.

Carer's issues

- Daughter had very good Care Co-ordinator (CC,) seen every two weeks, but has been replaced by another CC who is "very different, not as good".
- The daughter relapsed in 2023 - 2024, stopped medication, had episodes of paranoia and was sectioned. Mother was traumatised by the experience and by suffering the brunt of her daughter's behaviour and now has a diagnosis of anxiety and depression.
- Daughter had to wait to be sectioned, mother says this should have been done quickly.
- ICMP team involve her in discussions, the MH service did not – discharged daughter without notice, preparation or proper medication. She lodged a complaint and received an apology but believes the MH service has made no attempt to implement change to improve service delivery.
- Mother feels the system ignores the carer.

5. Unpaid carer of adult son with ankylosing spondylitis (AS), reapplying for Personal Independence Payment (PIP) having previously been refused. He has a high degree of pain and his condition limits his activities.

Carer's issue

- She previously cared for husband and mother and feels that ex-carers are sometimes forgotten, "the person you are caring for dies and you are no longer eligible to join certain groups" - this can be very isolating for people.

6. Resident whose neighbour is housebound, isolated and lonely. She was hospitalised and moved from the Princess Royal University Hospital (PRUH) to Orpington Hospital, and then rehabilitation at Foxbury – Queen Mary's Hospital, Sidcup where she caught COVID-19. Now cannot leave the house without support.

Resident's issues

- When returning home, not everything was in place. Early discharge team visited, carer prepared meals morning and night for six weeks. If she wanted more help, she had to pay e.g. to have ready meals ordered in.

- Patient did not always get the correct equipment, had a long wait to see a physiotherapist and had to buy her own walker.
- Respondent arranged for neighbour's GP to list her as housebound, and helped organise a social prescribing link worker (SPLW) referral.
- More support should have been provided, e.g. additional rail on staircase.
- Respondent feels there "isn't any proper joined up service", it is challenging to get healthcare services to call at the right time and there is a lack of communication with patients.

Positive comments

- Patient now has a security alarm pendant to alert people if she falls.

7. Carer for late husband, ill with cancer and Parkinson's disease for ten years. Managed well until early 2023 when he had a fall, was hospitalised for four weeks, caught COVID-19. Discharged, had to pay for private physio. Had another fall and heart attack, hospitalised five weeks without physiotherapy, discharged 'frail and weak'. They applied unsuccessfully for NHS Continuing Healthcare. The respondent and her husband encountered many problems during his remaining months.

Carer's issues

- NHS Continuing Healthcare is almost impossible to secure.
- Patient never got a named social worker, though always on the list to be allocated one.
- Care package set up with LBB adult social care, quoted £2000 per week, but charged double that. Finance and adult social care teams would not speak to respondent but threatened her for not paying. She had to pay until a corrected invoice was eventually issued.
- In relation to patient's care, the respondent believes that "no one was coordinating it, or at least that is how it appeared to us."
- Once the St. Christopher's Hospice team visited, they got the patient back into the system. A nurse, skilled in LTCs, and a doctor were involved.
- Bromley Healthcare Physiotherapy Team visited; one was skilled in Parkinson's disease. Patient was able to stand better, balance his weight and get downstairs.
- BHC eventually sent an occupational therapist (OT) who seemed completely unable to help, and from whom they heard nothing further.
- District nurses came every 3-4 days and never gave an appointment time,

took different approaches and never explained the processes; "we weren't really clear what was going on".

- Parkinson's Nurse visited patient regularly in hospital, ensured medication was delivered and that he was using the correct chair. Respondent felt hospital staff should have taken more notice of this specialist, who supported him for his last two years.
- Respondent believes the split between health and social care in the community is completely unrealistic and there is a lack of communication between the local authority health and adult services.
- Respondent states the memory loss dementia survey used at Beckenham Beacon is inappropriate for testing people with Parkinson's.
- Respondent says there should be specialists within relevant community services, including nursing homes, who know about Parkinson's disease, as "more people are being diagnosed".

Positive comments

- Occupational Therapist (OT) on the ward at Orpington offered support and secured necessary home equipment, "they were exceptionally helpful and really doing more than they could hope to get patients home".
- 24-hour care from a hospital approved provider was good quality. Carers would work for 3-4 days then change, sleeping over to do whatever patient needed and calling on a second person when needed.
- St Christopher's Hospice continued to support the respondent after her husband died.
- Parkinson's UK Bromley support was valuable.

8. Resident with muscular dystrophy; had stroke in 2016, continuing heart failure and fractured a bone after a fall in 2022. Fortnight in PRUH then two months recovery in Foxbury. Once home, waited six weeks before having the promised community physiotherapy, itself of only six weeks' duration - the service level agreement between Bromley Council and Bromley Healthcare (BHC).

Resident's issues

- He feels that had he been given more treatment, "maybe this (current) deterioration could have been delayed". Whilst immobile at Foxbury, he lost the ability to walk due to muscle deterioration and now uses four wheelchairs, predominantly a 5KG lightweight one. He can get in a car and drive but is unable to get his wheelchair into the vehicle.

- When trying to use a MyTime Active gym, he asked for help with his wheelchair and was refused. “You would think personal trainers could move a light wheelchair…. they weren’t open enough to make suggestions”.
- He received his 5KG wheelchair through BHC’s Wheelchair and Special Seating service, “There is up to a year wait, I waited six months, as the provider only offers 60% full-time employment (FTE) and that’s why the waiting times are so long – no fulltime staff”. He feels the social care system is underfunded, and as the responsibility of the LA it has budgetary constraints.
- He has had a hospital bed at home for two years: the contract now held by NRS Healthcare. A year ago, the service did an electrical safety test, the resident reported concerns and NRS finally acknowledged that they didn’t have the proper electrical safety equipment in their van on the day. He has taken the complaint to the Ombudsman and said, “This is a major safety issue - if there was a fire in my bed, I wouldn’t be able to get up”.
- “What I could have done with, when flat on my back in the hospitals was a hydrotherapy pool. All the other boroughs have one”. Bromley had one in Orpington, but it closed during the pandemic and has not reopened; “It’s very much a postcode lottery”.
- His experience of Social Prescribing (SP) has been mixed. He lives in Chislehurst, near Sevenoaks where the Council has a new “20 million state of the art” gym, including disability equipment. “My GP surgery knew nothing about it even though it is less than two miles away”. The catchment area of the GP practice is limited but he suggests staff should know “what is in your area available to patients”. The only suggestion that his SP Link Worker made was a befriending service, in a basement inaccessible by wheelchair. Befriending groups have age limits, he doesn’t qualify. He has tried speaking with The Samaritans who couldn’t advise any long-term support either.
- His experience with Bromley Well (BW) has also been mixed. They provided a list of support groups, but many were for children and young people – “I don’t think there are enough services for my age. The bowls club and the hospice are the only two I have found”. He was referred to St. Christopher’s Hospice by his GP, after a doctor enquired about his wellbeing - he felt suicidal, “staring at the same walls all day…my social contact has all disappeared.”
- He feels limited by the six-week cycle for service access, “After six weeks BW discharge you, as do the SPLWs…. My complaint is my condition is unusual… what happens if they find something to refer you to after the six-week window and can no longer support you?”. Many social clubs

disappeared during the pandemic. "I go to the bowls club because it's the only way I can meet people, the only outside access I have". He attends a St. Christopher's Hospice weekly support group, on a 4-week cycle. Initially there was a five-week programme where the first week was wellbeing and nutrition, to support people with a neurological condition. "The hospice can't afford to keep me on their books, but they do extend themselves to neurological conditions. At least they get me out of the car. They are the only people who do more than they need".

- He pays for an emergency service alarm watch for support, as he waited two hours for an ambulance after a fall. Eventually, he may need residential care which could "easily be £2000 a week. To fund this, you have to sell your house". He managed to get the mobility component of Personal Independence Payment (PIP), with difficulty, he had to go to a mandatory consideration and a tribunal and must reapply. The forms are complicated, and his concentration is poor since the stroke.
- He manages prescriptions online, his partner collects them, rather than have problems getting to the door or medications not fitting through his letterbox. A cardiologist reviews his medication, every six months then the pharmacist writes a prescription. "It seems they are just trying to justify their jobs by making more work".
- When medications are in short supply, GPs don't seem to be aware; "I have been left without medication".

9. Resident with Parkinson's Disease. First diagnosed at PRUH, then waited six months for a follow up and another year for further appointment. Prescribed medication which made her feel very unwell, believes that clinician got medication wrong. Asked to be moved to the Parkinson's clinic at Guy's and St Thomas's Hospital, had appointment within two months and the doctor was "absolutely brilliant".

Resident's issues

- Sees doctor or nurse every three months, has been prescribed better medication but has had to query anomalies on dosage between written and verbal instructions.
- Her daughters help, e.g. collecting medication, as she cannot leave the house on her own. Pharmacy would deliver for a cost of around £5.
- They use a private dentist who is very good but expensive.
- Plans to sell home and move in with one of her daughters. For now, uses an Alexa and Apple watch in an emergency.

- Health has deteriorated, she doesn't like to leave the house, as at risk of falling in the street and has "lost all my confidence now".

Positive comments

- They use Boots for eye checks and are satisfied.
- She had physiotherapy which was "brilliant"; referred by St Thomas's via GP, she had home visit for six weeks, twice a week.
- After a recent fall she was taken by a daughter to PRUH who were "brilliant" and put her in the frailty ward. She had a very long wait but said the physiotherapist was "terribly nice". PRUH also dealt with her very well after her last fall.
- Good experiences with the Parkinson's UK group in Bromley.

10. Carer for partner with LTCs praised care and support they both have received.

Positive comments

- Carer spoke positively about the GP practice "I would particularly like to mention the ladies in the Care Coordination Team who give me the option to promptly seek advice and or treatment".
- BHC District Nursing team are professional, caring and experienced.
- St. Christopher's Hospice physiotherapist has strengthened the patient physically and mentally.
- Most significant - Bromley Hospital @ Home, whose care enabled the patient to regain strength and wellbeing much quicker than a hospital admission would have done, "I can't tell you how grateful we both are for our wonderful NHS teams, and I make a point of thanking each and every one of them I talk to".

11. Unpaid carer who looks after his 99-year-old father who has dementia. Along with his brother, he became responsible for his father's care in late 2021 when their mother was hospitalised and then passed away.

Carer's comments

- During the time that their mum fell ill, they looked after their father for six months. They then found a one-to-one paid carer who supported him for a few hours per day. Initial healthcare experience has been positive. During a bank holiday in 2024, the carer had found his father in the morning sitting on the floor next to his bed. An ambulance arrived promptly within 30 minutes. Paramedics got him up, moving around and advised her on

what to be looking out for and since then, he hasn't had any further fall related issues.

- There was then a change of carer; his father has a carer for three weeks, then a relief carer, and then the main carer returns. A mark was found on his back which turned out to be an abscess. Arguably the relief carer maybe should have picked it up, he felt "it is quite difficult to know what happens when you aren't there". The son contacted his father's GP practice via e-consult and sent a photo. An out of hours GP arrived in the evening and confirmed it was an abscess which was treated with antibiotics and the service was effective. The son pointed out that his father wouldn't have known how to do an e-consult, nor would his mother had she still been alive.
- His father can walk with a Zimmer frame, but "he never knows where he is going - he needs to go to an appointment, it takes some convincing to get him in the car" due to his dementia.
- The GP arranged a test as part of a review of his glaucoma medication review and the initial notification was a letter to his father who did not understand it – but also a text to the son so the test did go ahead, but the field of vision part was cognitively too difficult for him, "if there was some sort of flag saying a patient with dementia can bypass this, it might be helpful". Similarly, when his father was hospitalised at PRUH, due to a fall, he was very confused as to why he was there, "I guess it's very difficult in a hospital context to manage somebody with dementia - he does need an explanation every couple of minutes what is going on and there aren't the staff to do that".
- They use a private dentist rather than NHS, when needed. His father sees a private chiropodist who feels comfortable visiting the home, "I don't think I had realised that there was even an option of an NHS podiatry service".
- The son manages prescriptions by dropping in a request for the GP who sends it electronically to the pharmacy where the son collects it, "we just make sure to hand them over to the carer as it is the most secure way of doing it. But the pharmacy would deliver if necessary".
- The son feels it is helpful that he doesn't work full-time and is able to navigate the system "which not everybody would find easy to do…there are some people that might not find e-consult easy, or have trouble having a discussion with a receptionist at the GP practice explaining to call me and not my father…my experience has been that the NHS interface has been a lot easier to deal with than say the bank".

12. Son caring for mother whose condition has deteriorated rapidly this year – she has a hospital bed and cannot go to the toilet unaided.

Carer's issues

- Visiting carers are generally fine, but patient is unable to articulate her needs (family have contributed to care plan). Carers are very short of time and rushed.
- Carers call at different times every day, between 07:00 - 10:00 and 18:00 – 21:00. This time difference is unsuitable as she cannot use the bathroom unaided. Patient needs greater consistency.
- Weekday carers are fine but weekend one less well trained. Has been asked to help move his mother but is not trained. He lives elsewhere; carers are supposed to complete notes which would highlight for example any safety concerns. Some complete it well, others do not give proper feedback.
- Patient's OT and social worker are very difficult to contact, gets equipment delivered which has to be sent back. Has had no discussion about social activities. Hospital social worker was more communicative but not seen since discharge.
- Optician appointments are very difficult; patient is blind in one eye and has glaucoma but cannot leave the house. Has been told there are only two home physiotherapists for the borough.
- A power of attorney (POA)– this son has POA for mother's finances and manages everything, but siblings have POA for health and experience many issues getting through to services. He has difficulty persuading GP to talk with him as his mother struggles with calls. He understands the safeguarding issues, but situation is difficult.
- "What we have noticed over the past month is a dramatic decline in our mother. The GP has been there once, the OT once or twice, carers have been there every day." Carer feels the support is insufficient for patient's needs.
- The son feels he is abandoned and has looked at private care homes. Would like to apply for NHS Continuing Healthcare (CHC) funding, but needs the social worker, OT and the district nursing team to complete it – "they don't know how to fill it in because they haven't seen her enough. More support is needed".

Positive comments

- Has found 111 very helpful at times.
- His experience with the pharmacy has been very good, they deliver on time and produce organised boxes. Prescriptions changes can take a little time but do get made.

13. Resident caring for mother in 80s with dementia. In hospital for a urinary tract infection (UTI), she caught COVID-19 and was moved to rehabilitation at Foxbury. She was discharged but her health deteriorated.

Carer's issues

- Carer struggled to obtain services. Patient had a stage 2 pressure sore and BHC physiotherapy team declined to come out, saying "the client declined the service". Carer explained that she has dementia and doesn't understand, but paid for a private session and found the same BHC physiotherapists were working privately, "… which was more frustrating because I am blocking the service other people could be using. It did upset me".
- While she was in hospital, carer declined her care, this has remained on the NHS medical records, "I declined because I didn't understand what was wrong, and what support she needed. I was told if she didn't come home, she would go into a care home within 24 hours".
- Coping with delirium (confusion that can occur suddenly in people with dementia) and UTI "System doesn't always educate you on what to do". He had to learn as they went along and felt dismissed by healthcare services – "No one wants to engage".
- Carer said the Bromley Healthcare (BHC) District Nursing team were challenging and should be better trained to support dementia patients. When he told them in advance that she was visiting the memory café, they declined a home visit as "not accepting an appointment time", though the club is only once a month.
- He called four ambulances in three days, recognising the delirium and worried about her health deteriorating; no one would give her the right antibiotics. GP declined to speak with him because he didn't have consent forms and wouldn't take his word that she had delirium. A night doctor eventually came and confirmed she had delirium "I think the best way to go forward is to be ignorant and not challenge things, but unfortunately that is at the risk of a patient's health and care".

- Carer acknowledges that there are some great healthcare professionals, but he feels aspects of the NHS are broken.

Positive comments

- Foxbury rehabilitation team was wonderful.
- Petts Wood memory cafe was a great experience, many of the unpaid carers "speak the same language", and cafe helpfully offered free incontinence pads.
- He "couldn't fault the ambulance team".

14. Housebound resident in their 80s with an LTC, who manages most personal tasks, with help from neighbour and residents from church. Has no immediate local family.

Resident's issues

- Transport to healthcare appointments is a problem. Has arranged eye tests at home, and her dental practice calls a taxi to collect her, "They have been very kind, and do understand my circumstances".
- Private help with domestic chores, two hours per week, is expensive.
- Arranging previous COVID-19 vaccination at home was difficult (getting through on the telephone and lack of communication from the service provider).
- In hospital, after falls at home, she caught COVID-19 and was in isolation for 10 days, "that was a pretty miserable experience". One nursing assistant was not trained properly to do COVID-19 tests, and patient had to call for help as her bed was out of reach of any alarm.
- Hospital appointment confusion and very long waits - In hospital in winter 2023, the resident asked to investigate her regular falls. Doctor referred her to ENT for vertigo, a four month wait then consultant did not know why she had been referred. Had further wait for initial vertigo assessment, then new appointment in winter 2024 (a year after referral).

Positive comments

- COVID-19 and flu jabs which were arranged efficiently by her GP practice.
- Communication from GP practice has been poor but improved in recent months with telephone contacts and appointments.

15. Carer for housebound father-in-law whose family support him with daily tasks, including shopping, washing, meals and transport. Patient cannot go out on his own, uses oxygen tank 24/7. After a fall he spent the whole night on the floor, now has a medical alert pendant. Admitted to hospital 2023; had not taken his medication properly due to poor eyesight. Family carers take him to ophthalmology appointments at Orpington for regular injections.

Carer's issues

- Experience at the PRUH was not positive. Her now deceased mother-in-law was discharged without a care package (needed because of father-in-law's deteriorating health) and raised a safeguarding concern.
- PRUH communication was poor when father-in-law was given leaflets he could not read.

Positive comments

- Carer manages prescriptions and has no issues with the pharmacy.
- GP practice care is good; patient can phone when needed. Prone to chest infections, he has emergency medication and a rescue pack at home.

16. Resident with partner as carer, actively engaging with online pain management group via Microsoft Teams.

Resident's issues

- Rigid pain management group timings sometimes conflict with his frequent hospital appointments.
- Virtual sessions often hindered by other participants' struggles with IT.
- Difficult to build meaningful relationships with other group members in a virtual setting.

17. Resident, recently diagnosed with Leukaemia, who cares for his wife who has dementia and a neurological condition.

Carer's issues

- Pays for carers to come in twice a day, for 30 minutes, costs approx. £1000 per month. He does the rest himself, and it can be difficult - he recently tore a tendon while trying to assist her. When his wife was admitted to hospital, he was given three days to rearrange their home for her return, "I had no help and had to empty my dining room to then receive all this equipment".
- A carer advised getting larger incontinent pads for his wife. When he spoke

to the supplier, they told him BHC has to amend the prescription first. A BHC team member came to their home for an assessment, "stayed for 30 minutes, told me her life story and then left. Why they had to come out, I don't know".

- Patient transport can be complicated. He has to put his wife in a wheelchair two hours before they are due, the service often arrives late, "by the time we get to hospital… we are delayed for the appointment and my wife has been in a wheelchair for over four hours. We missed the appointment and then had to wait in the waiting room". He has to physically move his wife in the surgery room and the doctors don't offer to help.
- His wife has a pessary vaginal device changed every six months and the GP will not do a home visit – neither will the BHC District Nursing team. They have to take her to hospital for the procedure. Whilst their experience with the gynaecology team has been positive, "courteous and polite", the procedure only takes 10 minutes, but it takes them seven hours including the preparation at home and patient transport delays.

18. Resident who cares for husband with Parkinson's and son with depression who has been sectioned.

Carer's comments

- Overall, the healthcare for her husband has been very good and when they needed to make home adjustments it was arranged quickly.
- Very pleased with hospital treatment of son but feels the NHS should have intervened sooner. She thinks mental illness is often harder to identify.
- She was referred to Bromley Well by her GP and spoke positively about the support she has received, "great, wonderful… I didn't realise I was a carer before I was referred".

19. Carer whose mother has dementia – they live separately. At the time we spoke, her brother was visiting from Scotland and giving her a week's respite.

Carer's issues

- Her mum fell ten days ago - she has a medical alert pendant but didn't use it. When she found her at home, she called 999 – a UTI had caused delirium.
- The experience at PRUH A&E was poor. Her mother was given a bed in a corridor where she remained for two days, "it was eye opening. You're powerless as totally beholden to them and their timetable". Whenever her

mother needed to use the bathroom, she would have to search for someone. Had she not been with her, "she would not have an advocate. I think she was traumatised by it as she was ignored".

The daughter feels that basic support, like help with the bathroom, is important. She wasn't allowed to accompany her mum during an X-Ray. The first attempt failed and had she been there, she could have helped.

She spoke positively of one nurse who was kind and advised her to go home as she would supervise overnight. By the second day, a physiotherapist and frailty team came to assess, and she was discharged, "I was asked if I had a care plan and didn't know what that meant".

Now her mother is home, she takes on most of the caring role and a private carer visits daily. She finds the mental side and "un-talked about grief the hardest. You have lost the person they were and that's the difficulty for the carer".

Her mother visits the Saxon Day Centre but there are only two services like this left in the borough.

Positive comments

- She spoke positively about the Bromley Dementia Support Hub, "having someone at the end of the phone for help when things change, e.g. guidance around night care".

20. Resident with rheumatoid arthritis whose wife was diagnosed with Parkinson's disease 10 years ago and more recently dementia. He is now her carer, with adult children support.

Carer's issues

- He prefers to pay for live in carers than put his wife in a residential home: "the carers for my wife have been excellent." They have an attendance allowance, but carers cost £7-8K per month and he has sold his car.
- Regarding his wellbeing, he said "what I miss most is the chat". He tries to socialise and plays bridge a couple of times a week. He was referred to a Bromley Well coffee morning by a SPLW and says his GP is fantastic.
- He used to volunteer for St. Christopher's Hospice and says they have been very helpful. With the local Parkinson's support group, his wife found it difficult to attend, seeing others with the same disease and "what could happen to her in the future was hard".

21. Resident and his wife who is his primary carer. He had a stroke 10 years ago and uses a mobility scooter. He is awaiting a knee assessment while managing a degenerative condition.

Resident's Issues

- The resident struggles to book GP appointments due to the receptionist-led triage system; however, says his doctor has been "absolutely wonderful".
- His wife receives no financial support due to her pension package. She relies on BUPA for her healthcare (£100/pw) but can't afford coverage for her husband. She is concerned about their future and the long-term sustainability of care.

Positive comments

- On Fridays, his wife takes him to a social club which provides a vital opportunity for social interaction. Local family support and community activities help to alleviate some of the strain on her. Their daughter also takes him on Thursdays, giving the wife respite.

22. Resident who is housebound with multiple sclerosis (MS). Following a melanoma diagnosis, she underwent surgery at St. Thomas' Hospital within three weeks and said the process "was fast, smooth, and well-coordinated, with excellent support throughout".

Positive comments

- GP provided strong support and guidance during the process.
- Counselling services were offered but she declined as felt they were not necessary. At the time, her husband was also offered counselling as he is her unpaid carer.

23. Housebound resident with chronic conditions (spontaneous intracranial hypotension, connective tissue disorder) and is on the autism spectrum.

Resident's issues

- Has mobility aids at home, including a stair lift and wet room. Previously had a carer, but ended the arrangement as felt they lacked the necessary skills to meet her needs.
- Has been waiting for a podiatry referral, made by her GP, to address chronic pain. She had an X-ray for hip pain but was left without a diagnosis or follow-up care and has been waiting several years for surgery.

- Feels there is a lack of services catering to housebound individuals who are not pensioners. She does not have immediate family support and relies on friends.

Positive comments

- Uses technology to access healthcare appointments.
- Relies on GP home visits and the BHC District Nursing team visit every couple of weeks, most recently for the flu jab.

24. Resident who is an unpaid carer for three of her adult children who are all housebound with mental health conditions, including schizophrenia, psychosis, and body dysmorphia. She faces significant challenges managing their care and supporting their independence.

Carer's issues

- Attends all their medical appointments. One of her children, who has psychosis, refuses medication, social interaction, and often resists leaving the house, making healthcare access very difficult.
- She is actively trying to help her children become independent, potentially securing their own accommodation, but is unsure where to find support or resources for this.

Positive comments

- A social worker has been great help in encouraging her children to attend necessary appointments e.g. dentist and optician.

25. Resident who says she is partially housebound. Her sister is her unpaid carer and supports her with any transport needs.

Resident's issues

- Is currently waiting for a blue badge; the application was sent in autumn of 2024. She says it is "very much part of the struggle of going out".
- Said that accessing her GP is "extremely hard". After a hospital stay, her leg was very swollen. Her GP prescribed medication "without even looking at her" and said, "It will take 20 – 30 minutes to read the hospital notes and I don't have time for it". It turned out that she had a pulmonary embolism, and the GP assumed it was just a water swelling after the hospital stay.

26. Resident who is wheelchair-bound and has antiphospholipid syndrome (APS); lives alone and faces challenges managing daily life and accessing healthcare services but takes pride in small achievements that she has completed independently. Social interaction is limited, though she enjoys a weekly visit from a neighbour.

Resident's issues

- When we spoke, they had a carer who provided support for two years but is starting a new job in winter 2025, though hoping to continue visiting her when possible. The carer currently takes her out once a week, weather permitting.
- Most healthcare interactions, including appointment booking, are conducted online, which she finds isolating and difficult to navigate.
- The BHC District Nursing team visit as needed, but GP home visits are rare.
- She has been advised to get COVID-19 vaccinations at a pharmacy, but finding wheelchair-accessible options is difficult.

27. Resident who looks after her mother, having previously cared for her husband who is now in a nursing home, and her daughter, who is disabled and has live-in care.

Carer's issues

- A paid carer visits her mother three times a day. She often feels "she hasn't got the energy" which makes it very difficult to get her mother to an NHS appointment.
- The resident said she would like to get counselling for herself, but her English is limited.

28. Husband & wife who are both unpaid carers for their two children.

Carers' issues

- Their son is autistic, can be aggressive and it's very difficult to get him to see a GP. He also suffers with paranoia, which makes it more difficult when visiting a GP because "we never see the same doctor".
- He has not been to the dentist in years due to sensory issues.
- Their daughter is partially housebound, with Long Covid and a Functional Neurological Disorder (FND). She has been waiting more than two years for physiotherapy.
- The parents feel there is lack of communication between GPs and hospital

"because we are being passed around with no treatment. There is also a lack of support for mental health issues in the system".

29. Resident who cares for her husband with dementia. Their daughter took a day off work to drive her mum to the Healthwatch and Bromley Well 'Carers Drop-In Cake and Coffee' in November 2024.

Carers' issues

- Leaving her husband at home is hard and very stressful. At the moment, she gets no homecare support because his mobility is ok. But she needs support outside the house and will need help as his condition worsens.
- Having safe ways to travel is an issue. The daughter said it's hard for her mother to get any respite. Her parents don't have a car, and she had travelled two hours to support her mum.
- The daughter told us her mother takes her father to all his NHS appointments. His GP has been "very good and very understanding, especially when he gets agitated". They also advised her to self-refer to social services.
- They have tried so many dentists, to support his gums which won't hold dentures, and spent a lot of money. Her father is now avoiding food. "It's hard as you lose both parents with mum being a full-time carer. My brother tries to help too with fixing things in the home. My sister provides emotional support over the phone".
- The daughter has been looking for more cultural community centres, with Asian songs that her father recognises. He lost his speech six years ago when he was paralysed and is more proficient in his mother tongue. Her father doesn't know that he has dementia; "it's a language and a cultural thing".

Positive comments

- The wife and husband visit Community House for the dementia memory café, which is how she found out about above coffee session. She says the memory café is wonderful and her husband loves it.
- They found BW to be very helpful, providing information and arranging an assessment regarding benefits, which they have never taken before.

30. Resident who cared for her mum who has dementia.

Carer's issues

- Day centres are an issue as there is only one in the borough, the Saxon Day Centre. Her mother was going five days a week: "We needed to do that as she wasn't safe to leave alone". She had to pay for this personally,

as well as her mother's transport. This cost approximately £1200 per month. Carers also had to come wash and dress her and the care bills were "horrendous". She found private carers via Venue 28, a weekly peer support group, and they were more affordable than going through an agency.

- Her mother is urine incontinent and would pull out her incontinence pads and hide them in the home. The GP, whom she says has been brilliant, wrote to the BHC Bladder and Bowel service asking for pull ups, but they won't provide them - the daughter has to buy them.
- Her mother had three falls last week. After a hospital assessment, they said she needs nighttime support, "I chose to put her into private care. She lost the ability to press her [medical alert] pendant".
- It is early days in the home and her mother is now less active. The home is in Croydon - it was cheaper than Bromley. They are applying for NHS-funded nursing care, "as time has gone on, the support is harder to get if you haven't got the money". The assessment is in three weeks, and her mother can then decide if she wants to come home, "but I can't cope now. I had to pay for three carers, a taxi, a cleaner, a gardener, the day centre and I am trying to work. I have had to find everything and fund it".
- The daughter lives in Croydon and says there is no bus service to the Saxon Day Centre – there used to be but it stopped. "It's terrible that she has had to go to a home because the support isn't there in the community. My mum was active and had very good private carers, but I can see she has deteriorated since going into the home".
- Earlier in the year, she was told there was an 8-week waiting list for home care equipment. It took them three months and by the time it was ready, her mother had moved into the care home, "but I did get a toilet seat in time, which wasn't quick or easy".

Positive comments

- BW has "been very helpful…it helped me as I made contacts, including carers and taxis etc. Also got attendance allowance support fairly quickly".

31. Resident who recently lost his wife. Is supported by his daughter, who has helped with paperwork, including a blue badge application, and attends NHS appointments with him as he is partially deaf. Has difficulty walking, has been hospitalised several times for falls and was recently prescribed medication for constant shaking.

Resident's issues

- Worries about finances as the rent is now expensive with only one pension.

- Gets some support from the Bromley Well befriending group, but hates being alone and would really like to socialise more.

32. Female resident, whose son is her young carer, widowed two years ago and faces challenges due to her LTC. Rents privately, rejected by LA for social housing. Only financial support is Personal Independence Payment (PIP), has no family in this country for support.

Resident's issues

- Rent recently increased and benefits do not cover it.
- She takes multiple medications, but they have side effects, including heavy bloating.
- Home has several flights of stairs which is challenging with mobility issues.

Positive comments

- GP has been very good and referred her to mental health (MH) services.
- Bromley Well befriending group has been supportive, and she has made friends locally thanks to this.

33. Female, bedridden, resident, wanting to sell house and downsize. Husband takes her out in a wheelchair to Bromley Well befriending group, but she feels he can't cope since her health has deteriorated. Has been offered much local support and knows what is available.

Resident's issues

- Heating the home - she is always cold and fuel allowance has been cut.
- Cost of living, they only have pensions.

Positive comments

- LA provided a suitable bed.

34. Unpaid carer (who himself has an LTC) supports his resident brother four days a week, does laundry and pays a weekly cleaner. Resident has indications of Alzheimer's though no formal diagnosis and is unsafe to leave on his own. A neighbour provides occasional help. Paid carers visit but resident needs better carer support.

Carer's issues

- Carer went away recently and left prepared meals with clear instructions for the whole week. The paid carer ignored this and they ran out of food.
- Paid carers offer no conversation or emotional support, often arrive late and cannot manage simple tasks like making a cup of tea.

- Unpaid carer has "been waiting for ages" for a LA assessment and believes his brother needs to be in a residential home.
- A short while after our discussion, the resident had a fall and was hospitalised, has now lost his speech and had a bleed on his brain. The unpaid carer said his brother cannot return home as the house is not set up for someone with a disability or LTC.

35. Resident with multiple LTCs, including early-onset Parkinson's disease (EOPD), osteoarthritis, and diabetes. Needs to use a mobility scooter. She has two adult children, one out of London, the other in a neighbouring borough. GP advised a knee replacement, but she is worried about infections.

Resident's issues

- Has had many referrals but "medication just masks the pain".
- Regrets LA closure of local community centres, which means arts and crafts courses are no longer available and she struggles to find accessible activities.

Positive comments

- Local pharmacy is very good with managing her prescriptions.
- Has good friends locally, and attends Bromley Well befriending group, which is supportive.

Participants

We received feedback about 48 housebound residents and 26 unpaid carers.

Of the 48 housebound residents:

- 63% identified as a woman (Appendix 1)
- Of the 23 who shared their age, the majority are 75+ years old (Appendix 3).

Of the 26 unpaid carers:

- 69% identified as a woman (Appendix 2).

Equalities Analysis

During outreach and engagement visits, we collected demographic data from people who gave consent. It can be difficult to gather demographic information during engagement visits because of time restraints, healthcare needs, sensitivity issues, hence the sample size is small.

We did not find any discernible variations in experiences based on factors such as gender, age, or ethnicity.

"If I were to be incapacitated in any way, it would mean he can't get access to any of these services. It means he has to rely completely on me."

"I think the assumption is that when someone has a LTC, they probably have carers and some of this management can be organised by them. But a lot of people have family carers."

"I am concerned how over stretched and overworked public services struggle to find the flexibility and capacity to provide care to those housebound. Even in the voluntary sector the housebound tend to be either forgotten or they haven't the resources to consider our needs."

"Unless you are urgent, you are on a never-ending waiting list. But if you have a chronic condition, the reality is you're getting worse and worse."

Acknowledgements

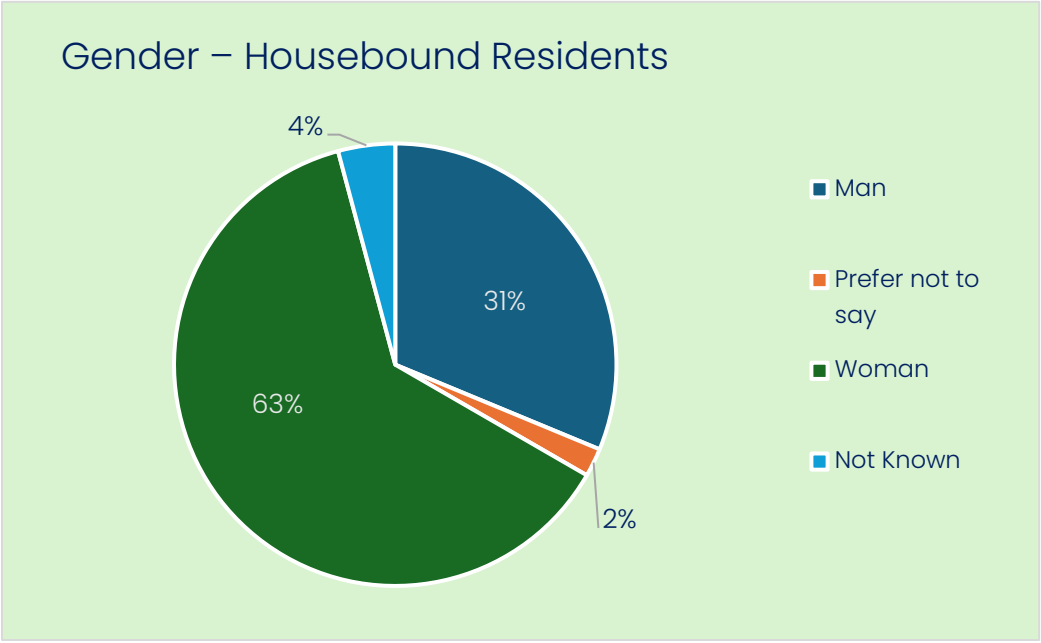
Healthwatch Bromley would like to thank all the local people who shared their feedback, and our committee, interns, work placement students and volunteers for their contributions and on-going support. We would also like to thank the following local partners:

- Age UK Bromley and Greenwich
- Birkbeck Community Initiative
- Bromley Connect Primary Care Network (PCN)
- Bromley Healthcare
- Bromley Primary Care Team
- South East London Integrated Care Board (SEL ICB)
- Bromley Well
- Bromley X by X
- Cudham Residents Association
- Downe Residents Association Five Elms PCN
- Joint Care Homes Programme Lead (Bromley)
- Kent Association for the Blind (KAB)
- King's College Hospital NHS Foundation Trust (KCH)
- London Borough of Bromley Residents Federation
- London Lane Clinic GP Practice
- MDC PCN
- MyTime Active
- One Bromley Wellbeing Hub
- Orpington PCN
- Parkinson's UK
- Penge PCN Petts Wood Memory Café
- Social Prescribing Link Workers, Bromley GP Alliance
- St Paul's and Christ Church Anerley
- StEP - St Edward's Development Project
- The Basic Education and Literacy Rotary Action Group

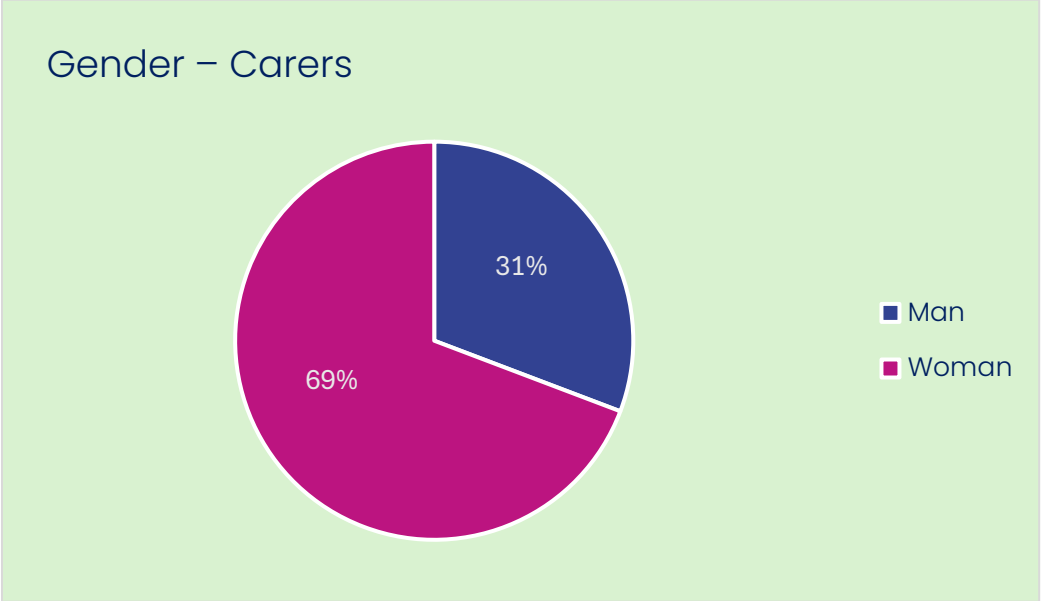
Appendices

Photo by Kampus Production

Appendix 1



Appendix 2



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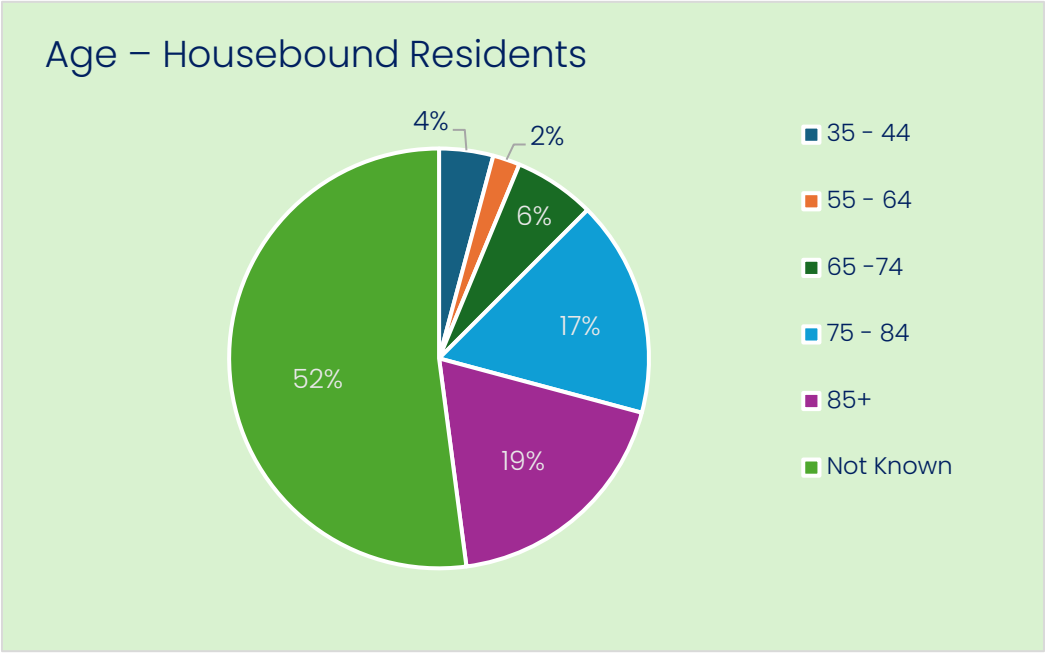

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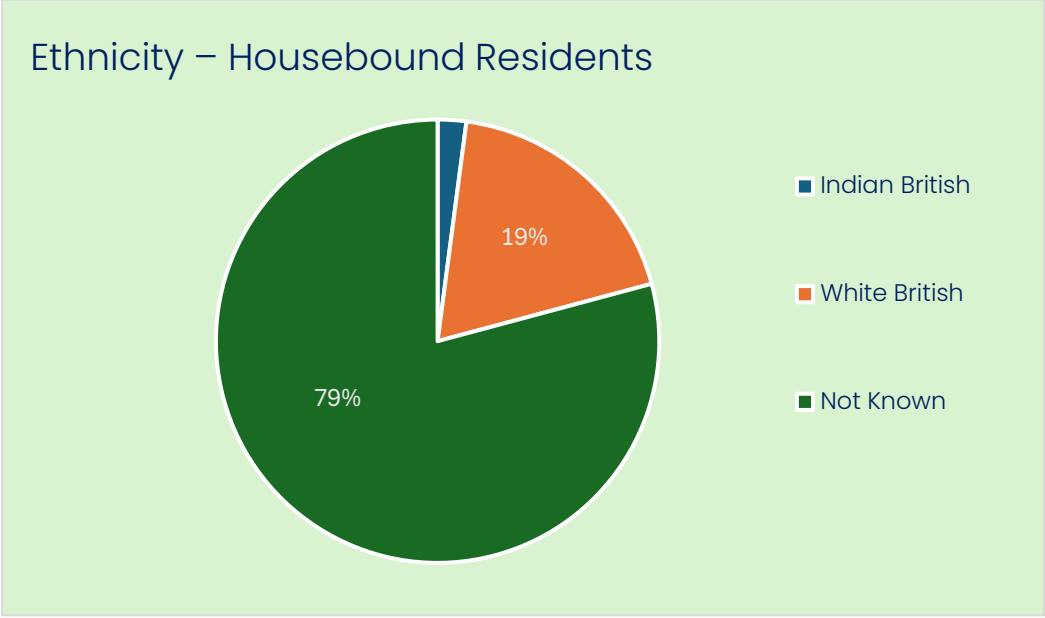
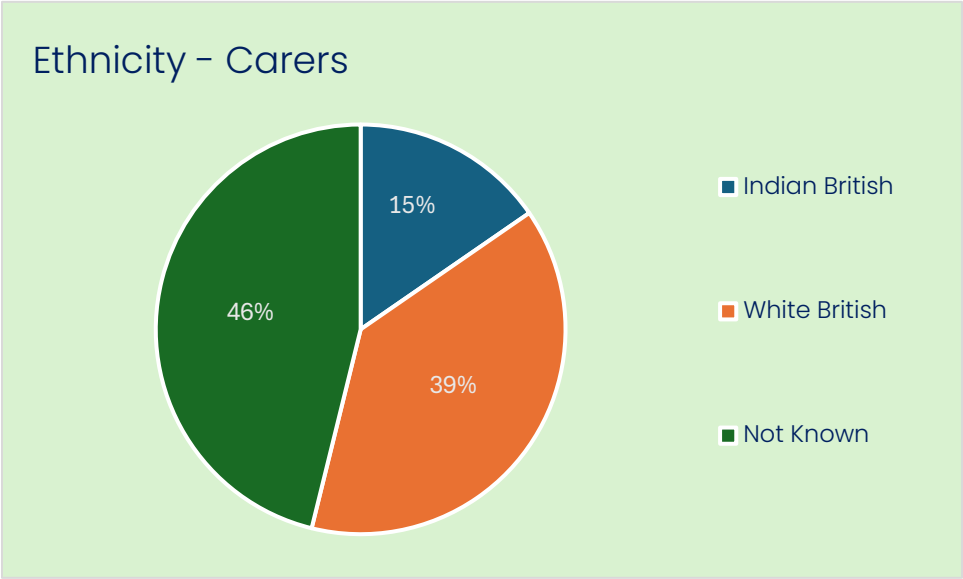


Appendix 5



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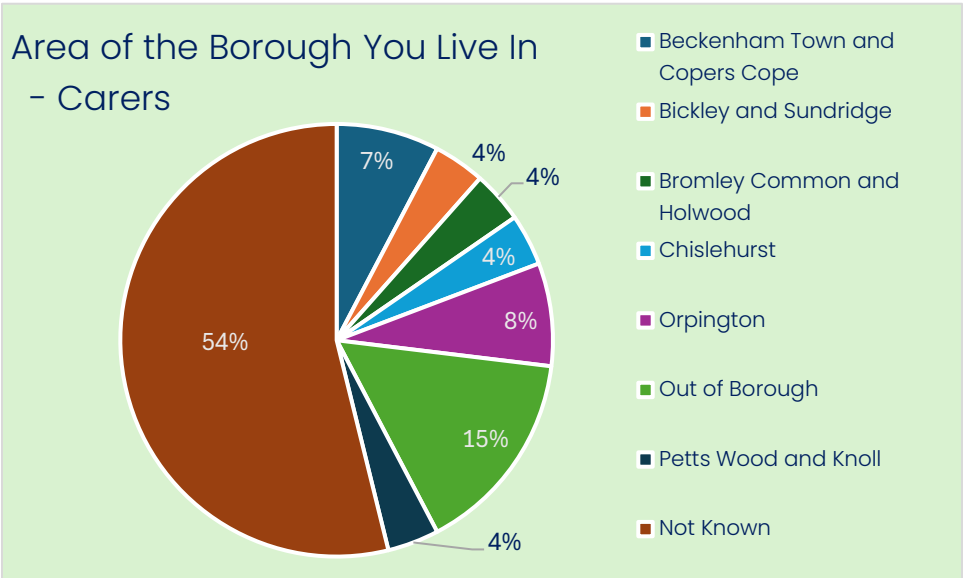

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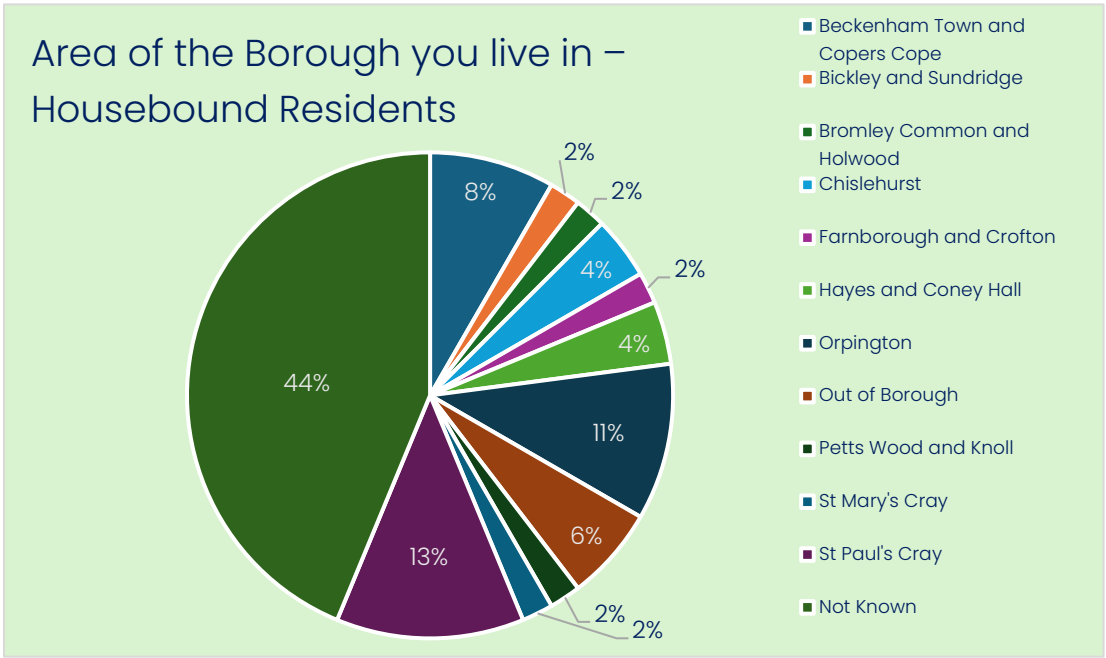

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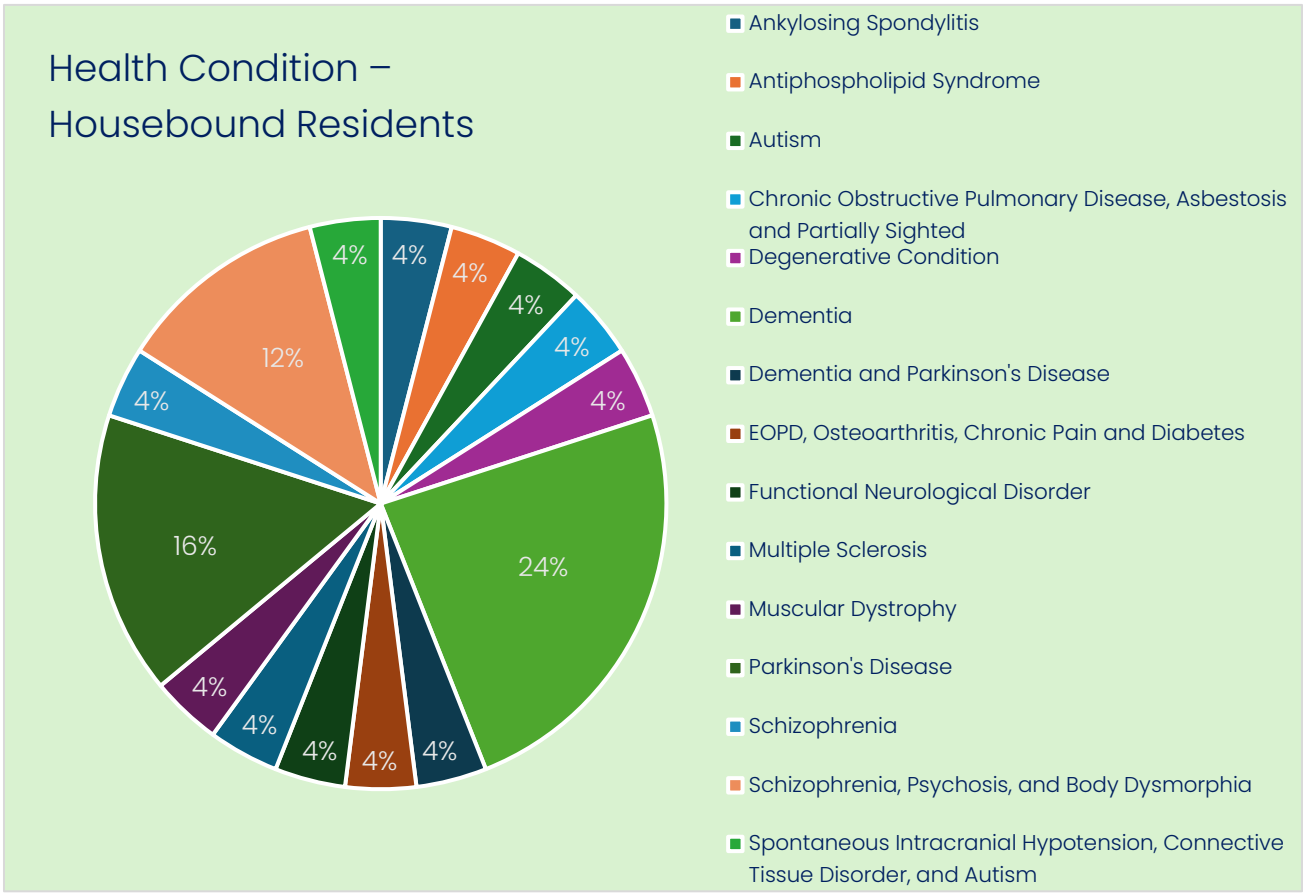

SHARE YOUR FEEDBACK

ACCESS TO HEALTH AND SOCIAL CARE SERVICES, FOR PEOPLE WHO HAVE A LONG-TERM CONDITION AND ARE HOUSEBOUND

Why is Healthwatch Bromley doing this research?

We want to involve and hear from housebound Bromley residents with long term conditions, about your health and social care experiences, with particular focus on access to dentistry, GP, pharmacy and community services such as care at home, podiatry, and ophthalmology.

We also want to hear from carers and document your experiences, as you have major interactions with health and care services, advocating for housebound people and enabling them to access services.

We want to understand which aspects of care are being effectively delivered and identify which need to be developed and improved.

How can Bromley residents participate?

You can call or email Healthwatch Bromley to arrange a conversation either in-person, over the telephone or via a virtual meeting.

Healthwatch Bromley
www.healthwatchbromley.co.uk
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Email: info@healthwatchbromley.co.uk

healthwatch Bromley


CARERS DROP-IN COFFEE & CAKE
Wednesday 20th November
1pm - 3.30pm
SEL Mind Anchor House
5 Station Rd
Orpington BR6 0RZ
Take some time for yourself and join a carers coffee & cake session. This is a chance to meet other carers, get advice and information about what support is available to you.
To register: carers@bromleywell.org.uk or mhcarers@bromleywell.org.uk or 0208 315 1925
Bromley & Greenwich ageUK
South East London mind
Bromley Well
w: healthwatchbromley.co.uk
t: 0203 886 0752
e: info@healthwatchbromley.co.uk
healthwatch Bromley


CARERS DROP-IN COFFEE & CAKE
Tuesday 26th November
10am - 12.30pm
Community House Cafe
South Street
Bromley BR1 1RH
Take some time for yourself and join a carers coffee & cake session. This is a chance to meet other carers, get advice and information about what support is available to you.
To register: carers@bromleywell.org.uk or mhcarers@bromleywell.org.uk or 0208 315 1925
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Glossary of Terms

APS	Antiphospholipid Syndrome
AS	Ankylosing Spondylitis
BHC	Bromley Healthcare
BW	Bromley Well
CC	Care Co-Ordinator
CHC	Continuing Healthcare
CQC	Care Quality Commission
DSU	Day Surgery Unit
ENT	Ear Nose and Throat
EOPD	Early-Onset Parkinson's Disease
FTE	Full Time Employment
FND	Functional Neurological Disorder
HWB	Healthwatch Bromley
HWE	Healthwatch England
ICMP	Intensive Case Management Team in Psychosis
KCH	King's College Hospital NHS Foundation Trust
LA	Local Authority
LBB	London Borough of Bromley
LTC	Long-Term Condition
MECC	Make Every Contact Count
MH	Mental Health
MS	Multiple Sclerosis
N/A	Not Applicable
OT	Occupational Therapist
PA	Personal Assistant
PCN	Primary Care Network
PIP	Personal Independence Payment
POA	Power Of Attorney
PRUH	Princess Royal University Hospital
SEL ICB	South East London Integrated Care Board
SEL ICS	South East London Integrated Care System
SLT	Speech and Language Therapist
SPLW	Social Prescribing Link Worker
UTI	Urinary Tract Infection
VHG	Vita Health Group
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.

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Committed to quality

Community Pharmacy South East London (LPC) comments

We need to draw a distinction between health and social care service provision and within healthcare the provision of pharmaceutical services. The core contractual or Essential services [1] that every pharmacy must provide are:

- Dispensing of prescriptions
- Promotion of healthy lifestyles
- Support for self-care
- Repeat dispensing services
- Disposal of unwanted medicines
- Signposting to other health and social care providers

It is important to stress that delivery of medicines to a patient's home is not a required element of NHS Essential, Advance or Enhanced pharmaceutical services. [1] While some pharmacies offer this as an optional, non-contractual service, it is often done at their own cost or on a private basis. The exception is Distance Selling Pharmacies (DSPs), which are prohibited from providing Essential services to individuals who are physically present at, or in the vicinity of, the pharmacy. As a result, DSPs typically post medicines to patients by post.

During the pandemic, the NHS did commission a delivery service from community pharmacies within a strict criteria and even then pharmacists were advised that "patients should be encouraged in the first instance to arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer."[2] This service was time-limited and not designed for long-term sustainability, reflecting the exceptional circumstances of the pandemic rather than a shift in baseline pharmaceutical service provision.

Central to this is the funding for healthcare providers and in this case for community pharmacies the funding simply does not cover delivery for housebound patients. As advised in the PNA Steering group, deliveries were provided as a goodwill gesture which could not be sustained with a decade of funding cuts for community pharmacy highlighted by Healthwatch report on closures. [3]

I couldn't find any meaningful commissioning framework with sustainable budgets within the NHS providing care for people living at home. [4] The NHS does provide "Help at home from paid carer" which covers "collecting prescriptions or your pension." [5] However, this is means tested and depends on an assessment of the patient by Bromley council. [6]

The Care Act provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs. [7]

It is vital to maintain the clarity of roles and responsibilities between healthcare providers (commissioned by NHSE or SEL ICB) and social care services (typically provided or commissioned by Bromley Council). While both contribute to supporting patients living at home—particularly those who are frail or housebound—the mechanisms for funding, eligibility, and service delivery are distinct and grounded in separate legal and policy frameworks. An area to explore would be the Better Care Fund [8] which supports local systems to deliver the integration of health, housing and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

I appreciate the opportunity to continue this discussion and would be pleased to explore potential avenues for partnership or innovation that remain within the bounds of current legal and contractual obligations.

South East London Integrated Care Board (SEL ICB) Comments

Several comments from the SELICB have been incorporated into the Recommendations; additional comments are listed below.

Data sharing
The NHS in London is working to establish secure information sharing platforms. This is being led as a London-wide programme, the 'One London Shared Care Record Programme' and is accompanied by intentions to make health and care systems interoperable, for better care and communication across health and care organisations. More detail can be found in the NHSE London Target Operating Model, functions section: https://indd.adobe.com/embed/8d722f3b-4e76-45fe-a273-2ceaa2a2ee17?startpage=23&allowFullscreen=false

Definition
Our data indicates that 6,145 patients registered with a Bromley GP are coded as housebound in GP clinical systems. This represents 2% of the registered list. This is the largest proportion across SEL boroughs. Around 4,000 of these patients are aged 80 or older. The size of this cohort indicates there may be a particular consideration for Bromley's health and care services.

Bromley Healthcare's clinical system indicates there are 4,285 patients which this organisation works with who are housebound, however not all service teams record this data, so this figure may not reflect the full caseload count for community services.

Waiting times
Primary care waiting times are expected to be determined according to the nature of the patient's query. The majority of patients should receive their appointment within 2 weeks or less. Every practice in Bromley has either implemented an enhanced model of triage or is actively working towards commencing their model by autumn 2025, in order that they can systematically assess and clinically prioritise cases by need and complexity.

For 24/25, appointments data indicates that 19% of appointments for

housebound patients were home visits, 37% by telephone and the remainder face-to-face. Practices are expanding their online offer to patients, including via their website, online consultation tools, NHS App and remote monitoring services.

Waiting times for secondary care services are longer and do vary; these are available as a regularly updated data set and can be found at the SEL waiting times website: https://www.selondonwaitingtimes.org.uk/

Continuity of care

Housebound services are provided by a number of different organisations across the borough. Whilst there is a large number of patients who are housebound, this reflects only 2% of the total patient list, and inevitably GP practices will have differing ways of providing services to their housebound population. The Bromley Primary Care Needs Assessment, a report produced in 2019 and refreshed in 2023, identified housebound care as one of a number of important improvement areas for Bromley. The Healthwatch report provides a compelling presentation of the needs and some of the potential benefits of addressing and redesigning services for this population.

As part of work on addressing health inequalities, several primary care organisations have recently been exploring ways of improving care for housebound patients, including the deployment of care coordinators and other staff. The learnings and benefits of these models would benefit from informing a review of care for housebound residents.

Specialist input

Primary and community services have access to specialists to provide advice and help with management plans. These specialists may be from secondary care, or another specialist organisation, but work across organisational boundaries. The Fuller stocktake and more recently the NHSE London Target Operating Model (https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2025/05/A-Neighbourhood-Health-Service-for-London-TOM-1.pdf de) has set the national direction for the NHS to introduce Integrated Neighbourhood Teams, which involve specialists

within the core team to provide coordinated care for people with complex needs, outside of hospital settings.

Access
Currently Bromley primary care provides the highest percentage of home visits across SEL. Home visits are also provided by Bromley Healthcare (BHC) services, GP out of hours services, and community providers which have domiciliary access.

Patient safety
BHC capacity does not extend to safety checks/welfare checks; however please also see Recommendation 4 regarding MECC; cross-organisational information sharing in support of the care and wellbeing of people who are housebound.

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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	**NHS SEL ICB**
Date sent	30/04/25
Report title	Access to health and social care services for housebound people who have a long-term condition
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	21/05/25
Please outline your general response to the report including **what you are currently doing to address** some of the issues identified.	Housebound services are provided by a number of different organisations across the borough. Whilst there is a large number of patients who are housebound, this reflects only 2% of the total patient list, and inevitably GP practices will have differing ways of providing services to their housebound population. The Bromley Primary Care Needs Assessment, a report produced in 2019 and refreshed in 2023, identified housebound care as one of a number of important improvement areas for Bromley's primary care services. Addressing this area falls largely within the remit of the Primary Care Sustainability programme, part of One Bromley's strategic priorities. This improvement area is currently in the scoping and planning stages. The Healthwatch report provides a compelling presentation of the needs and some of the potential benefits of addressing and redesigning services for this population. The report also serves as a helpful reminder of the interplay between agencies, third sector partners and informal carers in providing good care and experience to people who are housebound.
	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	The final report will be shared and discussed with primary care stakeholders and those responsible for progressing this improvement area as part of the Primary Care Sustainability programme.
Recommendation 2	The definition and coding of housebound will be reviewed within primary care, with the aim of developing and distributing an advice note on consistent identification and coding of housebound patients. This will be shared with health and care partners to support the development of a consistent approach across sectors.
Recommendation 3	On average, 84% of practice appointments are provided within 2 weeks of booking. There are continued efforts to increase this where appropriate and where requested by the patient. General Practice has extended clinics in the evenings and on Saturdays to provide convenient appointment times outside of core practice hours wherever possible. Around 2/3 of appointments are face-to-face, with the remainder offered as telephone or online appointments as appropriate and where requested by the patient. The balance between in person and remote appointments continues to be monitored and reviewed by GP practices to ensure this is most suitable and optimises use of clinical time. All Bromley practices have implemented, or are working towards implementing, their models of clinical triage in order that patient contacts are prioritised by urgency and seen by the most appropriate professional for their need. This has been a programme of work in development for some time and practices that have already switched to this model are continuing to refine and embed these arrangements to ensure they work well for patients and maximises use of clinical capacity. Appointment times for general practice are published monthly. For the waiting times for outpatient services across SEL, please see here: Planned Care Waiting Times - South East London ICS The ICB team will produce an analysis of the patient numbers, activity and demographic data specific to the housebound population in the borough in support of further insights into the provision and distribution of this cohort.
Recommendation 5	There are some specialist neurological staff working from the hospital who sometimes in reach to the community. Given present resources and workforce, it is not possible to have more specialist staff within the community but it is expected that generic staff eg district nurses, community matrons, etc will have a level of knowledge and expertise that will enable them to assist patients with symptoms and the impact of the

	disease, pulling in other services as required (eg dietetics or physiotherapy). Greater access to specialists within the community is part of the vision for neighbourhood models of care, and we are working towards developing Bromley's integrated neighbourhood teams with this objective in mind.
Recommendation 6	Delivery of medicines has consistently been a challenge due to the national commissioning and funding flows. Whilst many pharmacies do offer a service, the ICB recognises this is not available from every pharmacy. There are opportunities which the ICB have been exploring and continue to investigate, including supporting patients with medicine adherence difficulties, collaboration between clinical pharmacists and patient support roles in primary care to deliver face to face structured medication reviews for housebound patients, and work with LBB leads for homecare services to improve knowledge and understanding of medicines optimisation for those supporting housebound residents.
Signed	
Name	Cheryl Rehal
Position	AD, Primary & Community Care (Bromley), NHS SEL ICB

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Report & Recommendation Response Form

Report sent to	**Jacqui Scott – Bromley Healthcare (BHC) + teams discussion on 17.04.2025**
Date sent	31.03.2025
Report title	Access to health and social care services for housebound people who have a long-term condition
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	12th May 2025
Please outline your general response to the report including **what you are currently doing to address** some of the issues identified.	Please see below detailed responses:

	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	BHC has shared access to records with primary and some elements of secondary care as well as the Urgent Care Plan (shared between all providers including hospice and LAS) BHC has access to an interpreting service and provides information in accessible formats
Recommendation 2	N/A – Public health & ICB
Recommendation 3	N/A – primary care
Recommendation 4	N/A primary & secondary care

Recommendation 5	Staff within the relevant BHC services e.g. Adult SLT, Neuro rehabilitation etc. do have specialist knowledge of LTCs including Parkinsons.
Recommendation 6	N/A – ICB
Recommendation 7	N/A – Primary & secondary care
Recommendation 8	Please clarify this recommendation was around providing information for home care recipients/unpaid carers regarding what to do if they need to contact healthcare providers BHC services provide 'safety netting' information and contact details including what to do in an emergency as written and verbal information on accessing the services and at follow up visits.
Recommendation 9	N/A – local authority
Recommendation 10	N/A - local authority
Recommendation 11	N/A – local authority
Recommendation 12	N/A – One Bromley & local authority
Signed	Jacqui Scott
Name	Jacqui Scott
Position	Chief Executive Officer

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Report & Recommendation Response Form

Report sent to	**Director of Adult Services** **Head of Service, Community Living Commissioning** **London Borough of Bromley**
Date sent	30/04/2025
Report title	Access to health and social care services for housebound people who have a long-term condition
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	19/06/2025
Please outline your general response to the report including **what you are currently doing to address** some of the issues identified.	

	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 10 The LA and local organisations should address the health, care and broader information needs of Bromley's housebound population, their careers and family members. Information needs to be made available in a range of formats, located in one central place which can be signposted by all partner organisations. This should	The council and the ICB commission Bromley Well to deliver the Single Point of Access (SPA) for information, Advice and Guidance. It is assumed that the required information would be available via that single source however people may not be aware, despite the wide communication and publication of the service: Get support - Bromley Well

include information for carers, about accessible transport options, interpreting services, loneliness support and social networks.	
Signed	
Name	London Borough of Bromley
Position	