

## Feedback Report: Summary, Trends and Recommendations

**The feedback presented in this report is from the following sources between January 2020–January 2022.**

- Calls and emails to Healthwatch Greenwich from Greenwich residents/service users
- Meetings between Healthwatch Greenwich community representatives or leaders
- Meetings between Healthwatch Greenwich and groups of Greenwich service users
- Conversations as seen on social media
- Online reviews of services

**This report is not intended to be a comprehensive summary but an indication of the themes and issues we have heard repeatedly over the year.**

**Please note, most Greenwich residents have an exemplary experience and speak highly of health and care services and those individuals who provide it. However, some face particular challenges in receiving the support and care they need.**

**As commissioners and providers, we hope you find this summary useful and an opportunity to continue to develop services.**

## COVID-19 Vaccination

Service user experience of the vaccination programme was overwhelmingly positive, with service users describing their experience as “efficient” and “quick”. We also documented service users need for more information such as how to:

- access “left over” vaccines if they arrived at vaccination centres at the end of the day
- reschedule vaccination appointments
- book 2<sup>nd</sup> vaccination or booster dose
- get vaccinated if not registered with a GP
- book slots at pop-up clinics

*“Want to thank all the staff and volunteers for making this a smooth and efficient operation. The staff were so friendly and helpful, and pleasant to deal with.”*

While the vaccination process has been hugely successful there were also concerns and anxieties. These included:

- being sent outside of their local area to get vaccinated
- SMS vaccination booking message looking like spam or fraud
- apprehension of being sent to hospital site to get vaccinated and catching Covid on the hospital site
- not being contacted to book a vaccination, slipping through the cracks
- difficulties in booking appointments online

*“I’m in the 4th stage of COPD. Can’t hardly breathe or walk and I’m 78. I haven’t been called to get vaccinated but some people in their 30s already have got their jab. Something unfair is going on”*

### **COVID-19 vaccination experience for elderly Chinese women**

A proportion of older women from this community do not speak English and have limited digital skills. They struggle to find credible information in Cantonese. Despite available NHS information in Cantonese – these women do not know how or where to find it, and many thought they would need to pay to get vaccinated.

While information in Cantonese is available on the NHS website, these women do not have access because they are not aware of its existence. Moreover, limited digital skills means they do not know how or where to search for this information. We found that a good proportion only received information about the pandemic from watching international TV – in Cantonese, coverage not designed for or aimed at UK nationals and therefore not providing information on how to access NHS services or UK vaccination information.

For these women, effective information needed to be in Cantonese, from a trusted source – such as their GP, in hard copy. In addition, disseminating information via community organisations and trusted community leaders offers a more effective mechanism than assuming all service users are aware of, and know how to use, NHS websites.

### **GP services**

Access to GP services continues to be the most common issue we hear about. Both national and local data demonstrate GP practices are delivering more appointments than ever before, and more than pre-pandemic levels. This can be accounted for by including the vaccination programme, which was mainly delivered by GP practices, and the rise in telephone and digital appointments. The overall number of face-to-face appointments has declined and is unlikely to return to pre-Covid levels<sup>1</sup>. Some service users feel their choice of type of appointment (i.e. face-to-face) is a right that has been restricted without discussion or consultation. Others feel that telephone or digital appointments are simply not as safe as face-to-face appointments, particularly for those with multiple conditions and those living with disabilities. Residents for whom English is not their first or second language also tell us they struggle to be understood at digital and telephone

<sup>1</sup> <https://www.pulsetoday.co.uk/news/workload/return-to-pre-pandemic-levels-of-face-to-face-appointments-is-unnecessary-say-gps/>

appointments.

*“The elderly have grown used to being seen by their community doctor, when they needed to be seen. How many possible critical illnesses go undiagnosed by doing e consultations or telephone conversations. It’s sometimes difficult to put into words when something ‘just doesn’t feel right’”*

For many, an increase in a wider range of types of appointments has been welcomed. These service users tell us this has led to easier access, a more rapid response, and greater flexibility. However, a minority face greater challenges and barriers to access the care and support they need. Regardless of the type of appointment, simply being able to contact GP practices or receive a timely appointment has been a challenge for many who share their experience with Healthwatch Greenwich. Some residents tell us it’s become so difficult they go to A&E or Urgent Care at Queen Elizabeth Hospital instead where they are guaranteed to receive face-to-face medical help or advice the same day (even with an extensive wait).

### Telephone contact

Service users report waiting for long periods of time before getting through<sup>2</sup> (mainly during

*“There is no way to book an appointment with the surgery through phone even after trying to phone at 8 am everyday, since that’s the only time you can call. The pressure of getting an appointment is more than the sickness itself.”*

peak hours such as between 8 – 10am). This was a persistent issue and figured in most of our monthly feedback reports. Some, after waiting for prolonged periods, eventually just give up. Others - report *“phone was cut off”* whilst waiting to speak to the receptionist or in the middle of their conversation.

However, when service users get through and book an appointment, they often speak positively about the care they receive.

<sup>2</sup> [Mystery Shopping Report: Greenwich GP surgeries telephone waiting times | Healthwatch Greenwich](#)

*“This has been my Dr. surgery for going on 6 years and I have always had a positive experience. The staff and care team, although often very busy, are knowledgeable, and always courteous and professional”*

Telephone triage – a way of assessing which healthcare professional can best meet the needs of the caller – is used by front desk staff. This involves asking a few questions of the caller so they can be helped in the most appropriate way – this may mean an appointment with a GP, or another health care professional, it may mean simply giving information, or signposting to other services. Telephone triage is not routinely explained to service users and many come to Healthwatch Greenwich feeling that front desk staff are asking questions inappropriately and ‘gatekeeping’ by refusing them access to the healthcare professional of their choice.

A minority of service users report poor communication with the tone and language used by front desk staff as *“rude”* or *“confrontational”*. Deaf service users tell us levels of understanding are low and their communication needs are rarely met. When unhappy with the service received, service users tell us it’s not always easy to find information on practice websites on how to make a complaint and some are simply told ‘speak to the practice manager’, with no further information on how their complaint will be managed, timelines for response, or what options they have if unhappy at the outcome<sup>3</sup>.

*“Receptionist said the internet is the only way to get the medication. This receptionist has decided to be the barrier between me and life saving medication and said [to me] if the link don’t work you don’t get the medication. I am also considering giving up blood pressure medication because it feels like whatever benefit I get from getting the medication goes away when I have to deal with this surgery”*

### **Recommendations:**

1. Standardised pre-recorded message whilst waiting, informing service users of their number on the queue, to call later in the day if concern is not urgent, menu options to divert calls according to nature of

<sup>3</sup> [GP websites: A report on the quality and content of website information | Healthwatch Greenwich](#)

request, recommending using econsult to book appointments and giving an alternative for those unable to use digital tools.

2. Call handling training to include explanation of telephone triage to patients, for example, *"Hello, my name is Jenny, I'll need to ask you a few questions to make sure you get the help you need..."*
3. Deaf awareness training for practice staff.
4. Information about how to complain (including response times, named contact, and process) to be made more visible and accessible for patients both inside practices (leaflets/posters) and on practice websites.

### **econsult**

Experience with econsult has been mixed. While many service users are positive about digital access and report smooth and rapid service, not all experiences are as positive. A minority of service users find navigating health services online and through apps difficult, particularly those with limited manual dexterity, those with cognitive impairment, those for whom English is not their first language, those who lack smart phones/laptops/good digital connectivity, and those who lack digital confidence. Even for digitally savvy service users, the system does not always work as well as it could.

***"Econsult process is a joke. It's a long and laborious form you must fill in for each request. You're not warned when you'll receive a call and if you miss it, it's impossible to get through to anyone to ask for another call back. They need to improve the system. I am sure it wouldn't be difficult to send a calendar invite or a text message of when patients can expect a call"***

Service users tell us:

- using econsult is the only way to access surgeries, or they fear it will be the only way
- they do not get a call back after requesting one
- the form is too long or does not contain their symptoms/issues, and they

don't feel able to clearly elaborate or describe their symptoms

- after completing the form, they are not confident they are receiving the correct information
- missing follow-up calls as they are not routinely told when to expect a call (patients are not given a 2-3hr timeslot, often told they will be contacted 'tomorrow' or 'within 48 hours')
- econsult does not accommodate people who may struggle with English
- econsult makes it difficult to book double appointments to discuss more than one health issue

Since the pandemic, Victor says it has become even harder to access GP appointments, with front desk staff telling his interpreter (who calls on his behalf) that ***"econsult is the only way to book appointments."*** Despite requests, Victor's GP practice refuses to offer more than ten minutes, or a double appointment, for his consultation even though the interpretation process takes longer. Recently, needing a referral, his GP handed him a letter for a diagnostic appointment with the words ***"deaf and dumb"*** written across it. Victor was upset and complained to the practice manager about the inaccurate and inappropriate comment. The practice manager responded, dismissing his concerns, telling Victor the doctor did not know what Victor's ***"preferred way of labelling was"*** and it was ***"no big deal"***, leaving Victor feeling angry, belittled, and not treated with respect. As a result of his experience, Victor avoids accessing healthcare services as much as possible and hopes that he will never get seriously ill because he does not believe his communication needs will be met or that he will be treated with respect and sensitivity.

## Recommendations

5. Raise awareness amongst patients of alternatives to econsult, for those unable to use digital tools
6. Include facility to book double appointments, or make it easier to find

on the form

7. Offer patient 3hr time slots for call backs
8. Send patient SMS and email informing them when to expect to receive a call back.

### Prescriptions

Delays in receiving medication can create stress, exacerbate conditions, and adversely affect health. Some service users report difficulty in receiving prescriptions, repeated chasing to expedite the process, and not knowing if or when the prescription has been sent to the pharmacy. For urgent medication, some service users told they go to urgent care or A&E in Queen Elizabeth Hospital to get a prescription as it's easier than trying to sort out the issue with GP practices.

### Recommendations

9. SMS sent to service users informing their prescription is ready to collect
10. Informing service-users of how long it will take to issue a prescription to a pharmacy

### Referrals

Some service users say it's become more difficult to access specialist clinical treatment or get a referral. Service users say:

- They do not always feel their concerns have been listened to, or their concerns are taken seriously
- They don't always receive any acknowledgement and don't know if their referral has been processed, or not
- It's not made clear, at the point of referral from their GP, how long they

*"The GP refused to refer me to see a rheumatologist for MRI scan after six months of chronic chest and back pain until A&E gave me a letter to that effect. Still this doctor tried to convince me I was suffering from depression because I lost my loved one five years ago".*



should expect to wait, and it can be months before they receive confirmation on a date from hospital services.

## Recommendations

11. Timely acknowledgment, so service users know their referrals have been sent to relevant departments
  
12. Service users are made aware of how to raise concerns if they feel they have not been listened to, or their concerns have not been considered

## Translation services

Service users who are non-English speakers and Deaf service users told us of the difficulties they face accessing translation services and the lack of awareness amongst health and care staff of the need to use accessible information<sup>4</sup> and their legal responsibilities under the Equality Act<sup>5</sup>.

- Non-English speaking service users are often forced to use younger family members to interpret at medical appointments. However, younger family members do not always have expert linguistic knowledge to translate complex medical language and issues
- Reliance on family members can be a source of embarrassment (having to share intimate details with relatives), lacks confidentiality, and can be a safety issue. Moreover, appointments must be scheduled to accommodate the timetable of younger family

*“Awareness of the Equality Act and the Accessible Information Standard<sup>6</sup> is low amongst staff. English reading skills are on a spectrum for deaf people—some do not know how to read very well, and most have the reading skills of a primary school age person. Those in the younger age group have better English reading skills and some just lip read. So, when receptionists ask deaf users to “just use econsult” - it lacks an understanding of deaf people’s needs. It’s a struggle just to get appointments”*

<sup>4</sup> <https://www.healthwatch.co.uk/advice-and-information/2022-01-18/accessible-information-standard-%E2%80%93-what-you-can-expect-services>

<sup>5</sup>

[https://www.equalityhumanrights.com/sites/default/files/your\\_rights\\_to\\_equality\\_from\\_healthcare\\_and\\_social\\_care\\_services.pdf](https://www.equalityhumanrights.com/sites/default/files/your_rights_to_equality_from_healthcare_and_social_care_services.pdf)

members – often leading to delay in older relatives seeking treatment. As a result, many will only access health services only when the situation is acute or extreme.

### Recommendation

13. Raise awareness of accessible information and implications of the Equality Act in service design and delivery for health and care staff
14. Provision of appropriate ways to contact health and care services for those with additional language needs, for example – use of Deaf friendly apps
15. Clear information for service users on how to access translation/interpreting services.

### Complaints

Service users told us it is not always easy find out how to make a complaint. Our report [\*“GP websites: A report on the quality and content of website information”\*](#) found that not all practice websites carry clear, easy to find, information on how to make a complaint, how the process works, named contact, timeline for response and final decision, and who can offer support (advocacy services). Indeed, some websites simply state –‘speak to reception/practice manager’ and offer little, if any, information beyond this. We were told

- some practice websites do not have do not have clear and easy to find complaints information
- service users are not aware of how (the process) to make a complaint
- some practice websites direct services users to a ‘feedback’ page and not a ‘complaints’ page. Service users are not clear (and no information is provided) on the distinction between feedback and a complaint, and if both are treated in the same way.

### Recommendation

16. Standardisation of information on complaints procedure on GP websites that is clear and easy to find
17. Distinction made clear between ‘feedback’ and ‘complaint’ and how any concern raised will be dealt with
18. Complaint information to be visible and accessible to service users visiting GP practices, information displayed at or near the reception

desk, as well as in the waiting area

### Physiotherapy (Circle MSK)

Service users told us about long wait times to access physiotherapy, with more having to turn to private care as a result. Service users told us:

*"I have had hip pains for over a year, which now have spread to my neck, ankle and knee. It's all on one side and it's starting to affect my daily life. If this leads to serious health problems where I won't be able to go back to work and miss out on earning money to pay bills or my rent or even take care of my children, I don't know what I will do. I am single mother and the sole provider for my children."*

- phone calls and emails go unanswered
- extensive waiting times to access physiotherapy
- poor experiences accessing services remotely
- being asked to follow on-line physiotherapy videos, leading to further pain/injuries
- lack of access to services leading to increased reliance on painkillers.

### **Recommendations**

19. Effective management of telephony services and responding to emails to reduce call/email response wait times
20. Greater supervision and monitoring of service users using on-line physiotherapy videos.

### Adult Social Care

#### **Care homes**

Relatives report many care homes to be exemplary and residents to be well-supported by the staff and management. However, relatives with loved-ones in Greenwich care homes were particularly worried about the functioning of care homes during the pandemic. This was captured in our report, "[What relatives of Greenwich elderly care home residents are telling us](#)" that

highlighted

- poor communication with relatives/lack of regular relatives' meetings
- difficulties arranging visits to care homes
- difficulties arranging 'slots' for digital visits (see next point below)
- lack of ipads/tablets in care homes (often only one tablet per care home) to remotely connect residents with relatives
- not all care homes have good connectivity with digital calls often breaking up or dropping out of signal
- difficulties arranging COVID-19 tests for visiting relatives
- meeting their loved-ones in cold spaces or gardens, with their loved-one (frail care home resident) being visibly cold
- care home residents having long waits to access dental and optician services

### Recommendations

21. Many of these issues are no longer a concern as Government restrictions have been eased/removed and relatives are again able to more easily visit loved-ones. However, we continue to hear that not all care homes have restarted regular relatives' meetings and communication could be improved.

### Communication in adult care services

Over the year, through several case studies, we highlighted the impact of how poor communication causes real and significant distress. We were told:

*"We are having to bridge the communication gap between departments. Why is information not centralised?"*

- delays in payments to carers creates anxiety for families
- lack of discussion with regards to access to, or length of time at, day

centres can lead to an additional caring burden for families

- delays in communication, and a lack of sharing information, between departments is confusing for service users and their families
- lack of acknowledgement to correspondence
- inadequate information provided to families
- information only sent electronically, creating a challenge for those without digital skills or access to digital devices.

### **Recommendations**

22. Information needs and requirements to be assessed and, where needed, information to be sent via post/hard copy as well as electronically
23. Greater discussion with families on possible changes in care packages
24. Timely acknowledgement of correspondence
25. Improved sharing of information where multiple agencies are involved
26. Prompt payments to carers

### **Dental care**

Throughout the pandemic we heard service users report long wait times for non-emergency NHS appointments, sometimes even after calling all dental practices in the borough. We also heard service users:

- inability to access routine dental care for more than a year/two years
- resorting to DIY methods to take care of dental issues
- Deaf service users not being able to access services as BSL interpreters were not provided
- having to re-join practices, as names are sometimes removed if they've not had an appointment for a year/two years or more.

### **Recommendations**

27. Raise awareness of accessible information and implications of the Equality Act in service design and delivery for health and care staff
28. Removing requirement so service users who have been unable to

access services for two years do not have to re-register at their dental practice

### Lewisham and Greenwich Trust – Queen Elizabeth Hospital

We heard positive feedback about QEH, with many wanting to thank NHS staff.

*“Not long came out of QE. Thank you so much to all the amazing nurses and doctors who looked after me could not of ask for more care - nothing was too much trouble”*

However, not all experiences were positive. Over the past year, A&E has been the department we have received most negative comments about, followed by phlebotomy services, maternity services, care of elderly patients, as well as more general issues such as poor communication.

#### **A&E**

- Extensive wait times, with some service users report waiting (after triage) all day or all night to be seen
- Poor access to interpretation and translation services
- Mask wearing and social distancing (when a Govt requirement) not always followed
- Lack of 24x7 pharmacy services (a particular issue for those with disabilities/long-term health conditions who may find it harder to travel distances to find late night pharmacy services)
- Lack of refreshment options for those waiting long hours at A&E

*“Deaf people have stopped going to A&E. It is just traumatic, and they stop going. There is zero access”*

#### **Phlebotomy services**

- Long telephone waits to book blood tests (wait times have been reduced with the introduction of an online booking portal)

### Maternity services

- Mixed experience of maternity services
- Lack of support on post-natal wards
- Noisy post-natal wards

*"I had my son in the delivery suite but as I was induced, I was in the birthing centre for a couple of days. The staff there were marvellous but once I had my son and was moved onto the ward the care was non-existent. I was just left on my own to get on with it, which is horrendous when you are first time mum"*

### Care of elderly patients

- Mixed experience of care of elderly patients
- Poor communication with relatives/next of kin

*"Trying to contact the ward<sup>6</sup> has been very difficult. I have just spent the last day trying to get through to the ward as I had not heard from my husband for over 36 hours. Every time I was put through to the ward no one picked up the phone"*

After Laura had logged a complaint with PALS, the ward manager phoned her, and she was able to speak with Michael.

*"I do understand that NHS is having a very difficult time, but not being able to have some information from doctors [with] regards [to] my husband's condition once a week would not be too difficult"*

### General issues

- Inadequate support for service users who are neurodivergent

### Recommendations

29. (A&E) Electronic board to display waiting times in real time (or where wait time white boards are used they must be regularly updated)
30. (A&E) Consideration of provision of 24x7 pharmacy services
31. (A&) Review availability of refreshment provision
32. (Maternity) Review support available (and noise) on post-natal

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<sup>6</sup> Ward 14

wards

33. (General) Raise awareness of access to translation services amongst staff and patients
34. (General) Adequate support for neurodivergent service users including the availability of quiet waiting rooms
35. (General) Improve communication between wards and relatives/next of kin

### **Contact details**

For further information, contact us: '[info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk),' or **020 8301 8340**.