

## October 2021 Feedback Report



The feedback presented in this report represents 456 responses from the following sources:

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

### COVID-19 vaccination

National and local information on vaccination can be confusing with a variety of options available depending on where residents live and which GP practice they are registered with.

As booster doses are being rolled out and vaccination extended to schools, not all feel informed, and many want to know:

- how to book booster doses

- if booster doses are available at walk-in centres
- if booster doses can be booked at every GP practice
- if there needs to be a delay between receiving the flu jab and the booster dose

Parents of children eligible for vaccination want to know:

- if children will be vaccinated at school
- if children can get vaccinated at walk-in centres
- what to do if vaccination appointment is missed

## GP services

Many service users report excellent care.

*“They always go above and beyond for me and my family. Throughout the pandemic we have been able to get face to face appointments when needed. They respond to the online requests fast and efficiently. I really can't fault this surgery whatsoever”*

*“I came to the surgery, this morning, for my flu jab and it was administered by Juliet. I usually have phobia for needles, but Juliet was absolutely amazing!”*

Not all report positive experiences. Lack of awareness of telephone triage, communication style of front-desk staff, long waiting times on the telephone, lack of face-face appointments (even after a direct request) and not receiving a call back, or missing a call back after completing econsult forms continue to frustrate service users<sup>1</sup>.

Those on pay-as-you-go telephone contracts tell us long waiting times to get through on the phone can add up to an expensive charge.

*“It is almost impossible to get through on the phone, with endless hanging on and to make matters worse the number they have handed out charges as you wait for an answer. Over the last two months this has cost me £75! Three times I had to hang on for 20 minutes plus at the cost £21 each time. The doctors and nurses, on the other hand, are pleasant and helpful.”*

---

<sup>1</sup> These issues have been repeatedly highlighted every month in our feedback reports.

### Access to face-to-face appointments

For a year, Maya has been living with pain in her hips and legs along with swelling in her joints. *I had to go to the A&E to get my rings cut off because of the swelling.*

When she first complained about the pain, her GP didn't ask to see her but sent links to a Youtube video and asked her to follow the exercises. *"There have been no X-rays to see what the problem is, absolutely no investigation."*

When Maya tried doing the exercises, she pulled a muscle and had to stop. After giving the exercises another try, a couple of weeks later, her pain was worse so she stopped doing the exercises altogether.

Maya went back to her GP who prescribed painkillers but did not ask to see her. As the pain got worse, Maya went back to her GP multiple times. Each time Maya was prescribed stronger or higher dose painkillers, but she was never offered a face to face appointment. *"The GP has just been prescribing and upping the dose of painkillers. It's like they are literally throwing medication at you, so you'd go away. Why can't they investigate the cause of this pain?"*

Maya told her GP about the curvature in her back that was detected several years ago but said her GP didn't seem interested. *"The only time I have been examined has been at the A&E where I had to go because I was unable to walk. The pain is horrendously bad. In the end they told me to go to my GP to get a referral. If I was getting help from the GP why would I go to the A&E in the first place?"*

Maya says her experience with the locum GP was completely different and much more positive than her experience with her usual GP. *"The locum asked me over for a face-face appointment 20 minutes after speaking to me on the telephone. The locums are ready to bring you for a face-face but not named GPs-why is that so?"*

*In the one year that I have been living in pain, I have had face-face only with locum, never with the GP. The locum referred me to a specialist while my GP didn't and instead kept increasing my dose of painkillers."*

### Getting an appointment

Service users report difficulty getting timely appointments. An increasing number say they are so fed-up, they just contact 111 or go to A&E.

*"Currently have a painful ear infection and couldn't even book an appointment. I just need the spray; I know what it's called but they couldn't prescribe it without a doctor."*

*"I booked appointments for my 71-year-old nan three times because she has*

*had problems with infections. They leave her to wait a week for an appointment it's a joke."*

*"Honestly, it's so bad, I don't even bother to see the doctors anymore cause I know I won't get seen for weeks or sometimes couple of months. I just call 111 now. It's the only way I get the medical attention I need in desperation."*

## Econsult

Experience with econsult continues to be mixed with many enjoying the benefits of digital tools.

*"Their econsult service has been fantastic through the pandemic and I have always had a telephone consultation either on the same day or the next, with the duty doctor making space to see me face to face this morning."*

Others continue to report they they don't always receive a response after submitting the econsult form. Service users are frustrated at missing follow-up calls as they are not routinely given short-time slots (for example - between 2 - 4pm) within which to expect a call. Being told to expect a call back within 48hrs is not uncommon.

*"I have done two econsults about two things- one being an ear infection which has now worsened, and they do not call back. Absolute waste of time if you need a doctor. No trouble to get a nurse for smear or flu jab but getting a doctor is near on impossible."*

Service users<sup>2</sup> report frustration that econsult was unavailable for days at one practice.

*"Doctors are having problems as trying to do an econsult but it's saying this surgery isn't currently available on econsult."*

Digital access can be difficult for those without the equipment or the confidence to use it and for those who face other challenges.

*"My son is autistic and type1 diabetic. There is no support for him, as he is over 18. It is as very worrying for me. It is scandalous and shameful."*

## Making a complaint

It is not easy for service users to make a complaint. Some are concerned that it will damage their relationship with the practice and might have consequences for future treatment. In addition, it's not easy to find out how to make a complaint. Our recent mystery shopping exercise reviewed every practice website for complaint information (soon to be published on our website). The results are similar to our earlier findings "[GP websites: A report on the quality and content of website information](#)". Few practice websites carry clear, easy to find,

---

information on how to make a complaint, how the process works, and who can offer support (advocacy services).

Some practice websites do not have clear and easy to find complaints information. These websites direct users to 'feedback'. Service users are not clear (and no information is provided) on the distinction between feedback and a formal complaint, how feedback will be processed and if, when, or how they will be contacted to discuss or resolve any issue.

*“I was asked to email directly the practice manager regarding this issue but was then asked to go through the website and leave feedback. Not only is it hard to find the feedback section - when I did it gives you two options [one was] ‘poor service’. This option unbelievably took me to a screen telling me the surgery was closed! The ‘positive feedback option’ on the other hand led me to the NHS website where you can leave feedback”*

### Prescriptions and referrals

Service users report having to follow up multiple times for prescriptions to be sent to their pharmacy on time. This creates anxiety and concern if doses of required medications are missed due to late prescriptions.

*“The receptionist said ‘we have will miss this month’s prescription’ because they sent it to the wrong place, even though the correct pharmacy emailed the surgery twice, and then stated there was nothing we can do about it. Going days without this medication is very dangerous, how can such person be working in a GP practice?”*

We hear similar issues with service users chasing practices for referrals. Despite the referral being made, acknowledgement from providers to service users is not automatic leaving some confused as to whether the referral has been made or not, increasing the administrative load for practices as patients then attempt to confirm (via the practice) the status of their referral. *“Still waiting for my referral for a chest X-ray that I was given in January”*

### Getting prescriptions and tests

Debbie, in her mid 40's, was diagnosed with premenstrual dysphoric disorder (PMDD) ten years ago. PMDD causes a range of emotional and physical symptoms every month during the week or two before menstrual cycle. Debbie says it took five years for her to get diagnosed and she was initially referred to anger management because her mood changes were so severe.

Debbie is on a low dose of hormone replacement therapy (HRT) and says it has helped in relieving the symptoms of PMDD.

Recently it took her three months to get a prescription for HRT patches from her GP. The experience she says was *“extremely frustrating”*. She had to get an emergency appointment with a locum GP who didn't seem to know about her condition. *“The HRT stops the symptoms, lowers the anger and the anxiety. Why was I made to suffer when everything is on my record? My family suffered because of my mood changes, and I was distressed myself. My partner even said I was being horrible to him.”*

Debbie says she asked her GP for a hormone test because she noticed changes in her menstrual cycle and wanted to know if she was entering menopause or if these changes had something to do with PMDD. *“My GP just said they don't do hormone test for potential menopause. She wasn't interested in my symptoms. She just said “no test will be carried out” and sent me a link to a website which had information on the menopause. But it could be because of my PMDD and I wanted to know so I get treated accordingly - I do not want to be given the wrong medication.”*

## Lewisham and Greenwich Trust

### A&E at Queen Elizabeth Hospital

Molly works on a zero-hour contract at a care home whilst studying for a Masters degree. In pain from an abscess on her back, she went to A&E at Queen Elizabeth Hospital.

*“If I sit in certain positions or for long, its very, very painful. When it flares up and I have my leggings on you can see the lump. When it first flared up, I couldn’t even sleep because it was so painful”.*

In pain, Molly waited in the A&E department from 8:30 in the morning until 4 in the afternoon. At 4pm she was told to come back the next day to have the abscess removed.

Still in pain, the following day Molly waited for 6 hours. Staff told Molly the hospital was low on beds, and it would take even longer to be seen and the procedure to remove the abscess carried out.

Whilst waiting Molly’s abscess burst. She went to a nurse for help who wiped it and told Molly to go home and come back the next day.

*“I told her it’s an open wound-surely you can pack it or put a plaster on. I might get an infection. But he kept saying it’s fine, it fine. My underwear was covered in blood.”*

On the third day, Molly went back to the hospital, as instructed. She arrived at 8 am. After waiting two hours she was told to come back for a 4<sup>th</sup> day. She was told they could give her some antibiotics, but it would take another three hours to write up the prescription.

Molly, frustrated at having already waited for three days for the abscess to be removed, left without picking her prescription.

Molly asked her GP to refer her to another hospital to get the procedure done. Her GP said she can prescribe more antibiotics while she waits. However, Molly says

*“It’s £9 a go [for prescriptions]. I don’t want to spend £9 every two weeks when they run out. The only permanent option is to surgically remove it. I sat at the hospital for three days straight and lost three days’ worth of income. I cannot afford to do that again. If I don’t work I can’t expect to get paid. I am forced to live in pain till I get operated.”*

### Care at A&E

Service users continue to report long waiting times (more than 6 hours) at A&E. Long waits are particularly frustrating as patients are asked not to bring companions and to come alone because of COVID-19 restrictions. We’ve also been told some patients

must return on consecutive days to be seen<sup>3</sup> with severe financial implications for those on low incomes.

*“I went there the other night, and it was a 7 hour wait, the winter pressures and struggles have already started hard! Really hard with how’s difficult it’s been seeing a GP lately.”*

*“I couldn’t get a GP appointment for my daughter so had to go up Queen Elizabeth Hospital. She has a high fever for a second day now. She has not been eating and her tonsils have white on them-so I know she has tonsilitis.*

*I went to A&E tonight, was told its 5-6 hour wait!*

*I left as she is so unwell I would rather her be home than sat for 6 hours. It’s so difficult - she just needs antibiotics but is so hard to get some.”*

---

<sup>3</sup> See Molly’s case study

### Giving birth at Queen Elizabeth Hospital

James and Julie are first time parents. Julie gave birth to their son at Queen Elizabeth hospital where she and her partner waited for three days before delivery. *“The antenatal and birth care was good. The antenatal nurses and midwives were very friendly and checked in on us regularly. I was confident and assured that my wife was being monitored well and in safe hands. My wife was also very comfortable in the room and the staff kindly provided a gym mat for me to lie on at night in the room.”*

Their experience of giving birth in the labour ward was positive too. They were assigned a midwife to support them throughout their time in the labour ward. James and Julie felt this was very helpful, especially as first-time parents. *“This was good and helped us both feel relaxed and able to ask questions and seek help when contractions became painful. We were both very happy with this part of the process and we found the actual birth really positive in the way we were treated and looked after.”*

However, their experience of post-natal care was not as good. Late in the night they were moved to another bay with a mix of antenatal and postnatal women. Some of the women in the bay were watching movies and the lights in the corridor were very bright. Julie was exhausted and unable to sleep. *“Spending your first day with a new child stressed, tired and with gunshot sounds and swearing floating about is not a good atmosphere for a brand new mother and it tarnishes what should have been a joyous day for our family.”*

Clerical errors made by the hospital meant that Julie and James had to spend an additional day in the hospital. *“We lost out on valuable family time, and we really had an awful day on the ward instead of celebrating our new-born. This simply should not happen. If the mistake is on the hospital’s side then I would expect the hospital to try and address it - asap - ensuring the need for the discharge papers to be amended would be priority. Simply waiting for afternoon ward rounds [because of a clerical error] is not acceptable and further delayed our discharge.”*

## Maternity

Childbirth and pregnancy are precious and significant events in people’s lives. It can also be a physiologically and emotionally challenging experience. Good experience helps birthing mothers, partners, and their families create a positive start to this new chapter in their lives. Poor experience can create anxiety and contribute to difficulty in coping leading to real and significant effect on mothers, partners, and their families. Poor experience can impact future pregnancies and leave emotional wounds. The Ockenden Review has stressed the importance of listening to the experiences of women and their loved ones.<sup>4</sup>

---

<sup>4</sup> Find Ockenden Report here: <https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2020/12/ockenden-report.pdf>

Women who gave birth at Queen Elizabeth Hospital<sup>5</sup> during the pandemic<sup>6</sup> say the experience was mixed, or as one woman put it *“a little hit and miss because it depends on who is working and how stretched they are.”*

Women with positive experience felt supported through the different stages of their stay in the hospital and not just the actual event of giving birth. *“I received amazing care and had a wonderful experience. Had a scary 10 minutes at the end of labour with the most recent one but the midwife was amazing. I had no idea anything was wrong. She kept me calm and baby was delivered safely and healthy. After care was great despite September being a very busy time for them.”*

*“I delivered earlier this month at Queen Elizabeth Hospital. I was very impressed with their delivery suite and the midwives and the doctors were great. Post-natal experience was decent. Could have been better. The hospital was really busy but can't fault them for anything major. The best part was breastfeeding support I revived at the hospital. There were 2 lactation specialist midwives who were godsend.”*

During the pandemic significant changes were made in the delivery of maternity services, including not having a birthing partner during or after giving birth. This lack of emotional support was felt by many women who report feeling alone and anxious at a critical time in their lives. *“I was let down with the experience after delivery, but it was probably because of covid as my husband wasn't allowed to visit until visiting hours and I was left alone in pain from a c-section with no one around.”*

Those with negative experience report feeling let down in multiple ways. *“I was very disappointed when I had my daughter - no one cares about you and there is no one to see if you are okay. Not even 2 weeks after giving birth to her. I had to stay in another hospital because my blood pressure was high, and I had an infection in my wound (c-section). They never gave me antibiotics, they told me to take pain killers.”*

*“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”*

*“One[midwife] tried to make me feed formula to my baby even though I was breastfeeding her.”*

---

<sup>5</sup> See John and Julie's case study

<sup>6</sup> Between late 2019-October 2021

*“My ward was full of women sobbing their hearts out begging for help and care. The paediatricians were shocking too. I had to diagnose my son myself with jaundice because the new-born checks were taking two days. The midwives said they’re told to do things and it’s hard because they’re short staffed beyond belief, so you’re just left. There was one toilet open for the whole ward. When you are bleeding and in agony you need a toilet. I had a c-section and was standing up in a corridor with a massive que for a toilet in agony.”*

*“I was there with both my [pregnant] daughters - let’s just say they were lucky I was there. None of them was offered any food or drink. They were left on their own most of the time. They were not shown anything and not listened to - so glad I was there with them both. My youngest daughter bled out and had to go to surgery. I was left in room for over 2 hours with a naked baby with cord still attached till I asked them to come do it”*

Care of vulnerable adults

Willow, who turns 20 in a couple of weeks, has been in temporary accommodation since the age of 13. Currently sofa surfing while waiting for her GP to complete a document for her housing application. Her GP has had the papers since June. *“Once I was in a very bad way and went with my mum, I was in tears... I was sitting there telling him about my real issues and asking him to help but it seems he doesn't care. I don't want to go back there.”*

Willow's eating disorder and mental health difficulties started when the family became homeless and stayed in temporary accommodation. Willow and her family moved 13 times in three years, living for weeks without access to a kitchen, in poor conditions, sharing facilities with people with significant mental health issues. She lost school time and was under the care of the Eating Disorder Unit for a year, *“going forwards and backwards, every single week for a year”*.

At 16 she was put in care and subsequently offered a room in shared accommodation. Because of her mental health struggles Willow has difficulty using shared spaces like toilets and bathrooms and finds it impossible to share things like plates and cutlery with people outside of her immediate family. *“I would just go without using the toilet. Once I went to my mum's for the weekend and when I came back I got to know the girl who was sharing the flat with me had used my plate and cutlery. I couldn't use them. It's really stressful for me and I go for long periods sometimes weeks without eating when that happens. Quite a lot of time I am all together put off by food-the sight of it, the smell of it, even the thought of it. I just can't eat.”*

Willow's mum says Willow hasn't known where she is going to be living next since she was 13 and not had a bed she can call her own for years. Her situation is complex and makes her vulnerable in relationships. *“She's an outstanding artist. She received a tattoo machine for Christmas last year and has taught herself how to tattoo. She's studying Animal Management and she volunteers at a stable. Willow has so much potential but needs to feel settled and get help. The GP thinks she is lying! Everything is on record - the constant moving, her year with the Eating Disorder Unit, letters from the council and we are waiting for just one person to fill up a form? The Housing's hands tied up, the mental health's hands are tied up - all because of the GP.”*

Willow's GP has suggested she registers with a different practice.

*“I have gone from being a homeless child to a homeless adult. Next year I will graduate and get a job. I want to have a settled place that is mine and not someone else's. All my stuff is in boxes in different people's houses - I can't even access my own stuff. If a relationship with a person's who's sofa I am sleeping on breaks down for some reason, I am left homeless again”*

**Next Steps** We will follow up on all concerns or issues raised. We will work with commissioners, providers, and service users to understand where services are working well and where further development may be needed.

### Contact Us

For more information on our October feedback report, contact Sue:  
'sue@healthwatchgreenwich.co.uk'

**Telephone:** 020 8301 8340

**Email:** Info@healthwatchgreenwich.co.uk

**Website:** www.healthwatchgreenwich.co.uk

**Twitter:** @HWGreenwich

**Facebook:** @healthwatchgreenwich