

January Feedback: You said, we did



In January, we collected feedback representing 364 responses from the following sources:

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

Below is a summary of what we did with this feedback.

COVID-19 Vaccination - You said

News stories about deaths following the COVID-19 vaccination in some countries is now finding traction amongst people who are already apprehensive about getting vaccinated. These people are worried about the possible side-effects of the vaccine.

Service users have been instructed not to contact GP surgeries to get information about the vaccination, leaving them unsure with who to address their queries to. They want to know:

- Why some people can get vaccinated locally whilst others are sent further from home
- If they can choose where they get the vaccination
- Why some carers are eligible for the vaccine whilst others are not - one carer told us that they were denied the vaccine for being 'too young' when they took their mother to get hers
- If it is possible to access 'leftover' vaccines if service users arrive at vaccination centres at the end of the day

We did

We held a virtual public event providing Greenwich residents with the opportunity to ask local NHS healthcare professionals and experts questions about the COVID-19 vaccination, and its rollout. We have since published a [factsheet](#) answering the most frequently asked questions.

Greenwich peninsula - You said

Service users at Greenwich Peninsula Practice received an SMS message to say that the practice had reopened. However, upon arriving at the practice for scheduled face-to-face appointments, service users found the practice still closed.

Additionally, there have been concerns about the consultation process regarding a new GP contract and the standards of care service users will be receiving under the new supplier. Service users felt that they were not provided with enough opportunities to raise their concerns.

We did

We contacted the CCG to find out how service user concerns about the quality of service at the practice would be addressed. We were informed that the feedback would be shared with bidders to respond to as part of the procurement process.

Communication QEH - You said



Some relatives of in-patients report difficulty trying to speak to staff on the ward. In some cases, calls are unanswered. Relatives report that updates and information on the patient's treatment/results/conditions are not always forthcoming and in some cases are felt to be evasive and unhelpful, creating concerns about the hospital's treatment of loved ones in the hospital.

General communication with patients is not always satisfactory with patients reporting not being called for scheduled appointments.

We did

We reported issues with communication to Lewisham and Greenwich NHS Trust. They advised that they have increased their call centre capacity with more staff to answer calls, and have added extra appointments, including on the weekends, in a bid to reschedule cancelled appointments.

GP complaints - You said

Service users sometimes perceive receptionists as gatekeepers, indicating that receptionists prevented rather than facilitated access to healthcare services and that it's not easy to make a complaint. One service user felt that their complaint was not escalated by reception staff at their GP practice because the complaint was about them.

We did

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, and who can offer support (advocacy services) indeed

- some simply say - speak to reception/practice manager, which can be daunting if the complaint is about reception staff or the practice manager.

Elderly Care Homes - You said

Friends and relatives with loved-ones in Greenwich elderly care homes are very worried about the functioning of care homes during the pandemic.

We did

Our latest [COVID-19 Insight report](#) highlights the concerns of relatives and friends with a loved one in a Greenwich elderly care home. We continue to share our findings with RBG Health and Adults services, as well as Greenwich care home managers.

RBG Health and Adults services have requested that all care homes work on restarting regular staff/relative meetings digitally and have instructed care homes to inform all relatives when and how scheduled visiting will take place, and to ensure that this information will be made available in hard copy for those that can't access emails.

Additionally, we continue to provide a space for relatives and friends to share their worries at our [care home meetings](#).

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) - You said



DNACPR stands for 'Do Not Attempt Cardiopulmonary Resuscitation'. Cardiopulmonary Resuscitation (CPR) is a treatment that is used to try to restart a person's heart and breathing when one, or both, has stopped. It means that if a person has a cardiac arrest or dies suddenly, there will be guidance in place regarding whether or not to perform CPR on them. Decisions about DNACPR are based on a person's individual clinical assessments and made following consultation with the patient where possible, and may involve their family.

A relative reported on a community Facebook group that their grandfather was put on DNACPR without the consent of the patient or the family. The relative felt their grandfather was *"a little confused but more than capable of making decisions"* but the medical team recorded on the paperwork that *"...grandad doesn't have the capacity to make his own decision"*. This stimulated a conversation within the Facebook group, with people suggesting incidents were taking place in care homes and with people with mental health conditions.

We did

At the end of last year the Care Quality Commission (CQC) published the findings of their [Review of DNACPR decisions throughout the COVID-19 pandemic](#), which found that some DNACPRs remain inappropriately in place.

We shared the feedback we received with the CQC, who following an unannounced visit to Queen Elizabeth Hospital in December, have told Lewisham and Greenwich NHS Trust to ensure that DNACPR policies at Queen Elizabeth Hospital, and supporting information relating to treatment escalation plans, must be recorded consistently. You can read the full report [here](#).

Dental care - You said



Patients report long wait times for non-emergency NHS appointments (often despite contacting multiple dental practices), but not as private patients. In some cases, the same dentists who are unable to offer routine NHS appointments for months are offering routine appointments within days for private patients.

One service user reported being turned down for a non-emergency NHS appointment by every dental practice in the borough.

This is also highlighted in Healthwatch England's report on [dentistry and the impact of COVID-19](#), which found that access to NHS dentistry remains a huge problem for the public

We did

We shared this feedback with the Local Dental Council, who advised that dental practices are continuing to operate at a reduced service due to infection prevention control measures, and that urgent treatment and remedial work continues to be prioritised over routine care.



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