

## Healthwatch Greenwich Apr 2022 Feedback Report with responses

**Note:** feedback in black, [responses in blue](#)

### General feedback

We've heard some very positive feedback about LGT this month with volunteers directing service users to the right places, and plenty of large banners encouraging people to get in touch with PALS if they have problems or raise issues if service is poor. "...incredibly friendly and even though a few admin errors, these were sorted very quickly, and staff could not have been more helpful."

### Waiting times at A&E and Urgent Care

Service users report extensive waiting times at A&E and Urgent Care. "... severely ill and dehydrated child had to wait more than 8 hours, not given any liquids or assessment... what a joke... How is this possible in 21st century in London?"

"If you want to go for A&E prepare for about a 6 to 8 hour wait."

"6h wait to see doctor in "Urgent Care". Had to pick up child from nursery 4 hours later so couldn't wait. Understaffed and absolute shambles..."

[We continue to do our best to ensure all patients are assessed and relevant treatment and medical reviews completed in a timely manner. We apologise for the delay to some of our service users in the Emergency Department. Unfortunately, there continues to be high demand within the department.](#)

[If any service user would like to follow up their issue, this can be done by contacting our PALS team on \[pals.geht@nhs.net\]\(mailto:pals.geht@nhs.net\) as we are unable to undertake an investigation without the patient's full details.](#)

### Elective Procedures

Service users report long waits for elective procedures. "I am liver transplant patient, they thought I had a double hernia, it's not. My stomach is badly swollen, still waiting to hear about colonoscopy for 3 months now... Terrible the way things have changed."

"My 2 year old has only just been invited for his first ever heart scan which should have been done at birth to 6 months of age so they can see if he has any problems like his big sister (hole in heart) or a leaking heart, if he has got my illness, but nope, nothing - 2 and half years later..."

[Please accept our apologies for the delay to the scan for your child. We would normally expect that the waiting time for this would be 2-3 months and not 2 years. Without further information we cannot identify a system failure and if the patient would like to take the matter further would they please contact our Patient Advice Liaison Service \(PALS\) on \[pals.geht@nhs.net\]\(mailto:pals.geht@nhs.net\).](#)

## Phlebotomy Service

Despite considerable improvements made to the booking process, we've been told some service users have lengthy waits for an appointment. "Got my paperwork from the doctor in late March, couldn't get an appointment at QEH for two and a half weeks"

"...There were no appointments available this or even next week in QEH"

"I was told today my 6 year old needed a blood test as he isn't eating. Called and got an appointment for mid-May - earliest app they had!"

"I was put through the cancer path without blood tests and that was February and I've still not had bloods taken"

This can be particularly stressful for service users with complex conditions. "I have got multiple sclerosis and I'm constantly up to the hospital to get blood tests done."

Some also report long waits after arriving for a scheduled appointment. "I went yesterday...very busy and short staffed...waited about 1 hour after my appt time"

Service users unhappy with the wait time for appointments, and who can afford to do so, are turning to the private sector. "It's ridiculous! I ended up paying £80 for a private blood test". And those that can't afford it are also considering this option. "...I know the prices of these tests are expensive. The tests will come to a lot of money, or I would have done them privately, that's probably what they want us to do."

Since September LGT has provided appointments for its GP Direct access work via an online booking solution called Swiftqueue. This is directly accessible for patients to book, reschedule and otherwise manage their appointments. Patients can also phone into the call centre to arrange their appointment if they prefer. Patients in the boroughs of Bexley, Greenwich and Lewisham can now make their appointments at any of the 14 community sites across the 3 boroughs or at Queen Elizabeth Hospital.

Following a recent increase in the number of patients with GP blood requests our waiting times have significantly increased with waits of up to 2 weeks for a next appointment dependent on where the patient would prefer to attend. We acknowledge that this is unacceptable. Fortunately, the recent changes in social distancing rules has meant changes in the way we can use our waiting areas. This means that we are now working to reduce the time between appointments and thus increase capacity at all sites which will bring down the time patients wait for an appointment.

We have also recently faced significant staffing problems with high staff sickness and some other issues around recruitment which have impacted our main department. The need to prioritise our very busy and acute inpatient wards has meant that we have also had some significant waiting times in the department. This is already an improving picture as staff return from sickness and we have a rolling recruitment program in place to speed up filling our vacancies. We are also working on a plan to upskill some of our other staff in the main Outpatients departments to allow better cross cover should the situation recur.

## Maternity services

We continue to hear from service users with mixed experiences of giving birth at QEH. A small number of women say they have been refused epidural pain relief when in labour, despite multiple requests. “Too many midwives try to talk women out of having epidural when the women are asking for one. Birth pain relief is a personal choice and should be honoured. It happened to me three weeks ago”

“One midwife at Queen Elizabeth Hospital was so rude with me when I was in labour and in pain. She said to me if I keep screaming then the doctor won’t come and do the epidural for me and even said if I didn’t do the gas and air properly she was gonna take it off me.”

**Pain relief – epidural analgesia.** We are so sorry to hear that some women have not received the pain relief they had asked for when in labour. We agree that the type of pain relief a woman/birthing person uses in labour is their personal choice and needs to be respected. There are times when the birth is imminent and there is no longer time for this type of pain relief. There are times when the anaesthetic team are already in theatre or sitting an epidural for another labouring woman/birthing person. These occurrences should be few and far between and, if the case, this should be explained at the time; together with apologies for the delay. Everyone has the right to be treated with kindness and compassion and there is no place for rudeness. This feedback has been shared with the teams. Reflective conversations are happening as a result and will be ongoing.

On social media, service users shared a recruitment advert for midwives at LGT12. In the light of findings from the Ockenden report<sup>13</sup>, that both mothers and babies had died or come to harm through the pursuit of ‘natural births’, service users were concerned with some of the wording in the LGT job advert - including ‘champion of normality’ and ‘keep birth normal’. Service users note that LGT subsequently removed the job advert.

We acknowledge and understand the upset the terms ‘**champion of normality**’ & ‘**keep birth normal**’ may have caused in the light of the findings of the Ockenden reports and apologise for any distress caused. The maternity service confirms that these terms have been removed from all job advertisements and job descriptions.

## Bushra’s experience of maternity services at QEH

Bushra and her husband, who are first time parents, were born outside of the UK. While overjoyed with the pregnancy, they did not have a family network in the UK to support them. Not familiar with having a baby, Bushra says she looked for information online, taking notes from NHS websites to familiarise herself on what to expect.

Bushra’s contractions started late at night, and steadily grew in intensity. “I was in pain and had to ask for an epidural several times and was told “but you are doing great - we will see”. I got so annoyed. This is the last thing you want to hear as a labouring woman in massive pain. I kept persistently asking until they came and did it.” The situation took a turn for the worse when Bushra’s placenta ruptured. “The only positive thing during the whole stay was when this happened, they reacted quickly, and I had a C-section. Everything went downhill when I woke up in the recovery

ward. I woke up and was asking for my baby, asking if my baby had survived. But no one would answer me, and I was left wondering if my baby had died and I was crying.”

After being rolled out of the recovery area into another room, she saw her husband holding their baby. It was only then she knew their baby had survived. “I was overwhelmed when I saw both of them. I was happy and I was crying. I had gone through a procedure which was potentially dangerous for my baby, but I had to wait to see my partner to know our baby had survived. Staff on the recovery ward saw how distressed I was but no one would tell me if my baby was alive or dead - that was the least they could do.”

Bushra gave birth in the afternoon and at 5pm a nurse came in and said her husband had to go. “Until then, no one had said anything about visiting hours. We only knew one birthing partner was allowed. We didn’t know about restricted visiting hours, we were given no prior information. I felt vulnerable and alone, and he felt helpless.” Without her husband, Bushra said she needed help. “Because of the C-section I could not get up and hold my baby properly. “When I would ring the bell to ask for help, no one would come, so I would ring again and again. When I would ask the staff to do something, they would come, eventually, and JUST do the task - like changing his diaper and disappear - no interaction. Probably they were tired, but I had not slept in two nights-I was more tired than anyone else. There was only one nurse who visited in the morning who was cheerful and supportive, maybe she was a volunteer not a nurse - because she was dressed differently than others. But her presence helped-she told me ‘It’s going to be ok’ and that helped me calm down a bit.”

Bushra says she was not given adequate support to feed her baby. “My baby was born tongue tied. I didn’t know how to breast-feed. Because of the C-section I was unable to hold my baby properly but was also reluctant to ring the bell because of their attitude. My baby was hungry, and he kept crying. I couldn’t breastfeed and the nurses said there was no formula. It was traumatic. I was begging them to let my partner come with some formula, but they said he could come only at 11 or 12 in the morning which was hours away. Why does the hospital not have emergency formula? I checked everything on the NHS website “Pack your bag for labour” and packed everything that was on the list. There was no mention of formula. I couldn’t breast feed, they said there was no emergency formula on the maternity ward, and they wouldn’t allow my partner to get it. It was harrowing and traumatic for the baby, for my partner and for me. I just couldn’t stop crying seeing my baby in that state and being unable to help because the nurses were so adamant about visiting rules. I couldn’t heal, I couldn’t sleep, I couldn’t feed my baby. I didn’t even want to use the toilet - there was a big puddle of pee in the bathroom that no one would clean.”

Bushra wonders if the hospital expects all birthing mothers to breast-feed and that’s why there was no formula. “But every woman is different. What about those that can’t breast-feed. The nurse didn’t even ask anyone who could come and show me how to breast-feed to help me. I was desperate to get out. They were reluctant to discharge me but let me go after some tests.”

“A lot of midwives saw him after I left hospital, but only one was able to identify that he was tongue tied and referred me to a lactation consultant. But - this was only online! You cannot teach through the camera, but every time I voiced my difficulties, they would only say ‘keep latching, shouldn’t be a problem’. It was hurting me so much.”

Bushra says the whole experience left her so traumatised that she had to seek counselling and she says she referred herself to 'Time to Talk', a service delivered by Oxleas NHS Foundation Trust. "In the end the NHS had to spend more money, because I had to seek therapy because of what I had to go through. This could have been prevented. I was scared, my partner was scared. Our baby was left hungry for so long. They should have midwives or staff in the maternity ward who have some training in supporting women emotionally. There should be some support in the wards after giving birth. We are not robots or machines who produce a baby, it affects us deeply. It is such an important event in your life."

"The whole experience was appalling. I hope no mum has to go through this. I am never going back to Queen Elizabeth Hospital."

**Bushra's experience** of maternity services at the QEW: I have read her account more than once and feel that there is so much to her story and that a response in this forum would not do it justice. Is there a way that Bushra could be approached and asked whether we can share this with the Pals department and look into the different issues she raises more fully? Alternatively, Bushra can contact the Patient Advice and Liaison Service (PALS) at [pals.qeht@nhs.net](mailto:pals.qeht@nhs.net)

### **Baby Clinics**

Parents want to know if community baby clinics have resumed their services. They say information is not easy to find and given changes to community midwife and health visitor appointments – they don't know what baby services are, or are not, available. "It would be nice for them to tell us if baby weighing clinics are open or not. I have got a 2 and half year old who hasn't not had his weight done since the start of covid and my 9month old last time had it with the midwife home check."

"I need to get my baby to a baby weighing clinic. I used to take my first born to Eltham Community Hospital one year back. I have not had a health visitor with my 2nd, so don't know what to do"

"The only reason I want to go is because my little one has health issues and has had issues with weight in the past, so I need to keep regular checks on her weight - they knew all this, and I still never got a call back from them either! One appointment at 1 week old and not seen or heard from them since"

### **Paediatrics**

We hear from parents who say they don't know or understand who is responsible for providing treatment or support for the health needs of their child. Some say they are passed from one service to another, in a frustrating circle. "My daughter has a genetic condition, we got referred to paediatrics and they phoned me after 5 months on the waiting list to say "just to let you know we won't be helping her with any medical issues only development". The GP has refused referrals as the paedes are meant to do it, the paedes are refusing because the GP is meant to do it. I feel let down hugely and I feel my only option to stop my daughter suffering any longer is to try and go privately"

"My daughter was born with a disorder that means she is supposed to have hearing tests every 6 months. I was advised by paediatrics that this was something done through the GP. I booked an appointment to arrange this. When I spoke to the GP he was particularly unhelpful and came across as quite rude to be quite frank. He said that this should have been something done through the

health visitor. I didn't get my 1st year health visit. I'm a first-time parent and had no idea that there was supposed to be a year 1 health visit<sup>14</sup>

We are sorry to hear about the negative experiences regarding delayed and missing appointments. If our service users wish to take their issues further we would need more specific information. Please refer them to our Patient Advice and Liaison Service (PALS) at [pals.qeht@nhs.net](mailto:pals.qeht@nhs.net).

### **Communication**

Service users report poor communication at QEH. Some say they've not been told about cancelled appointments. "I've just been informed that my planned surgery has been cancelled and nobody thought it a good idea to tell me before turning up for the pre surgery Covid-19 test"

### **Jammi's experience of health and social care**

Jammi, who uses the pronouns he/they, is a single parent with complex physical medical issues and mental health needs. Jammi started the process of transitioning five years ago. Jammi has a long-term disability and accesses treatment at LGT. "One doctor refused to acknowledge my gender... according to him everything was a mental health issue and suggested I be in therapy. I have been in therapy lots and lots of times, but it felt disturbing for a medical professional to suggest I was not trans, just traumatised." At another appointment, in the same department, Jammi was accompanied by an advocate for support. Jammi said the doctor refused to listen. "He even wrote in my notes that I was 'a really lovely lady' and in a letter that was addressed to me as Mr. He disempowered both me and my support officer"

We were very sorry to hear about the negative experiences this service had with respect to their identity. We are very aware of accessibility and respect issues of our users and would welcome more detailed feedback to help us to improve. Please contact our patient advice and liaison (PALS) team on [pals.qeht@nhs.net](mailto:pals.qeht@nhs.net) if you would like to discuss this with the team.