

Monthly Feedback Report

April

About us

We are the independent champion for people who use health and social care services in Royal Borough of Greenwich. We're here to make sure that those running services, put people at the heart of care¹.



What did we hear in April?

We heard from 200 people² about their experience of health and care services in Greenwich.

“ Always hard to get reception, takes over an hour. Sometimes after 30 minutes, the time cuts off. Children’s appointments are quicker to get but adult appointments are very hard to get.

GP Surgery

“ Can’t fault any of the services who treated me. I was diagnosed with heart failure and the initial treatment and subsequent follow-up has been exceptional.

Kings College Hospital and GP Surgery

¹ Photo above taken from the launch of the Women and Girls Health Hub in March 2025.

² Feedback collected through our monthly health and social care satisfaction surveys, meetings with local groups or advocates, outreach and engagement events, and research reports.

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What Greenwich residents are saying...

Accessibility of Services

“ GP is not clear in giving medical assistance and gives really late appointments, sometimes five weeks later after I call. However, the receptionist is very nice.

GP Surgery

“ Very long waiting times but the urgent care department has very good staff.

Queen Elizabeth Hospital

“ Amazing for children and it is easy to get an appointment for a child. I can even get an appointment and medication on the same day.

GP Surgery

“ Outpatient waiting times are slow but everything else moved on quickly and smoothly.

Queen Elizabeth Hospital

“ I had a good and bad experience. The good happened after I persisted to be seen by the doctor. I was given an appointment and then a referral. The bad was that I was in pain for a long time and it took forever to get an appointment.

GP Surgery

“ Waiting is fast but not enough parking spaces and the cost of parking is very expensive. Not many ways to come to the hospital.

Queen Elizabeth Hospital

“ It is nearly impossible to see a GP urgently for something. You have to take sometimes over an hour out of your day sitting on the phone, with no guarantee that once you get through, you’ll be offered anything. I sat on the phone for 90 minutes only to be told to book an eConsult. I did this but have received no confirmation that my request has even been noted. Before sitting on the phone for that long, I had that same morning walked down to the surgery to try to get an appointment. The receptionists are not allowed to book urgent appointments at the counter, and the best they could do was six weeks in the future. I don’t need a GP very often (perhaps once every year or two), but when I do I’d prefer to be seen within a week or less.

GP Surgery

“ My GP is really good, they have a ramp for wheelchairs and always ask for feedback.

GP Surgery

Staff Communication and Support

“ Front desk staff are rude and blunt. Sometimes they even dismiss or ignore your concerns.

GP Surgery

“ Good experience- very friendly staff who are willing to help.

Queen Elizabeth Hospital

“ Very good experience, they find solutions and dealt with my problems quickly.

Queen Elizabeth Hospital

“Nurses at A&E made me feel very comfortable but they have said to me that I was next in line to have a bed but had to wait 2 more hours.

Queen Elizabeth Hospital

“I visited the A&E department. They did well with customer service and communication, but they could have done better with the waiting time as this was more than 3 hours.

Queen Elizabeth Hospital

“Friendly staff, not long waiting times for maternity services. Overall experience was very good.

Queen Elizabeth Hospital

“A&E and urgent care have good staff, always willing to help. However, it is easy to notice that they are understaffed here. Other than that, it is a very good service.

Queen Elizabeth Hospital

“The day care for endoscopy was very good. Everyone is very nice, kind and professional.

Queen Elizabeth Hospital

“Called mid-morning due to loss of sight in my eye but there was no real help. They called back late afternoon/ early evening but of no real help, they just kept asking questions in case it was a stroke.

NHS 111

“ The nurses are so nice. Clear communication and very polite.

Queen Elizabeth Hospital

“ 10 out of 10, very good services, nothing could have been better.

Queen Elizabeth Hospital

“ Finally managed to see a GP who listened however everything has become so compartmentalised that I don't feel I'm viewed as a whole person. Instead a problem is trivialised into something to put a plaster on. I had previously had a telephone consultation with one GP who told me they had no access to the history results of a polyp I'd had removed and then berated me for asking when I'd have my next colonoscopy (I've been on surveillance for over 10 years). She asked me who I thought I was to be requesting another colonoscopy, suggesting that you can't just ask for one for no reason. When I pointed out all the other times I'd had one she said she could see nothing that said I needed to still have them and asked me to bring her proof. I made an appointment with a different GP who (without asking) told me I'd had another tubular adenoma removed and said she would find out when I needed another scope. She came back to me less than a week later saying it should be in 5 years.

GP Surgery

Healthwatch Greenwich | Misha and Lenora's Story: "I felt like I was kept in the dark about my dad's care and the family were just ignored"

Misha and Lenora's Story: "I felt like I was kept in the dark about my dad's care and the family were just ignored"

Siya, 90, has reduced mobility and is looked after by his wife Misha and daughter Lenora. In severe pain, Misha took him to A&E at Queen Elizabeth Hospital. There, doctors told them further investigations were needed to confirm a diagnosis, and a range of possible treatments were proposed, if the diagnosis was confirmed. Siya was admitted to Ward 14.

Hours later, Misha and Lenora were told no interventions would be carried out. This change left the family feeling confused. **"We were really upset because we had spoken to numerous members of the medical team at A&E who told us what they would do to help him, but when we saw the consultant a couple of hours later, he told us there's nothing they can do."** Lenora felt no one had properly explained the change of plans.

Siya had surgery and was later moved to ITU. **"He made a fantastic recovery. We can't fault the care in ITU. By the third day, he was eating, sitting up, reading a newspaper, and the stoma was working well."** Yet, despite the improvement in Siya's condition, the hospital's poor communication continued. When Lenora called ITU for an update, she couldn't get through. **"We kept calling and calling; when there was still no response, my mum decided to head to the hospital to find out what was happening"** she explained.

Upon arrival, Misha was shocked to discover that Siya had been moved from ITU, no one had informed the family, and no one seemed to know where he was. **"My mum had to wait for staff to find out which ward he had been moved to. We should have been informed immediately..."** Lenora said. Misha went to Ward 17 where Siya had been moved, only to be told by nursing staff that Siya had not been well. Panic set in for Misha. **"How could they not have called me and told me he was unwell."** Siya later passed, devastating Lenora and Misha. **"My dad passed away with my mum holding him"**, Lenora shared, recollecting the shock.

Misha and Lenora were taken to a family room to speak with a doctor, but instead of receiving comfort and support, Misha and Lenora felt dismissed. **“She sat and said, ‘you know, we apologise, we did all that we could do.’ Her stance was, ‘you know, we did tell you at the beginning of the week that your dad was unwell, and you know, it was likely he was gonna pass away.”** Lenora recalled. The hospital’s response felt cold and impersonal. **“They offered their condolences, handed us a booklet, and said that we could spend some time with my dad,”** Lenora said. But when she asked for more information about his treatment and care, she was met with resistance. **“I asked them about what had happened, trying to understand everything, but they just said that anything medical, I had to submit a formal request. They wouldn’t give me any information.”**

Misha and Lenora say that the failure to communicate clearly and in a timely way, and a dismissive attitude towards the family have compounded the pain of losing Siya. Throughout his care, Misha and Lenora felt unsupported, uninformed, and unheard. **“Because of all this, I’ve been so unwell, I’ve had issues sleeping and my mum has had to look for counselling because she also isn’t coping. It’s traumatising. I felt like I was kept in the dark about my dad’s care and the family were just ignored”**. Lenora reflected.

At Healthwatch Greenwich, we connected Misha and Lenora with PohWER, a local advocacy service, giving them the support needed to raise their concerns with the Lewisham & Greenwich NHS Trust.

We will be encouraging the Trust to reflect on and consider improvements to:

- how communication with families is managed, particularly when patients move between ITU and wards
- the consistency and clarity of updates for families and carers, especially where patients are vulnerable, and
- the support offered to bereaved families.

Provider Response

Lewisham and Greenwich NHS Trust

A Lewisham and Greenwich NHS Trust spokesperson said: “We are delighted to see so many positive comments – especially those on our brilliant colleagues – coming through this month. The common complaint though is wait times. We do appreciate how frustrating these are for our patients and we are doing all we can to bring them down and get to our patients as quickly as possible. It is a big focus for us and we are hopeful that we will be able to deliver changes this year that will help us improve how long patients have to wait.”

“Reading through Misha and Lenora’s story was not easy and we are saddened that they did not feel supported by our team when we admitted their father Siya. We are working hard to improve our approach to end of life care and we are very grateful to both Greenwich Healthwatch and Siya’s family for sharing their experience and giving us the opportunity to look into what happened to Siya. It is clear that we didn’t get everything right for them and we will be carrying out a full investigation into why our communication standards were not consistently applied and what learnings we can take forward into our new end of life care policy. We look forward to hearing from them directly.”

Healthwatch Greenwich | Guljeet's story: "From the very beginning, I felt like I wasn't being listened to"

Guljeet's story: "From the very beginning, I felt like I wasn't being listened to"

Guljeet lives with a long-term colorectal condition. Alongside persistent physical symptoms, it's had a significant impact on her emotional wellbeing and daily life. She describes how the condition has restricted her ability to take part in everyday activities. **"I can't remember the last time I went out and felt like a normal person,"** she explained. **"There's always anxiety about managing symptoms in public."** One incident while shopping with her son, where her symptoms became unmanageable, left a lasting impression. **"I was out shopping once with my son when [an accident] happened, and I could see he felt embarrassed."**

When Guljeet first approached her GP, she hoped to receive timely support. However, she reports feeling dismissed and that her concerns were not taken seriously. **"From the very beginning, I felt like I wasn't being listened to"** she said. **"I explained the level of pain and disruption this was causing, but it felt like my concerns were downplayed."** Over the following year, Guljeet continued to seek care but encountered repeated delays and cancellations. She was initially scheduled for surgery with a specialist in Kent which was later cancelled due to clinical concerns linked to her BMI. A subsequent referral to Queen Elizabeth Hospital for surgery with another specialist was also cancelled, but this time without explanation, and no offer to rebook was made. A third attempt at surgery was booked with a hospital in west London and then delayed. This pattern of disruption has left Guljeet feeling frustrated and disillusioned with the system. **"I've spent so much time waiting—for appointments, test results, and information. It's been a constant cycle with no clear pathway forward."**

Guljeet's experience reflects a broader challenge within health services: ensuring that patients feel heard and understood. In long-term conditions especially, where symptoms may fluctuate and impact quality of life in multiple ways, the patient's voice is often the most important source of insight into what support is needed.

Moreover, feeling listened to plays a critical role in emotional wellbeing. For people living with stigmatised or complex health conditions, acknowledgement and empathy can help reduce feelings of isolation and shame. **“I know I’m not the only one going through this,”** she said. **“There are so many people out there suffering in silence because they feel like no one will understand. Services need to do better—not just with the physical symptoms, but also with the emotional and social problems that come with them.”**

Healthwatch Greenwich supported Guljeet in sharing her story and we raised concerns with the relevant NHS providers. We highlighted the importance of truly listening to patients, asking services to work collaboratively to address Guljeet’s concerns. Guljeet’s experience has informed our engagement with local NHS trusts and commissioners, helping to shape improvements in how services respond to people with complex or long-term conditions. Her story serves as a powerful reminder of the value of listening to people—and the consequences when we don’t.

Listening to the Chinese Women's Association

Understanding the lived experiences of communities who face the greatest barriers to care is critical to designing a more inclusive and equitable health and care system. In Greenwich and across South London, the Chinese Women's Association provides a point of connection for women of Chinese heritage – offering cultural celebration, social support, and community-led activities that promote wellbeing. Through a recent conversation, conducted entirely in Cantonese with the support of a bilingual facilitator, members of the Association shared how they experience local health and care services. Their insights point to systemic challenges that remain unresolved – including language and communication barriers, digital exclusion, and delays in accessing timely care. These are not new issues, but they continue to deepen existing inequalities.

Mental Health

Access to mental health support emerged as a critical area of concern. For many, mental health remains a taboo subject. As one member explained, **“In our community, mental health is associated with something of a more ‘serious’ nature”** – typically when it involves severe or acute conditions. There is little acknowledgement of more common or less visible mental health issues. This perception, coupled with services that do not reflect cultural nuance or provide care in preferred languages, contributes to barriers to seeking help, even when it is needed.

The legacy of the pandemic continues. As community spaces shut down, members described the impact of losing informal networks that once helped to protect their mental wellbeing. One woman reflected: **“A lot of people have issues coming back out again. They think they can just do exercises inside, but that's not enough,”** that physical activity alone cannot replace social connection, emotional support, and cultural affirmation. Years on from the pandemic, the confidence to re-engage has not recovered for all.

Communication

For the women we spoke to, language was one of the most consistent barriers to accessing care. While interpreting services exist in principle, members reported inconsistent provision, a lack of face-to-face translation, and a continued reliance on family members to interpret – a practice that is both problematic and disempowering. Written communication posed further challenges, with appointment letters and prescription instructions issued in English – limiting people’s ability to make informed choices about their care.

Delays

Booking a GP appointment was a common source of stress and frustration. Members described long waits and rushed interactions. **“By 10am, all the slots are gone,”** one member shared. Another recounted a wait of over a year to be seen for an eye problem – an issue only escalated when a third-party provider intervened. These delays speak to broader issues around capacity, demand and continuity. But they also expose how a lack of cultural understanding and poor communication can lead to worse outcomes for people already on the margins of the system.

Digital

The shift towards digital-first care is leaving many older and non-English-speaking patients behind. For members of the Association, tools like the NHS App are difficult to access and even harder to use. **“Most of us don’t know how,”** one member said. **“It’s all in English and it’s difficult for someone who knows nothing about computers.”**

Without translated materials or digital literacy support, patients are forced to rely on younger family members to navigate services. This creates dependency, limits autonomy, and widens the gap between those who can engage with digital health information and services and those who cannot.

Towards more inclusive care

The voices of the Chinese Women’s Association offer a clear message: we cannot build an inclusive health and care system without listening to the people it is failing. The issues they raised – from language and digital exclusion to stigma and poor access – are interconnected and reflect wider structural inequalities. Creating a more equitable system means recognising the impact of cultural difference, investing in accessible information, and redesigning digital tools with diverse users in mind. It’s also a reminder that community organisations are essential partners in reaching and supporting people whose needs are too often overlooked.

Provider Response

Healthier Greenwich Partnership

The Healthier Greenwich Partnership (HGP) would like to thank the Chinese Women’s Association and Healthwatch for this valuable feedback. It is disappointing to hear about the experiences summarised in the report. Tackling inequity in health is a priority for all partners working in health and care in the borough and this will be fed in to our work in these areas.

Next Steps

We follow up on all concerns or issues raised.

We work with commissioners, providers, regulators, and service users to understand where services are working well and where there needs to be further development.

Contact Us

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