

August 2021 Feedback Report



The feedback presented in this report represents 193 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
- Feedback given by service users at outreach events and activities
- Conversations as seen on social media
- Online reviews of services

GP services

Access to GP services continues to be the most common concerns raised by service users, this includes:

- long waiting times on the telephone to get through to practices
- communication style of front-desk staff
- difficulty with econsult
- lack of timely appointments.

Communication with front desk staff

Front desk staff in GP practices have an important and difficult role. They are often the first point of contact (on the telephone or in person) for people seeking medical help and advice. Making the front desk service welcoming and friendly is key in ensuring access to healthcare is easy and straight forward.

When contacting GP practices, service users may be under stress, and experiencing pain or discomfort, which may influence how they express themselves. Many service users are unaware front desk staff are required to actively signpost and triage calls. As a result, communication with front desk staff is sometimes perceived as insensitivity by service users. Lack of awareness can lead to negative escalation and a break-down in communication with interactions experienced as rude, confrontational, or a lack of care.

*“I just called for an appointment as I’m away and forgot my medication and was spoken to like utter cr*p - condescending and rude, this woman should not be a receptionist at a doctors surgery. No patience or understanding and seems to hate people. I’m changing surgeries as more often than not she answers the phone after the usual 50-60 min wait. GPs great so it’s a shame.”*

Front desk communication has lasting effect on patient experience and can become a real barrier to accessing medical help and treatment. Poor communication can exacerbate a stressful situation, heighten tensions, and leave patients feeling dejected.

Booking appointments on the telephone

Service users continue to report delays and difficulties getting through on the telephone and booking appointments.

“Receptionist refused to give me an appointment for my baby who has a rash on her eyes. ... the receptionists refuse to book you an appointment and tell you that you have to call at 8am in the morning to book. Then reception don’t answer the phones until 9am and tell you there are no appointments left.”

“I start work at 8, so will never be able to take an appointment in the morning even if they have one as I’d have to leave work to get there!”

“You can only book at 8am in the morning so if you can call around that time you need to wait another day. It makes NO sense”

“It’s impossible to get an appointment over the phone and their online system is a joke, even when it’s working.”

“Post-Covid, things have gone a bit AWOL! econsult seems to be the order of the day. Do not even attempt to make a phone call, except if you have time on your hands! I’ve had to seek medical advice using my private medical

insurance. Imagine those that do not have such luxury.”

econsult and digital access

Experience with econsult continues to be mixed. While many are enjoying the benefits of digital tools, some report the form is too long, they don't always receive a response after submitting the form, or they are frustrated at missing follow-up calls as patients are not routinely told when to expect a call. Some service users are also confused about which services they can access online or request via econsult.¹

“I waited 3 days for my GP to call me back. On the 3rd day the receptionist assured me he would phone back after he read my e consultation. Still no call back from GP. Still in pain. I waited by the phone for 3 days.”

“I had a severe allergic reaction and despite requesting an econsult I was unable to obtain one with my surgery. I had a rash which spread to my entire body and contacted them about 4 times to speak to the GP. Eventually I gave up. I finally managed to speak to an out of hours GP who immediately prescribed me the creams and steroids that I needed. I felt very let down by my surgery and was left in pain from the lack of support and help.”

“Can't book appointments and can only use online form where you state what's wrong and still don't get nothing back from the doctor.”

“What a bloody shambles are the various websites etc. just to make an appointment for an essential blood test - seems they are created by technocrats serving the purposes of the staff at the centre and are not there to serve the patients - far too complex even for an educated individual.”

“[As I understand it] In May 2021 NHS England instructed all practices to abandon “total triage” but the practice has continued in contravention with this mandate. Patients are not allowed to book appointments - they must fill out a long and unwieldy form and then wait up to 48 hours for a call back. If they miss that call they need to go through that process all over again. Patients are not offered the option of a face-to-face appointment “alongside” the 48hr triage.”

Not all service users know how to book double appointments when using econsult or when requesting appointments on the phone.

*“Having not had a face-to-face consultation for two years and being elderly, I had several health issues to discuss with a GP. I phoned for an appointment and was given one in three weeks!
When the GP phoned I proceeded to my second health concern he said he was*

¹ See Yusuf's case study

out of time. I said I was not prepared to book another appointment in three weeks' time to continue my consultation and he would have to listen."

Access: Yusef's experience

Yusef is a Somali man in mid 50s who works as a driver. He contracted COVID-19 in May 2020 and has experienced pain in his joints ever since. The pain is worse when he does certain tasks, like driving, and affects his daily life. Yusef says he's tried repeatedly to call his GP practice early in the morning but gave up since he was never able to get through and could not call at 8am every day.

"I didn't have the time to call everyday, like 8 o'clock, everyday, on the phone, and wait for half an hour because of my work. I start work early in the morning and can't be on a [telephone] call while I am driving."

Yusef thinks the pain might be long COVID -but without access to clinical opinion he is worried it might be something more sinister.

"It's my hip and joints so probably it's not something that the GP can solve but they could have helped me to make an appointment with a specialist or something."

Even though Yusef can use the internet and has access to a computer he hasn't used econsult to book an appointment and does not feel confident to do so. Yusef is worried his condition will get worse and he will have to go to hospital (A&E) to access medical support because he can't get through on the phone to book an appointment with his GP.

Registration for new patients

Service users report long delays in getting registered as new patients. Some wait for months, and others report having to make repeated follow-ups. Many feel angry and frustrated.

"I couldn't register despite calling numerous times. I've been given different information each time I called. I've been told someone would get back to me each time and nobody ever did. What disappointed me most was that nobody would help me despite me begging on the phone over numerous weeks. I did

not get to the point where I could actually book an appointment."

"I submitted registration forms 3 months ago but have not had any response yet. I have contacted them 3 times, but they have not sent a response or emails."

NHS Guidelines say that GP services cannot refuse to register someone because they do not have proof of address or identification, or because of their immigration status. However, some practices continue to make this documentation a requirement.

Patient voice in health decisions

Patients with long term health issues are often knowledgeable about their condition, but don't always feel their insight is listened to. Not being listened to creates additional stress and can (potentially) lead to adverse situations²

“The clinician I spoke to over the phone was fairly rude and patronising. I wanted to enquire about PGD testing for an X-linked disorder and wanted to be referred to a genetic counsellor. This should have been a fairly simple process. The lady was not very knowledgeable, was patronising and dismissive.”

“The doctors refuse to send you for treatment until it's too late. They act as if your pain is in your head. What more can I say?”

“... contacted them first time in a over a year and it just reminded me why I was avoiding this practice. Never been correctly diagnosed and have been told my back pain is not real and it's just in my head.”

² See Rose's case study

Being listened to: Rose's experience

Rose, 38 has Myalgic Encephalomyelitis/chronic fatigue syndrome (ME/CFS). It's a long-term condition that significantly impacts on her life. Since Rose has lived with the condition for many years, she recognises the symptoms and knows when she's having a relapse. Recently when she got ill with cold and felt she was having a relapse she had a telephone consultation with her GP. To her disappointment Rose says her GP *"...was not listening to what I was saying and was going on about Covid. He gave me antibiotic that I'd never had because he said it was sinusitis, but he had not even seen me!"*

Rose took the medication as advised but had an allergic reaction to it.

"I was rushed to A&E because I was finding it hard to breathe. I was sick and not good on my feet. I couldn't eat properly, and my breathing took days to get back to normal. I was put on a drip at the hospital and sent home with medication. I'm still not 100% better. I feel let down by my GP and don't trust them at all now. I hope this doesn't happen to anyone else."

Although having an allergic reaction to medication could just have easily happened with a face-to-face consultation, Rose feels she was not listened to and her concerns about having a relapse were ignored.

Access to interpretation services

British Sign Language (BSL) users report mixed experience with some GP practices making reasonable adjustments and easy access to interpreters, while others do not.

BSL users report particular problems accessing interpreters for short notice or emergency appointments.

"My GP knows me well and if I need to book an interpreter in advance there is usually no problem. But if I need to see someone in an emergency there is no availability for me, and they cannot get a BSL interpreter quickly. Which means I just have to be patient and deal with the pain which can be very stressful."

Administration issues

Administration issues create less than ideal experiences for service users.

“I had appointment with doctor at this practice over the phone for a referral. They incorrectly filled in the form for referral in spite of me telling them repeatedly. When I attended the practice, the reception didn't care, if the form was filled in by doctor correctly or not.

Since then, I have called them to explain the situation, and they now say they don't have any referral and the receptionist had left with providing any information regarding the referral form!

Disappointed with their service, as they're not organised, get basic information wrong and when you try to get them to correct this, they're not interested to any effort to get it right.”

“After months of contraceptive pill problems my wife finally got an appointment there to have an IUD put in. So, she went there today only to find they had cancelled it because they had lost her records! Now she has no idea when it will happen.”

“... asked for a referral for an endoscopy due to stomach problems and they referred me to physio?

I waited a month for referral I did not ask for nor did I need. Now I have to suffer for another month to be referred to the correct speciality.”

I have a monthly implant administered at the surgery. Sometimes I was instructed to collect this prescription. This often resulted in me being called in late, because the nurse was looking for the very same prescription that was in my pocket!

On another occasion, I was clearly instructed not to collect it myself. When I arrived at the surgery it wasn't there and I was told to go to the chemist, collect it and return to the surgery.”

Communication: Anne's experience

Anne's octogenarian mother lives in Charlton House Care Home and has made an application for NHS Continuing Healthcare. The assessment involves multiple agencies, including the Clinical Commissioning Group (CCG), the care-home, nurses, and relatives. The assessment of her mother, due in December 2018, was completed in April 2019.

Delays and lack of communication from the CCG after the initial assessment in 2019 - to date, has created stress and frustration for Anne, making a difficult situation worse. Anne says she has had to "*chase, chase, chase*", emailing and calling officers with no reply, "*no one would pick up the phone, no one would even acknowledge emails*".

In desperation, Anne turned up at the CCG office after months of waiting so that "*someone, anyone would tell me about the way forward*". No resolution was received.

Two and half months after waiting for a response from a meeting with the Continuing Care Team, Anne contacted Healthwatch Greenwich. After Healthwatch Greenwich made contact, Anne received an email attributing delays to staff shortages. However, Anne is still waiting for a final decision on her mother's case. During this time Anne says her mother's health deteriorated.

"Every time I email, they reply saying they will reach a final decision in a few days, but it never happens. It has become an unending, frustrating cycle. The system is inefficient and non-communicative. How long do I keep chasing and calling? It has worn me down to the point I want to give up."

Dental Services

Despite the Disability Discrimination Act, and the standards set out by the General Dental Council, deaf service users tell us they cannot access dental services as interpreters are not always offered or provided. Some deaf service users say this is part of a wider issue of not being treated with respect or dignity.

One service user, when asking for an interpreter, told us they were refused - point-blank. When their advocate asked to speak to the manager, to escalate concern, the receptionist told them there was no one available and speaking to a manager would be of no further help.

Communication: Martin's experience

Martin is in his mid-50s and has a hip issue. Initially his GP diagnosed his condition as arthritis and referred him to a physiotherapist.

Martin had a course of physiotherapy at Eltham Community Hospital, *“but that did not help, it made things worse”*. The first time he saw a student with a supervisor. The second time, the student was there without a supervisor. Martin was given a sheet with exercises to do at home, but the student didn't explain the exercises, or tell him there was anything he should be careful about. Martin did the exercises until experiencing excruciating pain and then stopped his exercise regime.

Martin was referred to see an orthopaedic surgeon at Queen Elizabeth Hospital and had a hip replacement operation with physio for recovery. Before discharge from treatment the physio noticed something was not quite right with his recovery. The physiotherapist wrote explaining he needed to have an ultrasound to look at the muscle. Martin said that the departments didn't seem to be effectively communicating to coordinate his care and the onus was on him to press for an ultrasound. *“I had to bring up the letter at the second appointment I had with orthopaedics, but they kept sending me for X-Rays.”*

Eventually, Martin's GP referred him to a specialist, who was able to diagnose the issue. *“And when I went over the exercises that the student gave me when I first had physio, they said there was an exercise there that I should have never done, or at least the student should have told me how to do it safely.”*

Martin feels the lack of coordinated care led to a delay in diagnosis and treatment, and a poorer outcome for him. *“The physio specialist recently sent me for an MRI which confirmed the diagnosis. My muscle is gone, it's too late for that to be saved. The orthopaedic surgeons kept sending me for x-rays, and telling me the bone is fine, which of course it was. The issue was in the muscle, and you can't see that in an x-ray!”*

“Lots of problems occur because the orthopaedics don't take the follow up after the operation seriously and ignore signs. It's taken a long time to get to somebody who took the trouble to see that something was wrong.”

Martin is especially grateful for the support of his GP. *“My GP never gave up. He suspected what the issue was. Every time I saw a specialist, I never got through to somebody that took it as seriously as my GP. I know that this is not some life-threatening thing, and I still have my independence. But I can't do most of the things I used to enjoy.”*

“It's not a tragedy, but it's something that could have been avoided. I'm never going to be as mobile and fit as I was before the operation.”

Optical services

Deaf service users face a lack of access to interpreters when trying to use opticians and other optical services. British Sign Language Interpreters tell us *“it makes our job very difficult and is a huge waste of resources in the time spent calling around and convincing these services that they should be booking interpreters. It is also extremely stressful for the Deaf patients who just want to be seen like everybody else.”*

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

Contact Us

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