healthwatch
Greenwich

Monthly Feedback Report

July

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 care.[1]

What did we hear in July?

We heard from 120 people[2] about their experience of health and care services in Greenwich.

> **No access to a GP who follows your case. Appointments given with different doctors or PAs or pharmacists. I feel like just a file in a computer.**
>
> GP Practice

> **Excellent experience at my practice-caring, responsive, and the receptionist was excellent.**
>
> GP Practice

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[1] Image taken during our engagement with the Nepalese Gurkha community in June 2025.

[2] Feedback collected through calls and emails to us, meetings between us and local groups or advocates, research reports and outreach and engagement events.

[3] Case studies in this report are first-hand accounts of families experiences as described to us. It is not intended as a formal complaint, but to offer insight into how services are experienced by those who use them. It is shared to support learning and improvement.

In this report

Editor's Note

As part of the wider national review of how public voice is managed in health and social care, the Department of Health and Social Care (DHSC) has announced that the Healthwatch network, including both local organisations and Healthwatch England, will be phased out. While this marks a significant shift, we remain focused on continuity, purpose, and the value we bring to our community during this period of change.

In response, we are making some adjustments to how we communicate resident feedback, starting with the introduction of quarterly feedback reports to replace our monthly feedback reports.

Our core purpose remains unchanged. We are committed to amplifying the voices of Greenwich residents, promoting transparency, and supporting collaborative improvement across local health and care services.

Thank you for your continued engagement and support.

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Accessibility of Services

I came in to ask them for an appointment. They gave me an appointment that I needed so it was all okay.

GP Practice

I was at my GP for a mental health check-up. I was a walk-in and waited 1 or 2 hours. There's not enough doctors and not enough specialised people to get this service it takes 1 to 2 months.

GP Practice

I was at my dentist. That was my first visit and they referred me to a different dentist. There is a two month waiting time for my appointment though. For the moment they are all right.

Dental Practice

Had an appointment earlier this year to discuss long-covid symptoms. Was told I would likely need to go to a lung clinic.

In May, 3 months later, received a letter from the lung clinic informing me I'd been referred and that I needed to bring my blue inhaler to the clinic.

I sent through a request to my Surgery inquiring about this and requested a telephone call (specifically did not tick to allow texts). Received a text with spelling and grammatical issues informing me a prescription for an inhaler had been sent to the pharmacy. This is over 4 months from my initial appointment.

I am also still waiting for X-Ray results from an X-Ray conducted in April.

GP Practice

> **“I was at QE recently in the A&E department to get a foot scan and an X-Ray. I was seen fairly quickly, they said the waiting time would be 11 hours but I was out of the hospital in 3 hours. The only issue is that the check-in system is a bit confusing. When you enter the A&E through the main reception and check yourself in through that screen it isn't the same thing as checking into the A&E. It would be nice if there were more readily available information about that because it was a bit frustrating since my foot was hurting and I couldn't walk properly.**
>
> Queen Elizabeth Hospital

Provider Response

Greenwich Health

"Thank you for your feedback on the check in process at the front door of the Emergency Department (ED). We manage the initial registration and the initial streaming (or triage) of patients to ensure you get to the right place as quickly as possible. If that does result in the need to see the Emergency Department then you currently do need to register with the hospital ED reception. We are almost at the completion of some technical work which will join up the systems we use to make this more seamless for patients and so hopefully this won't be a confusing scenario for much longer"

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Staff Communication and Support

> **I was at QE to get a scan. It’s still ongoing, they put a special injection for the procedure and we have to wait 3 hours. All is done well, no suggestions.**

Queen Elizabeth Hospital

> **I got a letter from them saying that I missed an appointment but they informed me that I could come in for an appointment on a different day. So once that day comes and I show up for the appointment, they couldn't find any trace of it. The chap who was working was quite thorough and checked with each department to make sure. I was also able to park right outside, and I didn't have to wait too long to be seen. However, they didn't provide me with a replacement appointment, and I couldn't reach them through the phone to get an appointment as the line was always engaged.**

Eltham Community Hospital

> **I was at my GP because my daughter was experiencing stomach pain. They did a check-up and took a urine sample. We did a walk-in but they told us to come the next day early in the morning. The only thing that would have been nice is if I didn’t have to come the next day because my daughter is 2-years-old and that was very stressful for me.**

GP Practice

> **I was at my GP and I was referred to Second Nature which is a diabetes prevention programme. They drew my blood and let me know about this. It helps people to look out for signs of diabetes and prevent it if possible. The nice thing they did was ask me whether I wanted to join this programme. If they hadn’t asked me I wouldn’t have known about this programme. It would be great if this programme could get more exposure.**

GP Practice

Janet’s story: “We received five-star treatment”

Janet, who cares for her elderly mum Hilda, shared her experience of the care they received from the Frailty Clinic at Oxleas NHS Foundation Trust and at Eltham Community Hospital. She describes it as **“five-star treatment"** and told us staff were kind, professional, and quick to respond, turning what could have been a stressful time for both Janet and Hilda into something manageable.

After Janet helped Hilda self-refer to Eltham Community Hospital, they were surprised by how quickly things moved. Hilda was seen within two weeks, much faster than they expected. Janet describes the hospital as **“spotless”** and was impressed by the physiotherapy team’s kindness, and attention to detail. During their visit, an MRI scan was arranged on the spot, a smooth, joined-up experience that left Janet feeling confident about her mum’s care.

At Oxleas Frailty Clinic, the experience was just as positive. Janet told us how staff went out of their way to explain what was happening, kept her updated at every stage, and really listened to both her and her mum. **“Staff were wonderful from the Frailty Clinic and kept the family up to date,”** she said.

Janet and Hilda were struck by the range of support offered, including home visits from physiotherapists and occupational therapists, and medication reviews coordinated with Hilda's GP. Janet explained that having these services work together meant Hilda could stay safe and well at home, which was really important to them both.

What surprised Janet most was how hidden these services seem to be, and that more people aren't aware of them, especially the option to self-refer. Janet told us that greater visibility could help other families access the same kind of early, joined-up support that made such a difference to her and her mum.

Janet’s story is a reminder of the high-quality care being delivered in our community, and of the need to make sure more people know it’s there. For Janet and Hilda, personalised support at the right time made all the difference. With better visibility, many more families could benefit too.

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Provider Response

Oxleas NHS Foundation Trust

“This is great feedback for our Frailty team at Oxleas, and we are grateful that patients and carers take the time to share their experiences of our services.

Our staff strive to provide personalised, responsive and timely care to all service users and hearing about positive experiences is hugely rewarding for the team.

Access to The Oxleas Frailty service is currently by referral from a Healthcare Professional or 3rd sector organisation (e.g. Age UK, Live Well Greenwich). The Trust is continuing to raise awareness of this service amongst healthcare providers and 3rd sector services in Greenwich so that it is available to those who need it”.

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Michelle's story: "No parent should have to carry their disabled child on their back just to access healthcare…"

Michelle is a single mother living with her young daughter Lily, who has autism, learning disabilities, and uses a wheelchair. Lily has difficulty communicating, so if she's in pain or discomfort with her teeth, she can't tell Michelle. This makes regular dental check-ups especially important.

For months, Michelle tried to get an appointment for an NHS check-up for herself and her daughter. She contacted five dental practices that offer NHS dental care in Greenwich. Each told her the same thing: **"We have no NHS spaces. Try again in six months. It felt like I was knocking on doors, not just literally but emotionally, asking for help,"** she explained. Eventually, Michelle was offered an appointment for her daughter at a local dental practice. She felt relieved and happy to finally have one.

But when they arrived for the appointment, it was clear the building was not wheelchair accessible. With no lift and all treatment rooms upstairs, and offered no alternative, Michelle carried her disabled daughter on her back up the stairs. **"My daughter can't walk. There were stairs. So, I lifted her, on my back, and climbed."** Michelle told us how hard the experience was, not just physically, but also emotionally. She felt stressed, and overwhelmed, and worried that she might fall and injure herself and her daughter. **"No parent should have to carry their disabled child on their back just to access healthcare. But I couldn't say no. That was the only appointment we got… It feels like the system doesn't see us. We're invisible. And all I wanted was someone to check my daughter's teeth. She already faces so many barriers. Why should seeing a dentist be another one?"**

Stories like Michelle's show that getting access to health and care isn't always equal for everyone. For many people living with a disability and their families, even something as simple as a dental appointment can become a major challenge. No parent should have to struggle or put themselves at risk just to get their child the care they need. When NHS services are stretched and not set up to meet everyone's needs, it's often those with the greatest challenges who face the biggest barriers.

What action did we take?

- We contacted the dental practice directly to raise accessibility concerns and ask what reasonable adjustments they offer to patients living with a disability.
- We shared the case study with the South East London Local Dental Network to support system-wide discussions on improving accessibility and inclusion in NHS dentistry.
- We shared the case study with the South East London Integrated Care Board (SEL ICB) who are responsible for dental commissioning in Greenwich, to highlight the barriers faced by people living with a disability when accessing NHS dental care.
- We asked commissioners what processes are in place to ensure that NHS-contracted dental providers meet their legal obligations under the Equality Act 2010.
- We contacted the Primary Care Commissioning Team at SEL ICB, to ask how NHS dental practices share information with residents about their accessibility arrangements and reasonable adjustments.
- We asked commissioners to carry out an audit of accessibility across NHS dental practices in Greenwich.

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Families’ Experiences of SEND Services in Greenwich

In May, Healthwatch Greenwich attended the annual Willow Dene Information Fair, a local event that brings together families, schools, community groups, and public services. It’s a chance for families of children with special educational needs and disabilities (SEND) to speak directly with services and share their experiences. We heard from parents and carers about what’s working well and where things could be improved to better support their children’s needs.

Local Schools as a Lifeline

Families spoke warmly about the support their children receive from Willow Dene School, with many calling it a “lifeline.” For them, the school is more than just a place to learn, it’s a key part of their lives. Parents said the staff are kind, caring, and always ready to listen. They feel supported and understood, not just as parents, but as a whole family. Many said they rely on the school for advice and stability, especially when dealing with the wider, and often complicated, world of SEND (special educational needs and disabilities) support. One father said, **“This school, the care, the education, the facilities, I feel so lucky.”**

Challenges with Accessing Wider Support

Families told us they often faced a number of challenges when trying to get the right support for their children. All spoke about long delays in getting assessments, appointments, or referrals, which meant their child’s needs weren’t being met as quickly as they should have been. **“We’ve been waiting two years for an ADHD assessment and haven’t heard anything.”** Others said that even when support was in place, it wasn’t always tailored to their child’s individual needs: **“I’d really like to see our speech therapist more regularly. It’s just not enough time.”**

Many said it was difficult to know who to speak to, and that communication between services didn’t always work well. They described having to repeat the same information, which was frustrating and time-consuming. This left many parents feeling exhausted and unsupported. Rishin, a father of a nine-year-old daughter, shared how a delay in housing repairs caused serious problems for his family. **“… they don’t always communicate with each other in the council. This month, we had no water for more than five days. We’re supposed to be on the priority list for repairs, but when I called the council, they said there was no record of a disabled person living in our house. My daughter has incontinence; it should’ve been a priority.”**

Another parent, Linda, described how changes to hospital arrangements for blood tests caused distress for her son: **"We've always had his blood tests at Dolphin Ward at Queen Elizabeth Hospital. But this year, now that he's turned 12, they sent us to the main adult blood test department. Have you been there? It's totally inappropriate for children, especially those with SEN. I called and complained, and eventually they sorted it, but I'm worried I'll have to fight again next time. I just don't have the time or energy to keep pushing for things that should be standard."**

Families told us they were worried about cuts to support services, especially respite care and social activities for their children. Some said these services were already hard to find and are now becoming even less available. Some families also shared concerns about the future of local charities and community groups that help fill important gaps. Parents rely on these services for day-to-day support and are worried they might not be able to keep going if funding is reduced.: **"I'm really happy with the support my son gets from All Kids Can. It's such a joy seeing him get out, play, and enjoy himself. But the funding, it feels like it gets cut every year. We need more places where kids can be kids, especially during school holidays."**

The stories we heard from families at the Willow Dene Information Fair speak to a wide range of issues that continue to affect children living with SEND and their families. Parents described a system that too often relies on them to chase, coordinate, and advocate, simply to access support. This places an unfair burden on those already managing complex and demanding situations. It's clear that current systems and processes are not working for everyone, and children with SEND are being disproportionately affected.

We know there are committed professionals who do their best within a complex system, and we also know that change is possible when services and families work together. Listening to what families are telling us, and responding with action, is key to building a system that is fairer and more inclusive.

What action did we take?

- We shared this feedback with the Royal Borough of Greenwich SEND leads, the Local Area SEND Partnership Board, and South East London ICB.
- We raised specific concerns about inappropriate service pathways and missed priority flags (e.g. housing repairs, hospital blood test referrals) with the local authority and the Lewisham and Greenwich Trust.

- We asked the Royal Borough of Greenwich to review how it ensures children with SEND are clearly flagged across departments (e.g. housing repairs).
- We contacted the Lewisham and Greenwich NHS Trust to ask what safeguards are in place to avoid inappropriate transitions for older children with SEND.

We are committed to monitoring the response to this feedback and keeping families informed about the responses we receive and any resulting changes or actions.

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Listening to the Nepalese Gurkha Community

In June, Healthwatch Greenwich met with members of the Nepalese Gurkha community. Over 40 older women came together to share their experiences of using local health and care services. With help from a community leader as interpreter, the women spoke openly about the challenges they face. These included problems with accessing interpreting facilities, not being able to use online tools or services, and services that lack of understanding of their cultural needs.

Trusted local services

Among the many services discussed by the women we spoke to, Ferryview Health Centre was highly thought of. Women said they felt genuinely supported, listened to, respected, and treated with patience, especially at the first point of contact. Reception staff were praised for taking the time to explain things clearly, and offer reassurance in a calm and respectful manner. **"At Ferryview Health Centre, they always have two receptionists. They are patient and try their best to help us. You don't feel like a burden, they take the time to listen,"** said Sita.

Language and Digital Barriers

Across a wide range of health and care services, not having access to an interpreter was one of the most common problems women told us about. For residents who speak little or no English, this can make something as simple as booking an appointment, or understanding medical advice, confusing, stressful, or simply impossible.

Of the 42 women we spoke with, only one person said she was regularly offered an interpreter when using health services. Others said that even when they asked for help, interpreter support wasn't available, or wasn't provided in a way that met their needs.

One woman told us that she couldn't book a dental appointment because an interpreter wasn't offered. Without someone to help her understand the booking system and communicate with the receptionist, she was left with no clear way to get the care she needed.

“Bring Your Own Translator”

Many women told us they are often asked to bring their own translator putting the responsibility on them, not the service and runs counter to the NHS’s legal obligations with regards to the Accessible Information Standard and the Equality Act. **“At my GP surgery, they told me to bring someone who can translate. But what if we don’t have anyone?”** Parbati shared. Not everyone has a friend or family member who can help, especially during the day.

Asking friends or family to interpret can create other problems, especially when talking about sensitive issues. Some women told us they didn’t feel comfortable sharing intimate or highly personal health issues if a relative or friend was translating for them. Others worried that their relative might not understand or explain things properly. We also heard that young relatives, particularly those who have grown up in the UK, who are often asked to interpret for older family members, might not know the right words in their community language to talk about medical conditions or treatment options. This can lead to misunderstandings, missed information, or poor health outcomes.

Digital Barriers

While online systems are increasingly used to manage health needs, such as booking appointments and ordering prescriptions, many of the women we spoke to told us these platforms are simply not accessible to them. Most didn’t know how to use computers, navigate websites or use mobile apps, and even locating and activating an on-line translation tool was impossible for them.

“Online booking doesn’t work for us,” said Maya. **“They keep telling us to go online, but we can’t.”** Many had been told repeatedly by health and care services that they should use online systems to manage their care. But without digital skills, English literacy, or support to navigate these tools, that advice didn’t help them.

“We don’t know how to use the internet,” added Indira. **“And they don’t understand that. We just want to talk to someone face to face.”** For Indira and other members, the issue wasn't just about getting online, it was about being expected to use systems and tools that hadn’t been designed with their needs in mind. The lack of in-person alternatives left many women feeling excluded, anxious, or dependent on family members.

“I was told to go online to request a letter,” said Sabita. **“But I don’t know how to do that, and they won’t help me.”** Women told us that when they asked for help, it was rarely given, leaving them feeling dismissed and unsupported. Without the tools, language, or confidence to complete these tasks independently, they were left unsure how to proceed.

As a result, many of the women we spoke to felt unable to manage their care without help, which undermined their sense of independence and increased their reliance on others. This left some delaying seeking help for health concerns or avoiding contact with health and care completely – until it tipped over into an emergency. For the women we spoke to, the combination of digital exclusion, language barriers, and limited support created a system that felt almost impossible to access and emotionally exhausting to navigate.

Gaps in Follow-Up and Preventative Care

Women described long waits for GP appointments and delays in follow-up care after being referred to hospital services. These delays left them feeling uncertain, ignored, and increasingly anxious about their health. **“I’ve had hip pain for months,”** said Kanchhi. **“The GP said they’d refer me, but it’s been eight months, and I haven’t heard anything.”** Another spoke about receiving tests but not knowing the outcome. **“They never explained the results.”**

Concerns were raised about the monitoring of long-term health conditions. Women shared experiences of being diagnosed or flagged as at risk, but not receiving any follow-up or advice on how to manage their health. **“No one told me what to do next,”** said one woman who had been told she was borderline diabetic after a hospital visit. For some, basic monitoring had stopped altogether. **“They never invite us for check-ups,”** Meena shared. **“No blood pressure, no diabetes checks. We’re growing older with no support,”** said Laxmi. **“My husband only had his blood pressure checked once. The pharmacy wouldn’t do it, and the GP said go online. We can’t do that. We don’t know where to go now.”**

Supporting Self-Management

What emerged was a sense of being excluded. These women were not unaware of their health needs. Many were living with long-term conditions, but lacked the tools, access, and confidence to seek help in a system that did not understand their needs.

Despite these barriers, women wanted to take more control over their health and wellbeing, if the right support were in place. They were not asking for special treatment, but for meaningful access: support that acknowledges their language needs, and respects and recognises their cultural context, for example, by working with trusted community groups.

“We don’t expect everything,” said Til Kumari. **“But we want someone to listen to us and help us look after our health.”**

“Our members can’t travel far, and we don’t speak English. We want someone to come to our centre, to check our blood pressure and diabetes regularly,” said Gyan.

Trust, Stigma, and the Fear of Being let Down Again

During our open discussion, some women raised worries about the mistreatment of older relatives within extended family households, especially where they are financially or emotionally dependent on family members. Women spoke of friends or people they knew who experienced neglect or oppressive control but felt unable to seek support. **“It happens often,”** said Sunita. **“Especially to older women living with their children and in-laws. But we don’t know where to go or how to get help.”**

Gyan, the community leader, told us that concerns about the mistreatment of older people often remain hidden and unspoken. While some of this silence comes from stigma or the desire to protect family relationships, he explained that it also reflects something deeper: many people in the community don’t feel seen or supported by health and care services.

When someone has tried to get help in the past for other things, and felt ignored, misunderstood, or dismissed, it’s natural for them to lose confidence in asking again. Over time, this lack of trust builds up. So even when something as serious as abuse or neglect is happening, people think twice about reaching out. Past experiences lead many to ask themselves: “Why would this be any different?”

What Action Did We Take

Through this Feedback Report, we shared the findings from this engagement with key system partners, including:

- NHS South East London Integrated Care Board (SEL ICB)
- Public Health and Primary Care leads in the Royal Borough of Greenwich
- Safeguarding Adults Board representatives
- Local GP and community health service providers

We called for:

- Stronger oversight of interpreter provision across general practice and primary care.
- Clarification on how compliance with the Accessible Information Standard is being monitored and if/how service user experience is used to assess compliance.
- Local services to ensure alternatives to digital systems are available and proactively offered to those that need them.
- Culturally appropriate outreach preventative health and care services to better support older Nepalese residents.

In addition, we are working with Greenwich Safeguarding Adults Board to explore how safeguarding awareness, and confidence could be strengthened within the Nepalese community.

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Provider Response: June 2025 Feedback Report[3]

Greenwich Health

“We always welcome feedback on our services and it was disappointing to read the account provided by the patient in the last edition of this feedback report and we appreciate the opportunity to respond.

Firstly we apologise to the patient as it is clear their experience was not a good one, but it is important to clarify that this isn’t the usual way that our service operates. We have specific policies and procedures which ensure that patients are prioritised based on clinical needs (such as high distress) and/or for particular ages (under 2 years old).

In the last year the patient journey has been thoroughly reviewed by ourselves and in collaboration with NHS England, NHS elect and our colleagues in Lewisham and Greenwich Trust. We are fully confident that the findings and actions taken following the joint review of the patient journey from the front door are of a high standard. Alongside this, on reviewing the complaints and feedback mechanisms that we have in place, we certainly haven’t had any other issues or experiences of this type in the past. It would therefore be really beneficial for us to understand more about the specifics of the case to really uncover what occurred on this occasion so that we can identify where things didn’t go as planned and learn from the situation.

We continue to work hard on improving services and it is important to highlight that looking at the last 6 months of data, our Urgent Care has an average length of stay of under 2.5hours and over 95% of our patients are seen and discharged within 4 hours. Despite this success, we continue to review our working practices to find further improvements that can be made to enhance the experience for our patients.”

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[3] Response to Ifeoma’s case study, published in the June 2025 Feedback Report.

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

For more information on our feedback report, or to request it in large print or easy read format, contact:

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