healthwatch
Greenwich

Quarterly Feedback Report

November 2025 to January 2026

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 this quarter?

We heard from 511[2] people about their experiences of health and care services in Greenwich this quarter.

Feedback was shared through:

- outreach and community engagement
- community group events and projects
- emails, telephone calls and webform contact
- Stakeholder meetings

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[1] Image above taken from engagement with the Abkara Women's Group in November 2025.

In this report

Support requests received this quarter: What residents told us and what it means for the system

This quarter's signposting requests show where residents are finding it hardest to navigate local health and care services. Three key pressure points stand out: raising concerns about GP care, understanding social care and community support, and accessing clear information about rights and entitlements. The insights below show not only where residents need support most, but how we can collectively support residents earlier and more confidently.

1. GP complaints: residents seeking clarity and confidence

We heard from residents who struggled to understand or feel confident using the NHS complaints system. Several people reached out to us for support, unsure of their rights, who was responsible for delays, or how to escalate concerns appropriately.

What residents told us:

- After experiencing delayed referrals or diagnoses, residents often felt uncertain about who was responsible and what action they could take.
- People living with long-term conditions told us they needed clearer guidance on how to address their concerns quickly and effectively, particularly when delays affected their treatment or wellbeing.
- Residents also requested support simply to understand how NHS complaints work, who to contact, and what they were entitled to or could reasonably expect.

> *"I find making complaints really difficult because of my communication [needs]…I need someone to help me"*

Why this matters:

When residents do not have clear, timely routes to raise concerns, delays can go unchallenged and trust in services can be undermined. Clearer complaints pathways support earlier resolution, reduce escalation and help ensure concerns about care are addressed before they impact wellbeing.

Provider Response

South East London Integrated Care Board

"We are sorry to hear that some patients have been experiencing difficulties with complaints around GP services in Greenwich. In the first instance patients should discuss any concerns or complaints with the Practice Manager or someone else at the Surgery. All GP surgeries are required to have a copy of their complaints policy and information about how to raise a concern on their website. Sometimes it can be difficult to find this information as the websites have so much information for patients but typing 'complaint' into search usually works.

Patients, families and carers can also contact NHS South East London ICB's Patient Advice and Liaison Service (PALS) on 0800 328 9712 or contactus@selondonics.nhs.uk for information, advice and support. More information about making a complaint and PALS is available here: Making a complaint - South East London ICS."

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2. Rising requests for social care and community support

This quarter also saw a notable rise in people seeking help to understand or navigate adult social care pathways and community support options.

Many of these residents were juggling multiple pressures such as caring responsibilities, long-term conditions, and difficult housing situations while trying to coordinate care across multiple services.

What residents told us:

- Social care pathways felt complex and overwhelming, especially when coordinating across multiple services.
- Residents told us that information about personal budgets, funding routes and carer or family support was often fragmented or unclear, leaving them unsure what support they were entitled to.

- Families managing the care of older relatives wanted clearer information on housing options, home adaptations and the process for arranging home care assessments.

> *"I sought advice from the housing inclusion team and they have said I don't have priority for support.... I am in need of local support services to help with advice that might be able to help with my situation."*

Unclear social care pathways increase stress for residents and place additional pressure on families managing complex care responsibilities. These experiences align closely with neighbourhood priorities in Greenwich, particularly supporting people living with frailty, improving access to community-based care and reducing the burden on families. Clearer information and better coordinated support would help residents access the right help sooner and prevent needs from escalating.

3. Rights and entitlements: people need clearer, more accessible information

Several residents contacted us seeking clarity about their rights when using health and care services, often prompted by uncertainty about whether they might be refused care or asked to meet requirements they did not fully understand. These concerns were not raised in isolation; they frequently sat alongside wider anxieties about accessing services during periods of ill health, caring responsibility or transitional periods.

What residents told us:

- They were unsure what GP practices can and cannot ask for, such as ID for registration.
- People were often unaware of patient safety initiatives like the GP Charter or Jess's Rule, noting these were not routinely displayed or explained.
- Residents said they lacked simple, trusted information about how local services work and what they can reasonably expect or ask for in their care.

> *"Before you mentioned it, I had never heard of Jess's Rule, there's nothing in the surgery… no posters"*

When residents are unaware of their rights and entitlements, they may face avoidable barriers to care or delay seeking support. Making rights-based information clear and visible supports fair access and builds confidence.

What this means for neighbourhood care

Across all signposting requests, residents find it extremely difficult to navigate multiple services, often with multiple points of contact, differing processes, and limited communication between teams.

This is especially challenging for those who are caring for relatives, live outside of the borough but manage the care of a loved one, are new to the area, have limited digital access and extensive communication needs. Residents told us that it is the coordination, not just the care needs themselves, that becomes overwhelming.

When coordination between services is unclear, the burden of navigating care falls to residents and families. This increases the risk of delays, duplication and unmet need, particularly for those already managing complex circumstances. These experiences underline the importance of neighbourhood working, where continuity, local knowledge and visible points of support can help ensure support is more visible, connected, and rooted in local relationships.

Taken together, these insights highlight key opportunities to inform the development of neighbourhood working.

1. **Clearer communication pathways**
    - Helping people understand who does what, and how to access support, before problems escalate.
2. **Joined-up support for people with complex needs:**
    - Integrated neighbourhood teams are well placed to support residents who are juggling housing, care, and health concerns simultaneously.

3. **Proactive information and rights-based guidance:**
    - Many residents do not need a service, they need clarity. Accessible guidance could prevent stress and reduce avoidable pressure on frontline teams.

Provider Response

South East London Integrated Care Board

“We are disappointed to hear that residents have expressed to Healthwatch Greenwich that they need clarity regarding their rights around accessing health and care services, and we request support from Healthwatch to share this information and help increase awareness:

People are not required to provide ID to register for or access GP services. Surgery staff may ask for this as it can make things easier for them but it isn't a requirement. There is more information on this on the NHS website: Register with a GP surgery – NHS.

The GP Charter and Jess's rule are both important recent developments in primary care. Since August GP surgeries have been required to include a link to You and your general practice on their websites. This has sometimes been described as the GP Charter.

Jess's rule has only just been formally launched. All GP Surgeries are being written to and sent posters and other literature about it by the Department of Health and Social Care from 17 January 2026 so we would expect information for patients to be available soon.

The helpful feedback relating to neighbourhood care will be used by Healthier Greenwich Partnership to help shape the new neighbourhood health service in Greenwich.”

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Kate’s story: When “digital first” becomes “access last”

Kate, 47, lives with autism and finds communication difficult. For many years she was able to simply book a GP appointment by telephone. Although this was stressful for her, it was a workable route into care. When her GP practice moved to an online-only booking system, accessing care quickly became much harder.

Barriers Created by the System

Kate tried to use the online form but found the layout, multiple questions, and language confusing. When she phoned for help, she was told staff could complete the form on her behalf. In practice, this created a more complex and fragmented process:

“Before, it was one stressful phone call. Now it’s three, one to ask for help, another from someone filling in the form, and then a separate call for the appointment.”

Kate explained that multiple calls were very difficult because of her communication needs. The practice advised her to come in and use an iPad with staff support. This option assumed she was able to attend in person, something that is not always possible because of her autism-related sensory and communication needs.

“Sometimes I can’t even go outside. It’s all extra communication.”

When she did try to follow this advice, she arrived to find no staff available to support her. She was asked to come back later.

“If you tell people to come in for help but then there’s no one to support you, it just makes things harder, not easier.”

Emotional Impact

During a final attempt to book, the process became so overwhelming that Kate broke down.

“I said, ‘I can’t do this,’ and put the phone down. When they called me back, it felt like I was being told off for being upset. I know she was trying to help, but I felt like she was telling me I was stupid, like it was easy to do what she was telling me to do. It puts me off ringing at all.”

Kate never managed to book the appointment. She even considered paying for private GP care, not because she wants to, but because she feels she has no other option.

"It feels like I'm not able to get care anywhere."

Equity Issue

Kate's experience is not about a patient struggling to adapt. It is about a system that does not always recognise and respond to communication needs and creates additional barriers.

- The new "digital first" system assumes everyone can use online forms, but many people cannot.
- Other ways to book an appointment were supposed to exist, but they didn't always work.
- The practice did not consistently make the simple adjustments Kate needed.
- The way the system was designed made things harder for her, adding extra barriers.

"This new appointment system has made me feel more disabled and more isolated, not like a patient who's part of the practice."

What Needs to Change

Kate's story shows where the system needs to change:

- Offer real alternatives to online booking, not just digital-first.
- Reduce the number of steps for people who find communication difficult.
- Make sure support is available when promised.
- Train staff to understand communication needs and respond with sensitivity.
- Record and respect patient's communication needs, so they don't have to explain each time.

Our Role

We supported Kate to share her experience with her GP practice and the south east London Integrated Care Board, highlighting both the barriers she faced and the wider impact on patients with communication needs, and we connected Kate with dedicated advocacy support.

We highlighted the broader learning for commissioners and practices, that digital transformation must be accompanied by equity assessments and mechanisms that safeguard access for those who cannot use digital tools. We emphasised the need for greater staff training on accessibility and sensitivity, and the importance of reasonable adjustments to help make primary care easier to navigate and more accessible for all patients.

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Provider Response

GP Practice

"Thank you for bringing this significant issue to our attention. We have recently transitioned to a clinical triage system as part of the NHS Modern General Practice model. This change was introduced to ensure patients receive care from the most appropriate professional at the right time, improve access, and enhance patient safety. By assessing needs upfront, we can prioritise urgent cases, reduce delays, and make care more personalised.

As part of this transition, we require patients to complete an online consultation that is then reviewed by a clinician. In instances where the patient is unable to complete the online consultation, our patient care team (receptionists) have been instructed to complete online forms on their behalf. However, the experience you have shared highlights that some patients still face challenges with the online booking system.

In light of this feedback, we have made some changes:

- We are starting to keep a list of patients who are unable to use technology, so we can identify and support them more effectively.
- We are collecting information on each patient's preferred method of communication and using that to contact them.

- We have updated the messaging when sending booking links to include clear guidance: “If you are unable to use the link, please call us."

We remain committed to refining our processes to better serve our patients. Clinical triage is essential to ensure patients receive timely, appropriate care, and these changes will help us achieve that goal.

We are very sorry that the patient had a negative experience on this occasion. If there is anything we can do to assist the patient in regaining confidence in contacting the practice, please do not hesitate to reach out. We will also share this feedback with the team as a learning opportunity. “

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Provider Response

South East London Integrated Care Board

“NHS South East London ICB would like to thank Healthwatch and Kate for highlighting Kate's experience. We have been supporting all GP surgeries in Greenwich to improve access for their patients and we are sorry to hear about this experience. We understand Kate's surgery are working with her to identify and put in place access support that works for her. The new digital consultation tools are the best and most convenient option for most patients. They are available during all core hours and patients usually receive a response on the same day outlining how their request will be dealt with.

Patients who have difficulty contacting their surgery or booking appointments, and who require adjustments to meet their individual needs, should inform the surgery. The surgery can then put a flag on their records for reasonable adjustments and work with them to agree on how these will be managed, in line with the Reasonable Adjustment Digital Flag (Equality Act 2010). “

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Priya's story: "No one should wait in pain for hours because there isn't a porter"

While on holiday, Priya injured her right knee. She assumed it was just a minor sprain, but after returning home, the pain became unbearable. Her knee had swollen to twice its normal size, and she could barely walk. Worried, Priya contacted her GP.

"The doctor saw me the same day as an urgent case and took my pain seriously. She looked at my knee and said, 'You need to go straight to A&E.' She even told me what to ask for: an MRI and a referral to orthopaedics."

Following her GP's advice, Priya went straight to Lewisham Hospital A&E. There, she was given strong painkillers and referred for an X-ray. Staff provided her with a wheelchair and told her to wait for a porter to take her to Radiology. But after two hours, Priya was still waiting.

"I was sitting there, drowsy from the painkillers they'd given me, barely able to keep my eyes open," she recalls. "I kept thinking, has anyone called the porter?"

When her doctor happened to pass by, Priya asked about the delay.

"He was so apologetic and explained that there must not be a porter available. He offered to take me himself and wheeled me to the scan, but I could see how busy he was," Priya recalls.

Priya was later discharged with painkillers and instructions to do some gentle exercises. But by the third week, she was still unable to walk, and her knee remained tender and swollen.

"I kept thinking maybe I was doing something wrong," she said. "But no matter what I did, the pain just wouldn't go away."

Concerned, Priya followed up with her GP, who advised her to return to A&E.

This time, Priya was seen quickly and referred directly to an orthopaedic specialist.

"The orthopaedic doctor was wonderful," she says. "He took the time to explain everything. He told me I needed a specific type of brace, and he arranged for me to see the physiotherapist that same day."

The physiotherapist was equally kind and thorough.

“He was patient, encouraging, and explained why movement was important, even when it hurt. He also booked my follow-up appointment on the spot.”

Exceptional Staff but a System Stretched

Although grateful for the care she received, Priya’s experience left a lasting impression.

“The people were amazing,” Priya says. “But the system is under strain. No one should wait in pain for hours because there isn’t a porter,” she adds.

Priya’s story highlights how something as simple as the shortage of porters can delay care, adding pressure to clinical staff, and leaving patients overlooked. “You don’t think about porters until you need one,” she says. “But without them, the whole system slows down.”

We shared Priya's experience directly with senior staff at Lewisham and Greenwich NHS Trust. We highlighted how operational pressures, especially staffing shortages, can have a direct and distressing effect on patients. We emphasised the importance of communicating clearly with patients during their transfer between hospital departments.

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Provider Response

Lewisham and Greenwich NHS Trust

“Healthwatch Greenwich have consulted with Lewisham and Greenwich NHS Trust in relation to this case study. The Trust is currently reviewing the concerns that have been raised, and a full response is being prepared. This will be shared in the April edition of the Healthwatch Greenwich Feedback Report."

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Talia's story: "I felt stuck. I'd been moving around a lot and didn't have the documents they were asking for"

After several moves across the borough, Talia found herself struggling to stay connected with local health services. She hadn't seen a GP for more than three years and when she recently needed a fit note for her employer, she discovered she was no longer registered at her GP practice.

Talia tried to reregister with her GP. However, she was told she needed to provide proof of identification, something she didn't have.

"I felt stuck," Talia explained. "I'd been moving around a lot and didn't have the documents they were asking for."

Our Role

Not knowing where else to turn, Talia contacted Healthwatch Greenwich for advice. Our team took the time to listen to her situation, reassure her of her rights, and explain that GP practices should not refuse registration to anyone because they don't have proof of ID. We guided Talia through the process of registering as a temporary patient, making sure she understood each step and what to expect from the practice. We also included general information about how ID applies to GP services: although it can be needed for accessing online services, it is not required for registration itself.

Talia's experience highlights how administrative barriers, such as the need for ID or proof of address, can prevent people from accessing essential healthcare. By providing clear information and reassurance, Healthwatch Greenwich helped ensure Talia could exercise her right to GP registration and get the support she needed.

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Provider Response

South East London Integrated Care Board

“We are sorry to hear that Talia was wrongly informed that she needed to provide proof of identification to register with a GP surgery in Greenwich. We understand Healthwatch are in contact with the GP Surgery in question. We will also remind them of the national guidance around ID requirements. “

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Insights from the Deaf Awareness Fair: Strengthening equity in Greenwich health and care

Healthwatch Greenwich attended the Deaf Awareness Fair at Glyndon Community Centre, an event bringing together members of the Deaf community, family members, facilitators, and two BSL interpreters. Our purpose was to listen to and understand the barriers Deaf residents face, and to ensure their voices directly inform improvements in local health and care. This engagement is part of our wider commitment to strengthening equity and inclusion for Greenwich residents whose communication needs are often overlooked. Insights from the event are now feeding directly into our engagement with NHS partners and Queen Elizabeth Hospital, ensuring that what we heard translates into action.

The Cost of Poor Communication

Residents spoke openly about the difficulties they face when trying to access care. Many described being denied BSL interpreters, even after clearly requesting one, leaving them unable to communicate effectively during GP and hospital appointments. Some recalled being spoken to through family members instead of directly, which left them feeling excluded from decisions about their own care. Others explained that written notes or lip-reading were often used as substitutes for interpretation, methods they found unreliable, tiring, and deeply frustrating. Crucially, these methods fail to meet the language needs of many Deaf people, whose first language is BSL and for whom English is an additional language. This means that relying on written English or lip-reading does not simply make communication difficult; it can compromise understanding and autonomy.

Moreover, while basic sign language training has been introduced across primary care to support accessible communication, how consistently or effectively this training is used in everyday clinical practice remains unclear.

Giselle shared her experiences, “Without an interpreter, it becomes harder to get my issues across, and most of the time, I feel that I just get sidelined.”

Angus described experiences at Queen Elizabeth Hospital, “They shout your name, but then when you go to them after waiting for hours and ask about your turn, they say they shouted your name and you tell them that you’re Deaf. But they tell you to wait for more hours. Staff should have knowledge of basic sign language.”

A Call for Fairness, Not Favouritism

A strong message running throughout the event was the call for fairness. Residents were clear that they are not asking for special treatment, only equitable access. They want Deafness to be recognised as a communication difference, not a limitation, and for reasonable adjustments to be built into everyday service delivery rather than treated as optional.

As Anok put it, "There's no Deaf awareness [Queen Elizabeth Hospital], no BSL or communication support. How can I be treated properly then? Even at my GP, there should be a process to communicate with my doctor if I've been registered as Deaf."

Many residents said booking appointments remains one of their biggest barriers, as most services rely heavily on telephone systems that Deaf residents cannot use effectively. Even when email or online contact is available, interpreter support is not always arranged for the appointment itself. This often leads to confusion, incomplete communication, and, in some cases, delayed care.

Noelle shared, "I've told them I am Deaf and it's on my patient profile, but they still ring me for appointments. Even after I complained, nothing changed."

Residents suggested that more BSL-supported options, such as video feedback and regular listening sessions with interpreters, would help improve engagement, strengthen trust, and ensure their concerns are properly heard.

Isolation, Wellbeing, and the Role of Community

Many residents described how communication barriers affect not just their access to services but their overall wellbeing. Difficulties in communicating with services often lead to frustration, loneliness, and a sense of isolation.

Lora described her experiences at Queen Elizabeth Hospital, "I felt really isolated on the ward and just anxious the whole time. There was no BSL interpreter, and they didn't tell me about what injections or treatment I was given."

Our Role

The event highlighted the ongoing barriers Deaf residents face in accessing local health and care services. In response, we have shared these insights with key system partners, including NHS South East London Integrated Care Board (SEL ICB), Queen Elizabeth Hospital, and Primary Care Leads within the Royal Borough of Greenwich, calling for coordinated action to address the inequities raised.

To ensure meaningful and lasting change, we have called for:

- Stronger oversight and accountability for consistent, high-quality BSL interpreter provision across General Practice and hospital care.
- Full adherence to the Accessible Information Standard, reducing reliance on written notes, lip-reading or family members, and ensuring appropriate communication support is always available.
- Clear, measurable action plans from commissioners, GPs and NHS partners outlining how they will improve BSL support, enhance communication accessibility, and monitor delivery of reasonable adjustments.
- More opportunities for BSL-supported engagement with Deaf residents, enabling ongoing dialogue, co-production and meaningful involvement in shaping local services.
- Embedding Deaf residents’ lived experiences within equality, diversity and inclusion planning across the SEL system, ensuring their needs are prioritised at both strategic and operational levels.

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Provider Response

South East London Integrated Care Board

“NHS South East London ICB would like to thank Healthwatch and participants at the Deaf Awareness Fair for this feedback. We are very sorry to hear about these experiences. We will discuss this with our health and care system partners and respond in more detail outlining actions “

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Provider Response

Lewisham and Greenwich NHS Trust

“All services across the Trust have access to British Sign Language (BSL) interpreters through our interpreting service, and we are sorry that this was not provided when it was needed. We are working with teams to strengthen awareness of the service and to ensure staff understand how to access interpreters, including outside of standard working hours.

To further improve communication and accessibility, we are also commissioning specialist training for our staff. This training is delivered by deaf tutors and is accredited for healthcare settings. The training covers:

- Understanding the barriers that deaf and hard-of-hearing people may face
- The different ways in which deaf and hard-of-hearing people communicate
- How to use positive communication methods to ensure equitable care
- Introduction to the finger-spelling alphabet
- Insights into deaf culture and the deaf community”

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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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