

## March 2022 Feedback Report



**The feedback presented in this report represents 305 responses from the following:**

- Calls and emails to Healthwatch Greenwich from Greenwich residents and service users.
- Meetings between Healthwatch Greenwich and groups of Greenwich service users or advocates.
- Information and experiences shared at outreach engagement sessions.
- Conversations as seen on social media, and on community and neighbourhood sites.
- Online reviews of services.

## Queen Elizabeth Hospital

Service user experience at Queen Elizabeth Hospital is mixed. While many praise the treatment and care they receive, not all have such a positive experience.

***“Cannot thank the nurses and carers enough during the first few days when I was in pain and feeling very unwell. Very friendly and made me feel at ease during my worst moments. Made me comfortable and settled me into bed and right away worked on easing the pain for me.”***

***“I was asked all the necessary questions to ensure that I understand the procedure and eliminate the possibility of misunderstanding. Even some of the students came to simply chat and support me before the procedure, which was nice. And all the nurses were amazing: very helpful, attentive, and polite – I got enough rest, food and drinks while recovering.”***

***“I’ve had a couple mammograms and ultrasounds in the last month and two biopsies within a couple weeks of each other. I was very nervous but need not have been. The doctors took time to address my concerns and discuss the issues in hand. I was not in any pain with the biopsies and the nurses were very comforting, gave me contact number for any problems, did my dressings etc. all the staff are very personable. I am so very grateful to all the staff in the breast care service.”***

We’ve heard from service users who use multiple departments or have stayed in more than one ward. They tell us they have good care and treatment on some wards or departments but not in others, and experience varies greatly between different<sup>1</sup> departments and wards.

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<sup>1</sup> See case of Abeni

### Communication and Care

Ernie is in his late 80s and used to enjoy an independent life in sheltered accommodation. Over the last few months Ernie has been in and out of Queen Elizabeth Hospital. Ernie's family say there have been several lapses in Ernie's care: ***"The team managing his care did not know of his medical history—we had to tell the doctor on the rounds that Ernie has had two heart attacks very recently and that they should review his care plan accordingly."***

Ernie had a fall at home and was admitted to QEH where he spent a few weeks recovering. ***"We were told he had dislocated and injured his shoulder, but getting an MRI took more than two weeks—and we still don't know why there was such a delay?"***

Ernie was offered a surgical procedure to help with his pain. However, given his age he was told there were significant risks. ***"Throughout his stay, the doctors never communicated anything to us directly. Ernie was calling us up and relaying the information. He doesn't have dementia, but given his age he can be forgetful, so it was not ideal."*** Ernie told his family he wanted the operation, despite the risks, that he had agreed his 'Do Not Resuscitate' (DNR) and said his final goodbyes to loved ones – in case the worst happened.

Just before it was due, the operation was cancelled because Ernie had been given blood thinners. The medical team said this medication should not have been given to Ernie before an operation. Ernie and his family were told the operation would be rescheduled and a date was given for a week later, and again Ernie said his goodbyes to his family. Just before the rescheduled operation, Ernie was told – since he was high risk – the operation wouldn't go ahead. ***"The same doctor who had said a week ago that Ernie would benefit from the operation, was now telling us the operation wouldn't go ahead because Ernie was high risk—it doesn't make sense. He had said his final goodbyes twice and twice his operation was cancelled. It's all been very emotional. Ernie's mental health has been affected. He seems confuddled."***

Ernie's family say their experience of care and communication at Queen Elizabeth Hospital has been poor: ***"Our experience has been not very nice. Ernie had a message board above his bed that said he was to be given soft foods only, but we found out he was given cheese, crackers, and pies throughout his stay. When we pointed this out to the nurse, they simply said they had not read the instruction!"***

Personal hygiene and dignity needs were poorly administered. ***"On another occasion we found he had not been washed or had his teeth cleaned for four days. When challenged, we were told they were short-staffed and would do it the NEXT day."***

Ernie has returned home but has lost confidence and much of his independence. Before his fall and long stay in QEH – he would go shopping alone, walk around the garden or park, or take the bus, unaccompanied, to visit friends and family. Now Ernie is home-bound and needs help with dressing and basic tasks. Ernie now sleeps in a chair because it's too painful to lie down. His family say he has been discharged from QEH without being given adequate support, care, or follow-up.

***“We were told Ernie needed physiotherapy after discharge but there has not been any update on that. There is no timeline on anything. He has not been given any exercises he could do on his own either. Without the operation we don't even know if the injury would heal, or he would need to live with the pain for the rest of his days. He asks us how long he needs to live like this—we have no answer.”***

### **Maternity Services**

While some service users report excellent care and treatment, others tell us their experience was poor and frightening.

***“Queen Elizabeth Hospital has delivered exceptional care during my pregnancy. From the maple team to the radiologists, consultants and midwives, nothing has been too much. Quality of care and how thorough they are checking you and your baby are is impressive. During labour there were unforeseen complications and the staff kept me calm and explained everything that was going to happen. I ended up having a C-section: they understood I was worried but were with me, talking through everything and holding my hand.”***

***“I gave birth at Queen Elizabeth Hospital on the xx of March and think the care we received during labour and delivery was exemplary. Everyone we interacted with during the entire process was extremely kind and we cannot speak highly enough of the midwife and obstetric doctor who delivered our beautiful daughter.”***

Some women tell us their care and treatment were poor and they had a negative birth experience. For these women, their unpleasant experience

overshadowed what should have been a happy, joyous, and momentous occasion. They say they are frightened to go back and would not have another baby at Queen Elizabeth Hospital. ***“I gave birth there, ... I am still traumatised; I regret giving birth there.”***

We heard from women who are pregnant now and have been so unhappy with the care and treatment received, they changed hospital – often with considerable inconvenience to them and their families. Moving hospital also means they have further to travel – which could make it more difficult for them to reach the hospital if they need to do so in a hurry. ***“I’m now more than 30 weeks pregnant. I started my pregnancy at QE but overall had a pretty bad experience. I felt rushed, my scans were not thorough, the staff has been rude more than once. I swiftly moved to another hospital<sup>2</sup> and there has been such a different experience!***

***One of my friends, also at QE, was given the wrong due date, was absolutely denied even a conversation about C-section (she had major spinal surgery a few years back). She’s also with the same hospital<sup>3</sup> [now] as me and her experience has been similar to mine, super positive, even though she’s under a different consultant and has seen different midwives than me...”***

### **Donating Breast Milk**

Mothers wanting to donate breast milk say they can’t get consistent or accurate information on if it is accepted and if so, how to donate. ***“When I tried donating when my son was a baby, they said they don’t accept it”***

***“...community midwives said it would be accepted but they weren’t sure how to do it”***

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<sup>2</sup> Lewisham Hospital

<sup>3</sup> Lewisham Hospital

### COVID restrictions at Queen Elizabeth Hospital

Abeni's aunt, Hula, was admitted to Queen Elizabeth Hospital for a surgical procedure. During Hula's five week stay, she was placed in four different wards. When Abeni tried to visit her aunt the first time at the hospital, she was told she could only see her from the outside. Abeni thought this was a restriction put in place to keep patients safe and minimise the chance of COVID spreading. ***"The staff parted the window curtains, and I could wave to my aunt. But, I saw the patient in the adjoining bed had a visitor visit them. It seemed unfair. Why allow some visitors and not others?"***

Abeni was confused and worried about her aunt, already weak and vulnerable, was not being protected from COVID. Abeni said that COVID rules changed from ward to ward, often on the same day – what was expected in one ward was different in another. Some wards had a very high level of COVID protection, while others had none. Abeni said visitors and relatives were not always told, leaving them confused and frustrated. ***"In one ward, I was required to take the COVID lateral flow test prior to our visit and wear full protective clothing during our visit. In another ward, there was no restriction. Visitors were allowed in even without masks! I was the only one wearing a mask. It was confusing for me. Do we, or do we not need to wear masks? I wore it because I thought it was the right thing to do. Visitors without masks could be spreading the virus but no one was stopping them."***

Already unwell and weak, Abeni was worried inconsistent COVID protection would put her aunt at risk. Other aspects of her aunt's care and safety also worried her. ***"I saw a patient who probably had dementia throw things at another patient in the ward. The nurses just asked the patient [on the receiving end] to close her curtains... While no one was injured it's stressful for anyone to be exposed to that, especially someone unwell and in hospital."***

### **Covid Restrictions at Queen Elizabeth Hospital**

Service users are unsure if COVID restrictions are still in place at Queen Elizabeth Hospital, or how changes are communicated to patients and visitors. When visiting A&E, service users report a wide range of COVID rules, with many finding it confusing. ***"You're allowed 1 person with adult and 1***

*with a child. This is confirmed. I was there Wednesday and had someone with me as did many other people."*

*"My grandson had to go last week. Both his parents went with him without issue"*

*"No one with adults, 1 parent with child."*

*"I was up there Wednesday night with my partner you can go with one adult"*

*"One person with the patient. I was at hospital myself today."*

### **Access to A&E**

Changes in the physical access routes for A&E are difficult for some. *"I had a nightmare last week. Walked my mum round to main reception to be told you can now not access A&E from main reception. We had to go back round the whole of the hospital to go to the A&E entrance by the ambulance entrance!"*

And potentially putting patients at risk. *"I had to visit the A&E through the ambulance entrance at night and got the fright of my life by a drunk person. And the lighting is terrible round the back"*

### Mental Health support for Cancer Patients

During the pandemic, Susan a 62-year-old ex-charity worker was due for an operation to remove cancerous tissue. A domestic abuse survivor, Susan says she found the attitude of some of the Queen Elizabeth Hospital (QEH) team managing her care unsupportive and lacking empathy. After years in a detrimental relationship, being blamed for everything by her husband, Susan said the treatment by some hospital staff was triggering. ***“I was made to feel it was my fault, that I have brought this on myself.”*** Susan said that one nurse told her that the team’s priority was younger women.

Having been signed-off work, post diagnosis, and out of an abusive relationship, Susan needed psychological support. This was not offered by the team providing her care at QEH and nor did they tell Susan, as a cancer patient, where she could get psychological help. ***“At one point I asked my GP for mental health support, they told me I was in victim mode and needed to get out of it. It made me feel suicidal.”*** Susan says she was not listened to and made to feel like she was asking for too much by her GP as well as by Queen Elizabeth Hospital.

Eventually, Susan was able to access mental health support, but only after she proactively contacted a charity for domestic abuse survivors. While she had positive experience at Guy’s and St Thomas, of her experience at Queen Elizabeth Hospital she says ***“I can’t bear to go back there. At least at Guy’s, they did not make me feel like I was the problem. Unlike QE, the nurses at Guy’s were compassionate and listened. I am angry. I don’t feel like a victim, but this has been a horrendous experience for me.”***



### **Parking and accessibility**

People who use disabled parking bays report the administrative system and signage is a hinderance. ***“It’s a shame that I now have to go all the way into the main building to register my blue badge, then I have to go all the way down the other end of the hospital to the education centre for my infusion monthly now.”***

***“...the sign is confusing for blue badge holders...can you now only park in the disabled bays?”***

Other car park users note that the digital only system effectively excludes those without a smart phone. ***“Queen Elizabeth hospital has no pay & display machines. I witnessed distressed relatives and one poor lady in tears.”***

***“Bloody ridiculous should still have cash [parking] machines there. Not everyone can use a mobile phone...feel sorry for the elderly and disabled.”***

### **GP Services**

Access continues to be the biggest challenge for many service users. However, once they have accessed the service, many appreciate the care and attention they receive. ***“...the doctor showed respect and understanding and took the time to explain things to my mother who is slightly deaf. This is something that people don’t always do when dealing with the elderly so is very much appreciated.”***

Families with relatives arriving from Ukraine are especially grateful: ***“...the whole team were extremely kind and helpful to my parents, who recently arrived from Ukraine. There were tons of information and paperwork to go through to properly register my parents on the system and start providing the right care for them and I honestly don’t know how I would manage without this [surgery’s] selfless attitude”***

### **Front desk staff**

Some service users praise the kindness and patience of front desk staff:

***“The receptionists are very good, patient and give you all the information you need. I have personally had a very good experience”***

***“The receptionists are always very polite knowledgeable and very, very helpful.”***

More often we hear about less than favourable experiences. Not all service users are aware receptionists are required to triage callers. As a result, the triage process is perceived to be gatekeeping and a barrier to prevent them accessing services. Some service users say staff are “rude” and “abrupt”: ***“...I was starting to speak to ask if I should try a walk-in centre, and also I needed to ask about online registration so I can simply book online in future - only to be hung up on! I was honestly fighting back tears feeling so uncared for and dismissed, and not knowing how to get help for an urgent medical issue.”***

***“But getting past the individuals to see a nurse or doctor will defeat you before you’ve been seen for whatever it is you are calling up for. The front desk initial contact are very poor in customer service.”***

***“...rude receptionist who recommended things that they are not qualified for ....”***

***“...their attitude is disgraceful...they give you appointments or solutions to your problem like they are the doctors.”***

***“Receptionist is incredibly rude, snide and condescending.”***

Front desk staff play a key role in the delivery of primary care. For most service users, they are the first point of contact, and access to health care professionals can only be obtained through them. While front desk staff are motivated by a desire to help as many people as possible, they are sometimes perceived as rude, impersonal, insensitive, or officious.

### **Telephone waiting time**

Service users continue to report long waiting times on the telephone (more

than 30 minutes), particularly during 'peak hours' (between 8 – 10am). Some say their calls are not picked up and others say they are **"cut off"**. Service users tell us they are locked in a frustrating cycle - forced to repeatedly call practices to make contact. **"...you can call between the hours of 8 and 9am but it's a miracle if you actually get through...and then when you are able to finally get on the line - the phone just rings and rings and rings."**

**"If you are a person who works full time, will you ever have the chance at 8am to wait on the phone for 40 minutes to fix your consultation? And how would your employer react if you were to waste the same amount of time at 13:30?"**

**"I've been on a call for more than 40 min to try and talk to someone, with no response-multiple times!"**

**"They don't answer their phones at all - very slow and subpar practice"**

**"I've been trying to call literally all morning and phone just kept ringing and ringing and ringing"**

### **Telephone consultation**

Whilst many service users find telephone consultations flexible and convenient, some say telephone consultations are sometimes inadequate, creating distress, and exacerbating painful conditions. **"I've hurt my coccyx and since after a few weeks I was still in pain I asked for an appointment. On the phone the doctor told me that I couldn't have a fracture because I wouldn't be able to walk, but she couldn't see me over the phone? She said not to worry, and to put on anti-inflammatory medication.. I asked if I should get a scan and she didn't take me too seriously, she made me feel like I was exaggerating the situation ..."**

Some service users resort to using hospital services to access face-to-face medical attention: **"My daughter got fobbed off with a phone call from the GP...took her to urgent care who transferred in ambulance to Queen Elizabeth Hospital where paediatrics treated her for croup with steroids."**

*“My little boy had a cough for over a month...the doctor called and told me it was viral (how did she even know it was viral over the phone). Ended up taking him to walk in clinic... they said he had croup. Honestly, it’s terrible”*

*“My 88 years old mother-in-law was given a phone consultation for breathing problems... they told her it was hayfever and to get antihistamine tablets from the chemist. 5.30am the following morning she had to call an ambulance. She spent a week in QE with blood clots on her lungs!”*

### Telephone Consultation

Nandita is an international student living in a house share with 5 others and hasn't been able to visit her home country since the start of the pandemic. She has complex mental health needs which worsened during the pandemic. Nandita has managed her mental health for number of years and knew she had to get in touch with her GP when she felt her mental health deteriorating. She says *“For some reason you can't actually speak to a doctor in person anymore. It's just phone appointments which seem very unprofessional to me.”*

Nandita said she didn't feel comfortable discussing issues on the phone where she could be overheard by her housemates. She says she felt rushed and unable to articulate what she was feeling. *I've had complex mental health issues for years and really needed to speak to a doctor in person. But I wasn't even given the chance. I found the whole thing so distressing it brought on more anxiety problems.”*

### **Digital Access**

eConsult has made it easier for many to access GP services with most receiving a rapid response to requests.: *“I have always received a prompt response when filling out an online enquiry to reception, and when using eConsult, I have always received a confirmation text or email immediately*

*and been contacted by the doctor or nurse practitioner within two days.”*

*“Generally happy about this GP and the whole team. Twice completed online request and was able to receive call back from doctor within two days. What works out perfect is I can take control of my health and still manage my work. And moreover, it felt good for not taking any of the slots for telephone calls in the morning – for urgent calls for patients who actually need them.”*

However, some report challenges using the platform and find the process inefficient: *“eConsult will route significant symptoms needing to see doctor straightway by calling the surgery direct – but they never answer and if they do, they say there are no available appointments and to dial 111 or go to A&E.”*

### **Public Health – HPV vaccine**

We saw a big spike in local social media chat about the HPV vaccine. Some, who are eligible, say they won't have it because of spurious claims from online (unverified sources) that say it's not safe or can have serious side-effects.

Others point out the vaccine has prevented serious complications and the necessity of both boys and girls receiving it. *“...rate of oral cancer is rising in young people because of oral sex so as well as protecting against cervical and other cancers. I am in favour of the vaccine...”*

*“I'm so glad boys too can get the injection now. The HPV family cause things like cold sores, warts, verruca and in extreme circumstances can turn to cancers. It's one of the biggest sexually transmitted diseases”*

### **Dental care**

Service users continue to report difficulty in accessing dental care for non-emergency treatment: *“It's very hard to get into NHS dentists at the moment – I have called a few in Greenwich and they're not taking new patients. I've only been offered private treatment – very expensive!”*

## 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

For more information on our March 2022 feedback report, contact: **'info@healthwatchgreenwich.co.uk'**

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