

# Monthly Feedback Report

Feb – March 2026

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## 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.<sup>1</sup>



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## What did we hear in Feb – March 2026

Between February and March 2026, we heard from 535<sup>2</sup> residents about their experiences of health and care services in Greenwich. Feedback this period reflects a mixed picture. Many residents spoke positively about the support available locally, and the commitment of frontline staff. At the same time, a number of consistent challenges were raised, particularly in relation to accessing primary care, navigating services, and confidence in the system.

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<sup>1</sup> Image above taken from engagement with the Chinese Women's Group in January 2026.

<sup>2</sup> Feedback collected through calls and emails to us, meetings between us and local groups or advocates, research reports and outreach and engagement events.

**“Again, the service was exemplary. I seemed to be leaving before I arrived.**

Imaging Dept, Queen Elizabeth Hospital

**“There are not enough appointments for demand and it is really hard to get through to them.**

GP Practice

**“It is the first time they have organised such events and so good that they are thinking of their patients who may need support.**

Community Café, GP Practice

**“There was just one consultant available... there was no communication about that so I had to wait for hours.**

Outpatient Appointment, King's College Hospital

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## Primary care: access, navigation and confidence in the system

Residents' experiences this period suggest that access to primary care for a minority is increasingly shaped not just by the availability of appointments, but by the ability to navigate complex systems in order to secure one. While changes to access models, including digital triage and online booking, have improved efficiency for many, they are not working equally for all residents.

A number of residents described being unable to access GP appointments due to reliance on online systems. One resident living with a significant disability explained that when they contacted a GP Surgery to request an appointment, they were told this could only be done online. Even after explaining that they did not have internet access, they were advised that there was no alternative. As they put it, ***"I don't have internet access, and they told me I would need to find a way to go online to book an appointment."***

Some described receiving frequent reminders about managing their health, while at the same time feeling unable to access support when they need it. As one resident explained, ***"They send reminders... but we can't see a doctor... we have to beg the receptionist."*** This disconnect contributes to frustration and uncertainty.

Access is no longer only determined by whether appointments are available, but by whether residents have the resources, skills, and confidence to navigate the routes required to obtain one. For residents experiencing digital exclusion, this creates a significant barrier to care. Where alternative routes to care exist but are

not clearly explained or consistently offered, residents may experience the system as closed or inaccessible.

Alongside this, residents described the system as difficult to navigate. Many spoke about having to repeat their situation multiple times and manage different points of contact across services. For what they experienced as a single issue, they often encountered multiple steps, different professionals, and unclear pathways. One resident captured this by saying: ***“They’ve made the system too complicated. There are too many people involved in one task.”***

Residents described needing to “push through” reception in order to be heard, before being directed to alternative forms of support such as the local pharmacy. While this may reflect appropriate clinical triage, it is not always experienced as a coordinated or transparent process. Instead, it can feel like a series of disconnected steps, with limited clarity about who is responsible for their care. The residents we spoke to are not rejecting new models of care such as being directed to a pharmacy rather than seeing a doctor, however they do not always understand how or why decisions are being made, or what their options are.

### Why this matters

#### **Access has been redesigned, but it’s not equitable for all**

Access to care is becoming increasingly dependent on an individual’s ability to navigate the system, which risks widening inequalities for those who are less able to do so. At the same time, while services may be organised in ways that are clinically appropriate, they are not always experienced as joined-up. This can result in care feeling fragmented, even where the underlying processes are designed to improve efficiency.

There is also evidence that these experiences are beginning to affect how residents engage with services. When people do not understand how to access care, or feel that the process is overly complex, they may delay seeking help or disengage altogether. This has implications not only for individual outcomes, but for the wider system, particularly in terms of prevention and early intervention.

## Provider Response

### Response from GP Surgery

Thank you for bringing this significant issue to our attention. In October 2025 we transitioned to a clinical triage system, and our patient care team (receptionists) have been advised to complete online forms on behalf of patients who are unable to do so themselves or have challenges getting online access. We are sorry that on this occasion the patient was given a different message. We are aware of the challenges of digital inclusivity and have a number of iPads in reception for patients to use to submit their online consultation request, our patient care team are on hand to assist patients with completing the form if they require help, as well as completing the request on their behalf if needed.

We are committed to refining our processes to better serve our patients. This includes identifying individuals who are unable to complete digital requests, understanding their preferred methods of communication, and finding ways to streamline the appointment booking process.

As a practice, we firmly believe that clinical triage is crucial to ensuring patients receive care from the appropriate professional at the most suitable time.

We are very sorry that the patient had a negative experience and will strive together to ensure that patients are not disadvantaged by the system and have unequal access to care. We will share the feedback with our patient care team as a learning event.

## Community Experience – Indian Cultural Society



We met with a group of older women from the Indian Cultural Society as part of our ongoing engagement with community groups. Most of the women we spoke to are living with multiple long-term health conditions and are regular users of health and care services. Their experiences provide an insight into how the system is working for residents with higher levels of need.

A consistent theme was a reluctance to raise concerns. Women spoke about feeling unable to challenge services when unhappy about their care, driven by a fear that doing so could negatively affect how they are treated in the future. As one woman explained, ***“We are old, and we are scared that if we say something, we won’t be treated well...”*** This reflects a feeling that their concerns would not be handled safely or fairly. Some women also described difficulties in fully understanding or navigating services, and spoke about the importance of clearer communication and easier access to interpreter support.

Experiences of care, particularly where delays or poor communication were involved, were also shaping how residents engage with services. Some described avoiding care altogether following negative experiences. One woman shared her husband’s experience of a long wait at Queen Elizabeth Hospital, where he

attended A&E: ***“We waited for 19 hours... now he prefers to stay at home and suffer.”*** Barriers to access are not only affecting residents’ experiences in the moment but are influencing future behaviour. Where residents feel unable to access care, are unclear about how the system works, or feel unsafe to speak up, they may delay or avoid seeking help altogether, increasing the risk that health needs go unmet or escalate over time. This is likely to widen existing health inequalities, as those with the greatest need are often the least able to navigate complex systems or advocate for themselves

## Community Experience – Arc and You, St. Peter’s Church



### Safeguarding Session with ARC and You Group

As part of our partnership with the Safeguarding Adults Board, we delivered a ‘Raising Awareness of Abuse’ session with ARC and You at St Peter’s Church. The session brought together over 60 community members from Nigerian, Ghanaian, Ugandan and Caribbean backgrounds and focused on building understanding of safeguarding, recognising abuse, and how to report concerns. While the session increased awareness, it also surfaced concerns about trust in statutory services. Residents described previous experiences where concerns had been reported but not acted on, or where there had been little or no follow-up. As one person explained, ***“You call for help and wait and wait, nothing happens.”*** The experience is that raising concerns does not lead to meaningful action.

Importantly, residents also described how negative experiences in one service shape expectations of the system as a whole. As one resident put it: ***“All services are the same.”*** Residents explained that when concerns, such as housing issues

are reported without response or visible action, this undermines confidence not just in that service, but in all services.

Concerns about confidentiality were also raised. Some residents described situations where reports made discreetly led to consequences exposing the person who made the report, creating a feeling that anonymity could not be guaranteed. As one person put it: ***“People have reported things quietly... then months go by and suddenly the police turn up and everyone knows who spoke.”***

These concerns were closely linked to fear. Residents spoke about the risks of reporting, including fear of retaliation and anxiety linked to immigration status. In some cases, experiences of seeking help had led to unintended consequences, reinforcing reluctance to engage with services in the future. As one resident explained: ***“Some people reported concerns hoping to get help, but instead the police got involved... after that, people were too scared to speak up again.”***

This feedback highlights how, while awareness of safeguarding can be improved through community engagement, fear, mistrust and previous negative experiences remain barriers to reporting concerns. For residents, this can mean risks go unreported and support is not accessed.

## Godwin's Story - "It felt like I'd slipped through the cracks"

Godwin, 78, is living with Parkinson's disease and has limited mobility.

In May last year, Godwin was admitted to hospital and was told he would have gall bladder surgery within four to eight weeks. The following month, he saw a consultant at Guy's Hospital, who confirmed that a letter would be sent to the surgical team to arrange his operation. ***"The doctor wrote a letter to the surgeon in June, but I never got a reply."***

What was expected to take weeks stretched into months, with no communication. There was no follow-up or coordination, leaving Godwin to navigate the system alone. Despite chasing for an update, Godwin did not hear anything until October, when he received a letter telling him there would be a delay. During this time, he was left with ongoing pain and discomfort, with no clear sense of when his situation might change. Day to day, this meant struggling with basic activities, managing unpredictable flare-ups of pain, and living with uncertainty about his health. For someone already living with poor health, this prolonged wait and lack of communication left him feeling anxious and unsupported.

In distress, in February 2026, Godwin spoke with his GP. Godwin knew that waiting times for surgery can vary between hospitals and asked to choose a hospital with a shorter waiting time.

***"The NHS is a bit of a lottery; your waiting time depends on where you live."***

The referral was made promptly, and the hospital Godwin chose responded quickly, offering him a surgery date less than eight weeks later. Although relieved to finally have a confirmed date, Godwin described the earlier experience as stressful and frustrating.

***"It felt like I'd slipped through the cracks. If it wasn't for me knowing my rights - I'd still be waiting for a date for my operation."***

Godwin's experience highlights patients' rights to choose where they have treatment. However, this right is only meaningful if patients are given clear, timely information and are supported to act on it. In this case, no one told Godwin he could have his procedure at a hospital with a shorter waiting list, he was lucky enough to know this information. Without this, he may have remained on a much longer waiting list. For patients like Godwin, who are managing long-term conditions, delays and lack of communication can have a disproportionate impact, increasing distress and the risk of deterioration.

## Godwin's Story

### **System learning and implications**

Godwin's experience suggests areas where changes in practice could improve patient experience and access to care:

- Hospitals should give patients regular updates about their position on the waiting list and expected timescales.
- Hospitals should consistently inform patients that they can choose where they are treated, including sharing differences in waiting times.

### **Response from Guy's and St Thomas' Hospital**

Guy's Hospital did not respond to our request for comment on Godwin's experience

## Hassan's Story: "It made me feel helpless"

Hassan, an 86-year-old housebound resident, contacted Healthwatch Greenwich for help in getting his medication delivered.

Hassan lives with lung disease, prostate cancer, arthritis, and has recurrent urinary infections. Due to his health Hassan can't get out and relies on a local pharmacy to deliver his medications.

Initially, deliveries were arranged twice a week. However, over time, the service became increasingly unreliable. What began as occasional delays escalated into a complete breakdown in delivery. When Hassan contacted us, he had not received his medication for 3 weeks. Despite repeatedly contacting the pharmacy, and the pharmacy promising delivery each time, no medication arrived. ***"Each time they promised to deliver on Saturday, but it didn't happen. I kept calling and calling, but nothing changed."***

As the weeks passed, Hassan was left without the medication he depends on to manage his conditions. With no clear communication, he became more and more anxious. ***"I didn't know what was going on. It made me feel helpless. What can I do? I'm going through a lot. I was worried my health would get worse without it."*** Running out of medication placed Hassan at risk. For someone managing multiple serious conditions interruptions to treatment can have significant consequences.

Healthwatch Greenwich supported Hassan and repeatedly contacted the pharmacy to follow up on the delayed medication and emphasised the urgency of the situation. After a number of repeated (broken) promises by the pharmacy and further chasing by Healthwatch Greenwich, eventually, Hassan's medication was delivered. Hassan received neither explanation or apology for the delay, leaving his confidence in the service shaken.

Hassan's experience shows how critical reliable pharmacy delivery services are for people who are housebound. When these services fail, patients can be left without essential medication, with very little ability to resolve the issue themselves. For Hassan, limited mobility meant he could not go to the pharmacy, and managing multiple serious health conditions made chasing with repeated calls both physically and emotionally draining. In practice, this left him dependent on a service that was not working, with no clear way to escalate the issue or secure the medication he needed. When the system broke down, there was no safety net around him, leaving him stuck, unwell, at risk of harm, with no easy way to put things right.

### **What action did we take?**

Healthwatch Greenwich intervened directly by repeatedly contacting the pharmacy to follow up on the delayed medication, highlighting the urgency and risks to the resident's health. We also provided clear, simple advice on what to do if problems happen again, including how concerns can be raised or escalated, so he is better supported in the future.

## Provider Response

### Response from Pharmacy

The Pharmacy did not respond to our request for comment on Hassan's experience

## Next Steps

We will continue to follow up on the issues raised through this report and work with commissioners, providers, and partners to ensure that residents' experiences inform service improvement. We will also continue to engage with communities to better understand how services are experienced and where there are opportunities to strengthen access, communication, and trust.

## Contact Us

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