

May 2021 Feedback Report



The feedback presented in this report represents 408 responses from the following sources:

- Calls and emails to Healthwatch Greenwich from Greenwich residents and service users
- Meetings between Healthwatch Greenwich and community representatives or leaders
- Meetings between Healthwatch Greenwich and groups of Greenwich service users
- Conversations on digital community forums and social media
- Online reviews of services
- Feedback from Healthwatch Greenwich events including Health Inequalities and Care Home Coffee Morning

### COVID-19 Vaccination

The vaccination bus received positive feedback with users praising its convenience. Queries from younger service users are frequently about “extra doses” and how to get them. Some believe leftover doses are thrown away at the end of the day rather than given to those who want them.

*“I am under 30 and I think not giving it to us is stupid as they could be getting more people done who generally want the vaccine instead of them throwing them away at the end of the day”.*

Other general vaccination queries include:

- if there are alternatives like nasal drops for those with a fear of needles
- how people with autism and learning disabilities, who are reluctant to engage, get vaccinated
- what to do if a second dose is missed, or if there is a delay in getting second dose
- how to make sure they get the correct type of vaccine if they have previous history of blood clots or are allergic to some of the ingredients
- if vaccination slots can be booked on the NHS website
- how to book vaccination slots at pop-up clinics
- if service users in younger age groups can get vaccinated at walk-in clinics

East and West African groups report:

- a lack of trust in UK vaccination messaging leading some members of the community following guidelines from their home countries - some of which played-down or denied the presence of COVID-19.
- fear amongst elderly members of their community about vaccines
- undocumented migrants unable to get tested or vaccinated
- men in the East and West African community being less engaged/compliant with public health messaging on vaccination

### Healthwatch Greenwich - Health Inequalities Event

Our health inequalities event<sup>1</sup>, held one year on from the murder of George Floyd, examined what progress has been made on reducing health inequalities and how local people can get involved and shape the work yet to be done.

While residents welcomed the work and commitment to change shared by commissioners and providers of health and care services, many felt the plans and progress shown in the presentations did not ‘fit’ with their recent lived experience of using services.

A member of the Healthwatch Greenwich Black, Asian and Ethnic Minority Advisory Group spoke powerfully with a comment that resonated with many:

*“You want us to be flavour of the month for the vaccine, but people have been suffering with high blood pressure, sugar diabetes, fibroids, and maternity issues. We’ve always wanted their [our communities] voices to be heard,*

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<sup>1</sup> Find the recording of the event at <https://www.youtube.com/watch?v=m4tA3CbnBPI>

*wanted dialogue, but it's taken a pandemic to get you to realise OUR LIVES MATTER. The sickle cell unit was closed down, and yet 66% of the population in Thamesmead are from the Black and African Caribbean. Our voices are not being heard for the things that's important to us, but you want us to hear your voice for what's important to you [vaccination]"*

## GP services

Feedback on GP services continues to be mixed<sup>2</sup>. Service users are generally positive about the treatment received from doctors and health care professionals. However, many report difficulty getting appointments, receptionists 'gate-keeping', and problems using digital platforms.

While service users understand GP practices have made changes because of restrictions imposed by COVID-19 and access is predominantly digital or by telephone, service users say it puts an additional burden on them - the onus is on them to find information about these changes and work out how to use this new system - rather than practices actively (not just a note on the website) informing patients the system has changed and providing support to access the system in a new way.

## Reception staff

Service users continue to report poor experience with receptionists - described as "frustrating", "shocking" and even "intimidating".

*"My doctors will only phone you or see you if the receptionist thinks you're dying enough. If the reception gets a hint of wellbeing in your voice, you have no hope of a doctor call or visit"*

One practice received multiple negative comments about reception staff - with service users saying they, at point of contact, are often asked if their "issue is serious enough for an appointment".

*"Regarding the medical staff, nurses, doctors, I had no issues for the past 3 years. They are polite, knowledgeable, and caring. The reception is the real problem in this practice. Very, very unfortunate. Still don't understand why the NHS does nothing regarding the amount of complaints about the receptionists. It is absolutely unacceptable, and something should be done"*

This practice also received multiple negative comments about:

- lack of signage outside, or near the intercom on the street entrance, making it difficult for service users to gain access to the building
- not being contacted about test results
- delays in sending prescriptions to the pharmacy
- phone calls not being answered

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<sup>2</sup> See our Feedback Reports for February, March and April

## Econsult

The negative feedback we receive on econsult is increasing. While some service users praise the convenience of using the service and report being contacted by a GP within 24 hours, others have less positive experience. Some are worried that using econsult will be the only way to access surgeries.

*“Can’t even phone the surgery for appointment-have to go through econsult and they decide if you need to be seen. Can see this becoming the norm now even after Covid”*

Some service users tell us they feel econsult is inefficient, creates additional stress, and ultimately adds no value for patients.

*“Called in the morning to request an appointment. I was told I need complete econsult as no appointments are available. After 20 questions I was told I need to call 111, the practice or seek medical advice elsewhere. I called the practice and was told to call the next day. The next day [I called] I was again asked if I completed econsult. Ended up being asked to go to the surgery. What is the point of econsult?”<sup>3</sup>*

Other concerns with econsult raised by patients are:

- having to choose from a list of symptoms/conditions that do not have relevance for their issue
- too many questions that are not related to their condition
- GPs not calling back

*“I went through econsult on Monday and was informed the doctor will call. Heard nothing so phoned reception on Wednesday. They said they hadn’t received it [econsult] which I find hard to believe”*

## Getting an appointment

Delays and difficulties getting appointments are widely reported across many surgeries.

*“Primary care is a bloody disaster - hiding behind the pandemic. Why aren’t they open? Hospitals are - everyone else is”*

One service user, in the end, felt forced to resort to private health care.

*“Getting an appointment or speaking with a doctor is like jumping through hoops! I have been calling for weeks to get my son’s results only to be told after several attempts that I need a phone appointment, for which I have to wait now for 2 weeks! I currently have an urgent medical issue, that needs immediate attention and a referral. I had to go privately, once again, to get things resolved as I cannot cope with all this stress”*

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<sup>3</sup> This is an illustrative case and service users across practices report similar experience with econsult

### Face to face appointments

While some service users are keen to use digital platforms and welcome the use of telephone appointments, others are concerned that face-to-face appointments are becoming increasingly hard to access. Service users are incredulous that they can go into a pub and get a drink, visit a shopping centre, or go in and out of multiple public venues with many face to face interactions with strangers, but they can't get a face-to-face NHS GP appointment.

*“There is more chance of winning the lottery than seeing a doctor face-face”*

*“I want to see my doctor not have a conversation with him over the phone”*

There is also confusion about when face to face appointments will resume and when patient preference will be respected or considered.

*“I thought face to face appointment was made available if you requested it? You ask for an appointment if you are ill - not to have a catch up because you have missed seeing the doctor for over a year”*

Some service users have less confidence in the efficacy of telephone or digital appointments and worry that diagnosis might be missed or delayed with digital or telephone appointments.

*“Lumps & bumps being missed-it's bloody dreadful.”*

### Lewisham and Greenwich NHS Trust

#### COVID-19

Service users visiting Queen Elizabeth Hospital report not having received clear instructions about COVID-19 tests and self-isolation rules before their appointments. At A&E, service users report windows not being open, and mask wearing not being followed by a large number of people.

#### In-patients

Some service users report a lack of care.

*“My husband was taken into A&E with a chest infection and was admitted to the ward for the night. He is disabled with a spinal injury, the nurses didn't know how to nurse him, he was unable to manage his drinks and they did not seem to want to help him. I found him folded in half on the bed and the dynamic mattress he was on was almost deflated. It was lucky he was being discharged otherwise he probably would have ended up with a grade 4 pressure sores. The nurses need training in basic patient care as well as treating them with dignity and respect.”*

### Outpatient appointments

While service users understand the extreme pressure Queen Elizabeth Hospital has been under, and they commend all the hard work that has taken place to keep us safe and well - they do want to know when services will be 'back to normal' and when scheduled appointments will return.

A service user who didn't receive a call for his cardiology appointment- due in February 2021 reports that he is yet to receive an appointment. On contacting the hospital to try and find out when the appointment might be - he was met with a dismissive attitude and told *"You are not the only one waiting"*.

### Blood tests

Not all service users are aware the process has changed, and they need to prebook blood tests and can no longer just walk-in. Many report waiting over an hour on the telephone to book tests while others say they've just given up after waiting for extended periods on the phone.

*"I rang the booking line was number 70 in the queue. I waited an hour until my turn came up at which point, the line went dead! They have to sort out this administrative mess. May I suggest an online booking system [ not a call back], which is hardly new technology these days."*

Some of those who use the link - to receive a call back - never receive a call, and if the call is missed - service users have to go back to the start of the process.

*"If you go online they say they'll contact you. Sometimes they don't. If they do, they call once only, so you could miss it. You cannot then ring back on that number as it doesn't accept incoming calls"*

Inability to book blood tests, and missing blood tests, because the system does not work has significant implications for those living with long-term conditions.

*"Tried to book a blood test but no success. The telephone booking says I'm in position 55. I tried the link but no one has called me back. I need to test at a certain time during the month. I'll have to wait till next month since I am unable to book one now"*

*"One needs to book blood tests well in advance. For the medication I am on I need to get regular blood tests and once I had to wait 3 weeks"*

*"Tests for my thyroid and my husband's diabetes hasn't been done for over a year. I am fed up with this situation"*

Parking can also cause unnecessary stress.

*"If you don't have any coins forget about parking your car. How is it possible that in this day and age they're completely blind to technology? They should upgrade the car park payments and get an app for this."*

### Urgent Care and A&E

Service users tell us it is now easier to get medical care and prescriptions at urgent care or A&E in Queen Elizabeth Hospital than getting access to GP surgeries.

*“[GP] appointment availability is so poor that I end up going to the hospital, A&E, for non emergency cases. I don't blame the doctors. I blame the person who is profiting from this institution by employing less staff [at the GP practice] and signing up more patients”.*

*“Last time I needed antibiotics for an ear infection I ended up going to Queen Elizabeth Hospital. I had reported it to the GP via econsult 6 days earlier and didn't get a response. Hopefully all of this will change and face-face appointments are resumed”*

However - not all A&E experiences are positive with very long waits to be seen. One service user told us they waited over 8 hours to be seen.

*“I went to A&E with a broken rib and I was told the approximate waiting time would be 2-3h. After 3.5h, I asked an update and was told I would see a nurse in 2 hours”*

Another told us a trip to A&E did not lead to a positive outcome.

*“My 88 year old father was taken here by ambulance after a fall, where he had injured his hand and ribs. The doctor who attended to him did not send him for x-ray, merely felt around the wounded area and told him that no bones were broken. Fast forward a couple of months and my father attended outpatients for his routine chest clinic appointment. Concerned about the large volume of fluid around his left lung they sent him for an x-ray - to discover that at his fall in December he had fractured two ribs.”*



## Translation and Interpreting Services

### Nepalese Community

Service users report mixed experiences getting access to interpretation services.

*“I am very happy with my GP practice. I was suffering from chest pain since last few days and contacted Gurkha caseworker from SSAFA she booked an appointment for me. The doctor called me in few hours with a Nepali speaking interpreter and after discussing my problem, they sent me an ambulance and was taken to A & E. After all the check ups and with a phone interpretation available at A & E, I was discharged. I was happy with the swift GP action.”*

Not all have a positive experience when needing to use interpreting services.

*“The GP has been quite helpful, but I have limited English and the GP does not provide any Nepal interpreters. I have to look for my own interpreters if I need to contact GP or the GP contacts me.”*

Service users are particularly appreciative about Aplharm Pharmacy (Plumstead) and say the staff there go out of their way and always help with translation.

### East Asian Community

Some elders tell us they have difficulty with written English and face problems when asked to complete forms if younger family members are not around to help.

### East and West African communities

Multiple languages and dialects are spoken within east and west African communities and some older residents are not fluent in English or struggle with it. Many say they are not told about interpreting services and, as a result, often use younger family members to interpret for them. Those who speak Swahili believe this language is not available in interpreting services.

## Community Services

### Sexual health clinics

Service users report long waits to get through on the telephone. One reported waiting for two hours in the queue only to have their call cut-off, not for the first time. Other service users report a more positive experience, describing staff as “professional and polite”.

One service user told us how stressful it was to wait for a week to receive test results, instead of the next day - as promised.



*“I received the test results a full week after. For anyone who has had a sexual health test it is a horrible, nervous wait. Often the phone is not picked up and when I’ve tried last week - was impossible to get through. It may often be marginalised groups using the service, and awaiting such serious test results can be nerve-wracking and cause quite a lot of mental anguish.”*

## Children’s Services

### Services for children with special needs

Parents report that medicine reviews for children have been repeatedly postponed or cancelled and many medicine reviews are now conducted by telephone or using digital methods instead of face to face. Parents requesting face-to-face medicine reviews report long waiting times to get an appointment.

Parents report not being involved in risk-assessments - to determine if medicine reviews can safely be carried out on the telephone - or if they should continue face-to-face.

Parents are concerned that physical measurements, that should be regularly monitored as they may be affected by medication - such as a child’s height and weight, are not being done, or parents are being asked to supply this information - without any verification of accuracy.

Accessing other services for children with special needs can also be difficult.

*“I’ve been trying to get through to the health visitor, using their phone lines, however I just get cut off. I have had to phone family information services who then gave me Greenwich Health Visitors number. Still trying to sort out a health visitor for a special needs child! Not good”*

## Adult Social Care

### CASE STUDY: Mehmet's experience of Adult Social Care

Mehmet, 35, is a second-generation British male of Eastern European origin. He has cerebral palsy and needs constant attention from his family and paid carers. Due to his condition his family say they don't let ever him out of their sight. In addition to paid carers, his brother spends ten hours a day looking after him. *"The [paid] carers just bridge our gaps"*.

In March, the service came under the direct management of the Royal Borough of Greenwich (RBG). Information received by the family about the change in service was sent via emails. Despite requests from the family, and commitments made in a meeting organised by RBG, the family didn't receive paper copies about the changes. Mehmet's family say communication from RBG has been poor from the start and has added to their stress and worry about how Mehmet will be looked after.

*"When we call we don't get a response, when we email we don't get a response. It would be good if someone just wrote back acknowledging the email, so we don't have to write again and again thinking the email is lost. Just say we have received your email and will respond in a week. That isn't too difficult. Just let us know we have been heard"*.

At first Mehmet's family welcomed the switch to RBG, after having multiple problems with the previous provider - Vibrance - who hadn't paid carers 40% of their dues. To their dismay this continued when RBG took over. Mehmet's family told us:

*"The carers think we are holding back their money-how do we explain these delays to them month after month? They live pay-check to pay-check. One of his [Mehmet's] carer's benefits got affected because of these delays. Direct payments aren't new. The CCG isn't new. It's unfair. In a country like the UK you don't expect someone not to get paid for their work"*.

While Vibrance previously sent a paper form to carers to record hours and a paper payslip, RBG only offer a link in email to access these documents. Some of Mehmet's carers don't have access to digital devices or printers or don't have digital skills to access this information themselves and are paying internet shops to access and print this information for them. Other say they are nervous about opening emails and don't want to risk potential financial fraud by doing so. As a result - some say they haven't even received their payslips.

Before the pandemic, Mehmet used to visit a day centre four days a week, for six hours each time, giving his family some time during the day to take care of shopping, cleaning, cooking, and other tasks. New restrictions on the service mean that Mehmet is only able to access the day centre three days a week, for three hours each time. In addition, his paid care hours have been cut by sixty hours. Mehmet's family say this was done without discussion of his care needs or without giving advance notice to the family.

*"There was no prior discussion or consultation about the day centres. There was no information that [paid] care hours are going to be cut. We had to tell them [RBG] about the day centres [reducing hours]. How is it that they are not aware of this? We are having to bridge the communication gap between departments. Why is information not centralised?"*

The reduction in day centre hours and a reduction in paid carer support has substantially increased the amount of care required by the family. This is taking a huge toll on the family, physically and emotionally. They worry this is not sustainable in the long-term and Mehmet's care will suffer.

### Elderly Care Homes

Feedback we receive from relatives is overwhelmingly positive and many are very happy with the care their loved ones receive.

However, dental care can be an issue. One relative reported difficulty getting dental treatment for their loved one leading to a four-month delay. Treatment was only given after the family paid for a private dentist. We also heard that an annual review of care needs for one resident was not carried out or that, if it was carried out, relatives were not involved.

Testing in advance of visits is not always straight-forward. If the relative is one of a resident's named visitors, they should have access to the same PCR and rapid lateral flow testing frequency and PPE arrangements as a member of care home staff. However, one relative (a named visitor) was told by a care home they need to arrange their own PCR tests before visiting.

Communication from elderly care homes to relatives is sometimes inconsistent with some relatives receiving excellent and timely information - and others not - with relatives reporting delays in receiving replies from care home management, poor information about visiting, and difficulty booking visits.

### Dental care

Many service users tell us they are unable to access routine NHS dental care - even after contacting multiple dental practices in the borough.

*“I have currently been looking for a dentist to register with and not a single one in my area are accepting new NHS patients. I am in quite a lot of pain with my wisdom teeth coming through and not being able to find a new dental practice has been really appalling. I would like to know why nowhere is accepting new patients? I really don't understand it.”*

## Physiotherapy services

### Agnes's story

Agnes is a non-English speaker with two nursery age children. Her journey from urgent care to getting the help she needed with her fractured hip took more than 15 months. She was not offered translation services and had to rely on a friend to explain and translate. Her condition was not picked up at physiotherapy services, where she was instructed to do exercises even though she complained of pain. According to her friend and advocate there was no way of bypassing physiotherapy services and getting a referral to identify and confirm the fracture. This process took 6 months, worsened her condition further and led to Agnes taking painkillers, regularly, for over a year.

Agnes care was delayed further due to a technical error which meant that Circle MSK did not send her for diagnostic tests and a further error meant that a clinician did not request follow up tests. Circle MSK have now reviewed these processes and say they are making changes. Her care is now being facilitated through a translator, so her clinical team can communicate directly with Agnes to understand her needs.

Agnes was, eventually, diagnosed with a condition that needs surgical intervention - a result of the delay in her receiving the right care, at the right time, according to her advocate, who says:

*“Why can't they just listen to patients? Why did she have to endure pain for such a long period? Why do we have to keep shouting till we get referred? There is no accountability”.*

## Mental Health

Coming forward for treatment and recognising that mental health help is needed is a complex process - mediated by beliefs, understanding, and experience. We've been told that reticence to talk about, or seek help for, mental health issues within some African communities is partially due to the perception that they will only be offered medication, rather than a holistic treatment plan. In addition, community representatives say that there is a need for mental health awareness and training for community organisations so members can be appropriately signposted to relevant services. Other concerns from members of black, Asian, and minority ethnic communities in Greenwich include:

- over representation of their community in mental health settings
- poor staff to patient ratios
- revocation of Community Treatment Orders without prior or meaningful consultation

We've also heard from young people living in over-crowded housing who have stopped their sessions because of privacy issues<sup>4</sup>

<sup>4</sup> Family being able to hear their conversation with counsellor or therapist.

The limited feedback we've received about Oxleas Mental Health Unit is poor, with service users telling us waiting times are long, not all staff are professional and respectful, and the care they received was sometimes inconsistent.

### Next Steps

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

### Contact Us

For more information on our May 2021 feedback report, contact Sue:  
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