

## January 2022 Feedback Report



**The feedback presented in this report represents 285 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
- Insight collected from service users via our community outreach activity
- Conversations as seen on social media, and on community and neighbourhood sites
- Online reviews of services

### **COVID-19 Booster Vaccination**

There is a lack of information about booster shots. Service users want to know:

- If there is choice of booster vaccine
- If a mix of vaccines is clinically safe
- Which vaccine is offered at which venue
- What is available for those allergic to ingredients in particular vaccines

### **GP Services**

Service users describe their appreciation for the care they receive:

***“The team were wonderful! Last year I had blood clots on my left leg and I was a year out, off work, loads of visits to the doctors for checks, medication and throughout my ordeal they have been there for me. They have been so supportive... I couldn't have done it without the amazing doctors and nurses”***

***“The staff are super helpful and friendly, and the doctors and nurses are amazingly caring and always try to do their best.”***

Overall, access continues to be a major concern. Many service users report long waiting times for appointments, and poor communication with GP surgeries<sup>1</sup>

### **Telephone communication**

Multiple service users report ***“phone was cut off”*** whilst waiting to speak to the receptionist or in the middle of their conversation. Service users also report phone lines constantly engaged, usually during peak hours (before 10am). Service users find this frustrating since they need to call the surgery again and wait in the queue, which can often be a lengthy process. Some service users tell us they've ***“given up”*** because it's become so difficult to get the help they need and they ***“just sit in pain”***.

***“...spent 45-minutes waiting for one receptionist to answer and then got cut off.”***

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<sup>1</sup> This is documented in our previous monthly feedback reports

***“Kept me holding on the phone for one hour and then cut me off. What about if a person needs urgent help? Sometimes I feel no one cares anymore.”***

***“Phone drops out after waiting 30+ mins or [if you get through] told “no appointments available”***

***“I rang the GP surgery to be on hold for over an hour and then they cut it off before they could answer”***

***“I go on hold for 50mins plus and then, what I assume, they answer and hang up (I can’t say for certain but that’s what it seems like).”***

***“Our surgery beggars’ belief. They tell you on the recorded message to fill in e-form, or call 111, then they cut you off!  
They’re no longer accepting e-mails.  
My partner has a serious condition.  
Their idea of duty of care is that they don’t care!”***

To manage the length of waiting time, some practices limit the number of calls in the telephone queue<sup>2</sup>. Service users tell us this is not helpful as they must repeatedly redial to get a place in line.

For service users unable to access digital tools to contact practices, for example those with limited digital skills, difficulty getting through on the phone is especially frustrating ***“...mine are lovely but you just can’t get through to them by phone. I’ve heard people say you can go online to contact them and then they ring you back but not everyone is computer savvy”***

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<sup>2</sup> Some only allow for 10 in the queue we are told

### Digital Access

Econsult has made it easier for many to access GP services. Those who use it tell us they often receive a rapid response and most find it very convenient. ***“Filled in the online form twice in the last year and had a response within 48 hrs. For the first I needed a face-to-face appointment and got one within 4 days”*** The Dr Qi app has also been praised.

However, service users also tell us:

- they are told by receptionists econsult is the **only** way to book appointments
- they are confused when they can't see their condition listed on the econsult form
- they are not given a specific time<sup>3</sup> to expect a call-back
- they don't always receive call-backs after submitting an econsult request

***“I've filled out e-consult forms online thinking it would be quicker to get a GP appointment... oh boy was I wrong? Nope it's even worse!***

***They arranged a call back.***

***Didn't receive a call back.***

***It's been over 3 days and still nothing...”***

***“Reception staff seem unwilling or unable to help over the phone, sending patients to online system instead.”***

### Access to face-face appointments

Service users report frustration and anxiety at not being routinely offered (and in some cases not being given the choice of) face to face appointments. With increasing use of telephone consultations, some patients worry symptoms might be going unnoticed or incorrect diagnoses are being made. Additionally, some service users might not be able to articulate their issues over the phone.

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<sup>3</sup> This has been an issue that has been highlighted in several of our reports

*“I feel that we are diagnosing ourselves...things that may sound trivial when we describe them [to the doctor] may well be serious... It’s playing with peoples’ lives...”*

*“Am I never going to be able to have a face-to-face appointment ever again?  
Is it now a GP service run by e-consult?”*

*“They are not doctors any more, they are telephone advisers, and we are just people on the end of a phone with a medical problem.  
A real doctor would want to see his/her patients, to look and talk to them personally, to assess them, to look and listen to them before deciding what treatment they need”*

### Front Desk Staff

Service users experiences with front desk staff continues<sup>4</sup> to be mixed, with some saying receptionists have been **“calm and reassuring”** and others suggesting **“rude”** and **“unhelpful”** interactions. Service users feel uneasy or angry when they think front desk staff are giving medical advice or being a barrier to access. *“I wanted an appointment but couldn’t find anything that matched my symptoms on the e consult [form] - I called the surgery. The receptionist was rude and said just put down back pain! I said there was a lump on my tail bone. I got a telephone appointment for the next day so I went to A&E on the same day...ended up needing emergency surgery...”*

*Then I called [the surgery] to book appointments for the daily wound dressing the [hospital] doctors told me to get, only to be told [by the receptionist] she didn’t think I needed them and so would only book till Saturday. Then got a call from the GP to say - actually she hadn’t booked anything in at all - and I was only being informed now”*

### Medical Records

Service users report long delays in getting copies of their medical records. A few also report delays in getting information updated on their medical

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<sup>4</sup> This has been reported in previous monthly reports

records. Service users with disabilities told us they can't get reasonable adjustments made to allow them to access services<sup>5</sup> ***"In November I was rushed to the hospital after suffering a heart attack. Since then I have not had my records updated to state I've had heart attack and also that I am allergic to the contact dye that is used when stents are being put in."***

### **Access to interpreting services for deaf service users**

Deaf service users often face multiple barriers accessing and using healthcare services. While deaf service users are legally entitled access to BSL interpreters, this is not always provided. Often interpreters (paid for by deaf service users themselves) must call surgeries and advocate on their behalf. This is stressful for both the interpreter as well as the service user. A BSL interpreter working with deaf service user told us: ***"Disability sensitisation and awareness is very important. Staff at most practices are not aware of the needs of deaf people, and worse when told, do not want to learn!"***

***Awareness of the Equality Act and the Accessible Information Standard<sup>6</sup> is low amongst staff. English reading skills are on a spectrum for deaf people—some do not know how to read very well, and most have the reading skills of a primary school age person. Those in the younger age group have better English reading skills and some just lip read. So, when receptionists ask deaf users to "just use econsult" – it lacks an understanding of deaf people's needs. It's a struggle just to get appointments"***

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<sup>5</sup> See case study 1

<sup>6</sup> <https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>

### **Access to Services – Case Study 1**

Delores is in her 50s and is deaf. Delores is digitally literate and uses econsult and email to communicate. When a medication she was taking ran out, she made a request for a repeat prescription.

Delores received a text from her GP practice saying a telephone appointment had been booked with a GP as the medicine was not on her repeat prescription list. Delores told the practice she could not communicate on the telephone. ***“They told me they were not aware of my hearing issues, that it wasn’t in my medical records and that I had to prove my hearing loss!”***

Delores is aware of her rights and says she has: ***“...repeatedly informed the receptionists of my deafness but they fail to provide any other form of communication for me to contact the surgery as set out in the Equality Act 2010. I feel as if I am being discriminated against because of my disability and the fact that I cannot use the telephone.”***

When she complained to the practice manager she was told ***“everything is fine”*** Delores feels staff need to be trained in deaf awareness. ***“They do not offer a loop system nor do they accommodate for deaf people.”***

### **Prescriptions**

Service users report difficulty getting repeat prescriptions, sometimes having to chase for days, and sometimes weeks. Some suggest staff forget to order it, and others say they’ve been given incorrect prescriptions.

***“Online booking system isn’t good enough for everything. Prescriptions are often not sent to chemist even though they are ordered days in advance”***

***“Always prescription’s not ready on time or if it’s ready – it’s last minute. I went there twice today for a prescription. It was supposed to be ready, but it wasn’t”***

***“My child has been told he’s not allowed to school until treatment for his skin infection is started. But I have to wait on the doctor just to get some cream... getting an appointment there is so difficult.”***

### **Access to Services – Case Study 2**

Asha is a mum with a young son. Asha is a BSL user. When she needed help with repairs to her flat, she was impressed with the council provided SignVideo app. Asha used this to access a remote BSL interpreter and get BSL/English translation. However, when she needed to access GP services things were not as easy and no equivalent service was offered. Asha says she was:

***“...surprised that while I could use SignVideo on my own and book repairs, when I had to access GP services - it was not possible. Ironically I felt the barriers go up when it came to accessing GP health services.”***

Asha says the NHS website is very easy to use and she can book her own appointments, so the experience with her GP practice was an unwelcome surprise. ***“I have lived an independent life with my disability-why should accessing my GP be more difficult than getting repairs to my flat? Why can't all public services have the same ease of access in the same borough? I shouldn't be forced to move GPs or neighbourhoods because services don't make themselves accessible for people with disabilities”***



### Access to Services – Case Study 3

Priya is profoundly deaf. She told us it's hard for her to book an appointment with her GP. Priya finds econsult difficult to navigate and she cannot use the telephone. Her GP practice know this but won't allow her to email to request an appointment. No reasonable adjustments have been offered to Priya so she can easily access services at her GP practice.

Feeling unwell and needing to see her GP, to book an appointment, Priya had to contact a BSL interpreter to call the practice on her behalf. Since this was a Monday morning, there was a very long wait on the line before her interpreter could speak to the receptionist and book an appointment.

At the appointment Priya said she was told ***“that I would have to wear a face mask even though I was exempt. I was told that if I couldn't wear a mask, I would have to wear a shield. I explained that the face shields are still not deaf friendly because of the reflection which makes it very difficult to lipread and blocks signing space. I was told that there was no option, it was either face mask, face shield or I would have to arrange a phone call.”*** Priya says she reluctantly put on the face shield.

Her GP said she needed an ECG and gave her a form. He told Priya she would need to call and book. Priya reminded him she could not use the phone. Priya said she was not offered any assistance or alternative and instead told to find a friend or family member to do this for her. As an adult, independent woman, Priya said she didn't want to use family or friends ***“I told them I was not prepared to do this because I would need to disclose my mental health issues which are very private and not something I wanted to do”***. Priya said her GP was dismissive and said ***“You say you are independent but you use interpreters”***. Priya felt he was implying that if she was prepared to disclose confidential information to a professional interpreter, she should be willing to do the same with friends or family.

Priya was very upset at her GP's refusal to book an interpreter. She asked the practice receptionist to help. The receptionist called the ECG department at Queen Elizabeth Hospital. The ECG department told Priya (via the receptionist) they do not book BSL interpreters for patient appointments. Priya said at this point she was in tears and ready to give up and not bother to have the ECG. ***“There were just barriers upon barriers. Everyone was putting their hands up and saying it's not our responsibility. Whose responsibility, is it? Everyone thinks we need to navigate the system on our own. The system is not the problem—people are. They lack awareness of our communication needs. My disability doesn't reflect my skill or intellect, nor should it be a reason I can't get the care I need. I am tired of having to continually keep fighting to be treated equally.”*** Priya is yet to have an ECG.

## Making a Complaint

While most people don't want to make a formal complaint to their GP practice – they just want their issue resolved – for those that do, the process can be difficult and elusive. Some GP practice websites are poorly laid out with limited information beyond 'speak to the practice manager' – making it difficult to find out what the complaints process is and how to access it. Others have a 'complaints' tab or button on their website which redirects users to a 'feedback' page – not a 'complaints' page. With no additional information provided, service users are confused about the status of feedback vs complaint. Some just give up because they want to make a complaint and can't find the information they need, and they don't think 'feedback' will be taken seriously<sup>7</sup>. Other GP practice websites have a 'complaints' tab that takes the user to other parts of the website – not to pages that allow them to make a complaint. ***"I attempted to make a complaint on the website but when you click on the "feedback and complaints" link it takes you to the e-consult page!"***

## Queen Elizabeth Hospital

Service users deeply appreciate services received at Queen Elizabeth Hospital. ***"I want to thank the emergency team and the safari team, they have done a great job, I came with my daughter who is 8 months old, in critical condition with fever over 40 ° with seizures and foam in the mouth, I thought I was going to lose my daughter, but the doctors reacted very quickly and was able to stabilize her after 5 hours, and saved her life"***

## Emergency Care

Long waiting times at A&E continues to be a major issue. As reported nationally, waiting times for the ambulance service are also very long. ***"A sick 11-month-old child and I have been waiting for the doctor for the third hour!"***

***"I have been sent to a corridor with 7 other people all with chest infections. Left to wait for over 4 hours until someone came. Staff around kept saying 4 hours was not bad and it could be worse"***

We also heard mask wearing is not always enforced: ***"I was sent there [A&E] last night after waiting 4 hours for ambulance. They [QEH] were mixing people with no masks with people with masks on."***

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<sup>7</sup> We have reported this in previous monthly reports

#### **Access to Services – Case Study 4**

Femi arrived for her priority appointment at Queen Elizabeth Hospital (QEH) only to find that, despite her request, a face-to-face British Sign Language (BSL) interpreter had not been booked. As a result, Femi was told the appointment needed to be rebooked for the next available appointment, two weeks later.

On the day of her next appointment, she received a letter from QEH:

***“...stating that a face-to-face BSL interpreter had not been booked and they would need to rebook again”***

Femi received a text for her third appointment, now a month after her first appointment. ***“So a priority appointment was already delayed by a month because of the inability to book a face-face BSL interpreter”***

When Femi arrived at QEH for her third booked appointment, to her frustration she found a face-to-face BSL interpreter had again not been booked. Instead – staff tried to connect to a remote BSL service. The connection was unsteady, with the signal dropping out and the screen freezing many times during the session. This made it hard for Femi to understand all the information she was given or to ask questions.

At the end of the session, Femi was given leaflets and documents and asked to read them before she came back for her procedure. Femi was worried. ***“...my level of English is not good enough to read and understand and no arrangements were made for me to have the information interpreted into BSL”***

Despite repeated requests, on arrival for the procedure Femi once again found a face-to-face BSL interpreter had not been booked. Again, staff attempted to connect to a remote BSL service. Again, the connection was poor with the signal repeatedly dropping out and the screen freezing. Femi said the screen was continually passed around to 5 different members of the staff team and two different BSL interpreters were used during the session. Femi was not sure what was happening.

When the actual procedure was carried out there was no interpreter on the screen for her to communicate with. Femi says the whole experience was extremely frightening, upsetting, unprofessional and discriminatory. ***“People need to be deaf aware when they deal with deaf patients. This kind of experience is not acceptable”***

### Access for Deaf service users at Queen Elizabeth Hospital

Deaf service users say that different departments at Queen Elizabeth Hospital follow<sup>8</sup> different protocols to access British Sign Language (BSL) interpreters. Deaf service users visiting A&E on weekends don't have access to BSL interpreters<sup>9</sup>, and other departments don't arrange BSL interpreters for appointments booked in advance.<sup>10</sup> This causes significant distress and, in some cases, delays to care and treatment.

### Dental care

Service users continue to report long wait times for non-emergency NHS appointments, (often despite contacting multiple dental practices) in Greenwich. Those who can afford to pay can access rapid routine dental treatment privately. Some service users who can't afford to pay for private dental care travel hours outside of London seeking NHS dental treatment. Lack of access to NHS treatment means many service users have not had regular dental check-ups. Many say they've not had a dental check-up since before the pandemic.

### Next Steps

We follow up on all concerns or issues raised. We will 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 January 2022 feedback report, contact: '[info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)'

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<sup>8</sup> We have highlighted this issue in a previous monthly report

<sup>9</sup> The Lewisham and Greenwich Trust told us an interpreter on wheels is available at A&E. Deaf service users tell us they're not told this is available and they've not been given access to it.

<sup>10</sup> See case study